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VICTORIAN ROYAL COMMISSION INTO FAMILY VIOLENCE

MELBOURNE

THURSDAY, 13 AUGUST 2015

(19th day of hearing)

BEFORE:

THE HONOURABLE M. NEAVE AO - Commissioner

MS P. FAULKNER AO - Deputy Commissioner

MR T. NICHOLSON - Deputy Commissioner

COMMISSIONER NEAVE: Deputy Commissioner Nicholson has a brief statement.

DEPUTY COMMISSIONER NICHOLSON: Good morning. This morning we have as a witness Harold Kirby from the Mallee District Aboriginal Services. That service receives funding for the conduct of the home interaction program from the Brotherhood of St Laurence, where I am employed as the Executive Director. I don't believe this represents any conflict of interest in today's hearings.

MR MOSHINSKY: Thank you, Commissioners. The topic to be addressed today is integrating services from the victim's perspective. As the Commission has heard during the course of the public hearings, while many supports and services exist for the victims of family violence, the provision of these services is often fragmented, with the result that many who need help and support are not getting the help and the support that they need.

Some of the barriers and limitations of the current system include: support being provided by many different agencies, making it practically difficult to access the support needed; siloing of different sectors, for example, the alcohol and drug sector, the mental health sector and the domestic violence sector, with the result that programs and supports are not provided in a holistic way; limited public information about the services and supports that exist, with the result that services are not utilised by those who need them most; lack of knowledge of agencies of the services provided by other agencies, with the result that those who need support do not receive it; and restrictive rules on the provision of services which may mean that a person cannot

access them.

Service integration was raised at nearly all of the community consultation sessions. Many of the participants in those sessions who had experienced violence had been re-traumatised by the need to constantly retell their stories to different service providers or had not been able to access services spread across various locations due to transport issues. This was particularly the case in rural and regional locations where service options are limited.

A number of participants talked about referral pathways being challenging to navigate, each agency having different intake processes and the system appearing to be chaotic. One comment was that only experts can navigate the system.

Agencies and organisations who attended the community consultations talked about the need to streamline existing services to make better use of limited resources. The multi-disciplinary centres and the risk assessment and management panels were identified as positive examples of service coordination and case management.

Further to that, some participants talked about the need for client-centred service models with a client at the centre and the relevant services brought to meet the client needs. These one-stop shop health and justice hubs would allow for the sharing of information between agencies and prevent re-traumatisation.

The theme of integration of services has also been taken up in many of the submissions the Commission has received. Many submissions noted the need for the

family violence system, including specialist family violence organisations, police and legal centres to integrate more effectively. However, there are different understandings of what and who needs to be integrated and how this can be achieved.

Features identified in submissions as necessary for better integration included: collaboration, both between workers and agencies; a collective or shared understanding of the purpose, process and outcomes being pursued; and information sharing, a topic which we will take up in more detail tomorrow.

There were a variety of models of integration referred to in submissions and it was not necessarily suggested that the same model should be adopted in all contexts. Some of the models were as follows: First, the physical co-location of different services, although there was no consistent recommendation on what should be co-located; second, embedding specialist family violence workers within other service systems to build up the expertise of the other service; third, multi-disciplinary teams for timely access to the breadth of services and expertise necessary to meet the range of needs of people experiencing family violence; fourth, establishing specialist teams within agencies as a strategy for focusing on specific areas of activity; and, fifth, changing case management practices and arrangements such as the model known as "Services connect" which involves a single worker delivering and coordinating services in line with a single plan that covers a person's or family's full needs.

Could I now outline the evidence to be called

today. First we will have a lay witness from the community consultations. That evidence will be subject to a Restricted Publication Order and will not be streamed on the internet.

Second, we will have a panel dealing with wraparound or one-stop shop family violence services and multi-disciplinary health centres in the Aboriginal community. Those witnesses are Janine Wilson and Rudolph Kirby. We will also be providing a statement from Jill Gallagher, who is unable to be here to give evidence today. Following that we will have a panel dealing with the multi-disciplinary centres, or MDCs. The panel will comprise Superintendent Naylor, Senior Sergeant Pettett and Helen Bolton.

Then we will have evidence from John Champion, the Director of Public Prosecutions, in particular about the witness assistance program. Then we will have evidence from Fiona McCormack and Alison McDonald from Domestic Violence Victoria. Then we will have evidence from Ailsa Carr and Jo Howard about different models of integration.

The Commission will also have available to it a witness statement from Clare Morton from the Victim Support Agency. She will not actually be called to give evidence but that statement will be available.

Commissioners if we could now have an adjournment for five minutes to enable the arrangements to be made for the next witness.

COMMISSIONER NEAVE: Thank you, Mr Moshinsky.

(Short adjournment.)

(CONFIDENTIAL SESSION FOLLOWS)

MS DAVIDSON: Commissioners, our next two witnesses are Harold Kirby and Janine Wilson. Can I ask that they be sworn, please.

<HAROLD RUDOLPH KIRBY, sworn and examined:

<JANINE MADGE WILSON, sworn and examined:

MS DAVIDSON: Before we commence, Commissioners, I just indicate that I will be referring to Aunty Janine Wilson as "Aunty Janine". The term "Aunty" is an honorific title to a respected Aboriginal elder and Aunty Janine Wilson has earned that honorific title, shall we say. So I first ask Aunty Janine to introduce herself.

MS WILSON: I'm Janine Madge Wilson. Currently I'm the family violence advocate at an Aboriginal organisation.

MS DAVIDSON: Would you like to have an opportunity to acknowledge country?

MS WILSON: Yes, I would. I would like to acknowledge the land that we are on, the Wurundjeri Nations, Kulin Nations and I would also like to pay my respects to all elders that have gone before me and the elders that walk this earth tonight. I would like to acknowledge the Royal Commission and everybody here today.

MS DAVIDSON: Aunty Janine, have you made a statement for the Royal Commission?

MS WILSON: Yes, I have.

MS DAVIDSON: Can you confirm that its contents are correct?

MS WILSON: Yes, they are.

MS DAVIDSON: Turning to you, Mr Kirby. Can I ask that you introduce yourself?

MR KIRBY: I am Harold Rudolph Kirby. I go by the name of Rudy. I'm the CEO of Mallee District Aboriginal Services and I would also like to acknowledge that we are in

Wurundjeri country and to pay my respects to the elders both past and present.

MS DAVIDSON: Have you made a statement for the Royal Commission?

MR KIRBY: I have.

MS DAVIDSON: Are you able to confirm that its contents are true and correct?

MR KIRBY: Yes.

MS DAVIDSON: If I turn to you, first, Aunty Janine. Can you outline the role of Meminar, or Meminar Ngangg Gimba is its full name.

MS WILSON: The role of Meminar Ngangg Gimba is to provide a holistic service to meet the individual needs of Aboriginal and Torres Strait Islander women or partners of Aboriginal and Torres Strait Islanders a place of refuge and support.

MS DAVIDSON: I will just indicate to the Commission that the Commission has of course heard from a number of organisations that run refuges and the Commission will be aware that there are a range of diverse practices within refuges and it's the intention today to focus in particular on the practices and the design of Meminar Ngangg Gimba and how it operates for the benefit of Aboriginal women.

COMMISSIONER NEAVE: Thank you.

MS DAVIDSON: Aunty Janine, how many Aboriginal women's refuges are there in Victoria?

MS WILSON: Up until the recently built two facilities, Meminar and Orana Gunyah, there was only Elizabeth Morgan, formerly known as Elizabeth Hoffman House, in metropolitan Melbourne. So that had to service the whole state of

Victoria for women fleeing family violence.

MS DAVIDSON: From your perspective, why is it important to have a refuge that's specifically for Aboriginal women?

MS WILSON: In the past not many of our women were able to access mainstream refuges for minor indiscretions or breaches, and then it became very cumbersome then for the police to take our women, our women and children in our communities, to refuges because they were breach clients. So we had to look at how could we overcome this because we were losing our women and children in the homes because they had nowhere to go.

MS DAVIDSON: Could I turn to you, Mr Kirby. Mallee District Aboriginal Service, MDAS as it is known more commonly, can you describe what MDAS does and what sort of services it operates?

MR KIRBY: Yes. MDAS operates across the whole Mallee region. We are based in four locations, in Mildura, Robinvale, Swan Hill and Kerang. We provide a holistic service, so we provide basically a one-stop shop. We provide a whole range, a whole suite of family services from out-of-home care, kinship care, a therapeutic residential facility, the access program, which is normally known as the Lakidjeka program. We also run medical services in Mildura, Swan Hill and Kerang employing GPs, visiting specialists. We provide housing. We provide, in the sense of Meminar Ngangg Gimba, the auspices of Meminar Ngangg Gimba. We also run Wiimpatja, which is a men's behavioural change facility on about 10,000 acres on the South Australian-New South Wales-Victorian border on the Murray for men. Basically we provide a one-stop shop in a sense of you name the service, we provide that for the

community across those four locations.

MS DAVIDSON: Can I ask you why is it important for Aboriginal people to have a one-stop shop, wrap-around kind of model of service?

MR KIRBY: It provides an opportunity that the community member or the individual client doesn't need to tell their story over and over again to so many different professionals. They can come in the door at our family services and see the intake and assessment officer which can then link them into a whole facet of services. It might not just be about housing; it might be about a number of other matters to do with gambling or mental health issues or health issues in general. If they go into the health service, they get triaged in a sense of providing the whole support in the sense of whether it's to do with support for mothers, fathers, the elders, in the sense of the program of activities. It just enables an opportunity that basically the community can come into one service and be provided with a whole suite of services instead of going from agency to agency.

When people are in need or in crisis, they need the support there and then. They don't need to be told, "Well, we don't provide that here. You need to go across the road or down the street or catch a bus here," and so forth. They are able to be provided with those services there and then. It's critical. So when people are in crisis, the services and the response is done there and then.

MS DAVIDSON: From your experience, what happens if you don't provide a one-stop shop model when someone is referred to the service across the road or the service down the street

or required to catch a bus somewhere? What happens as a consequence of that model for Aboriginal people in particular?

MR KIRBY: To the extreme, it could be suicide. People in a crisis don't - if they don't access the services there and then. That's why MDAS has provided that wrap-around service. I can give an example of a tragic incident a number of years ago when a young lady - I don't want to go into details - was 19 years of age, four days away from giving birth, committed suicide because the fact is she was working with a whole gamut of services and if you don't intervene there and then and provide that wrap-around service there and then when people are in crisis, ultimately people die.

MS DAVIDSON: Aunty Janine, can I get you to address the issue of providing services to an individual or a woman at Meminar where, by bringing services in, why is it important from your perspective that women are able to access services from within the Meminar?

MS WILSON: When you're working in family violence you have a person that's coming from the crisis response, they don't think clearly, they tend to forget things and they're in the moment. So, when you start to unpack it, then the fear factor kicks in and they really don't want to leave what they feel is safe and secure in this environment, "I won't go out there". And you can set up all the appointments you like; once they get out the gate, they might just go up around the corner and just sit there all day and not having their needs met.

So, it's having the capacity and the flexibility with Meminar is, if you can't take the client to the

support service, get the support service to come to the client. So to have that flexibility and having the facility built where you can have that accessible from the back gate as well as the front gate. It's also around privacy and confidentiality of the individual person's needs are going to be met without fear of anybody else knowing that they are seeing a suicide counsellor. Also even just the little things of bringing the police in the backdoor so that the other women - it can be just an innocent thing, but as long as they know that they can talk to the police without repercussions, so getting the police to come to Meminar to make the statements instead of taking the client to the police station and finding those other avenues. It was a lot easier to be flexible in the service delivery of Meminar to meet the needs of each individual client that walked in the facility.

In a feministic model, which is what most refuges work under, it's all about the women and the children. Forget all about the men. Meminar isn't about that. It also has the capacity to work with men's agency family violence programs and initiatives to give that holistic wrap-around approach to heal the family during the journey of the crisis and thereafter.

MS DAVIDSON: Can I just ask you about the design, the physical design of Meminar. How did it come about and what kind of design have you got?

MS WILSON: When the department - and I called the department. Back then it was DHS, now it's DHHS, they've got a bit of a stutter. They brought several models for us, plans to look at. We thought we were getting one house in that model and when they said it was the whole property, it was

like, "Oh, we've got the playdough, we can mould this any way we want," and I think it was having the commitment of more women on the PCG group than anything. So we actually built it with the ideas, had it designed on the ideas of women and to meet the women's needs, right down to every unit at the facility is disability built. So, doorframes, passages, to the support rails and everything in behind the wall, that if we have a client that comes in we can actually set up a unit with the disability rails and everything because it's all there, to the ovens being wheelchair height, to things like that and the showers being wheelchair accessible.

So a lot of thought and effort went into right down to the basic thing, that every lounge or kitchen or dining room, one of those main rooms that Aboriginal women function out of all day, is sitting in the lounge room or the kitchen is the central hub. It all faces the courtyard and the play area, down to the plants where the plants won't grow any higher than three feet, so there's no obstruction. Every thought for safety, for security, right down to the cultural overlay of the designs sand-blasted into the concrete, even down to the concrete, it's not all grey, it's all different colours, to the actual colours in the units, because certain colours do activate heightened anxiety within people who are already stressed out. So, it was around picking the right colours for the units.

Also down to the design of the one and two bedroom units, we can actually open them up to make a three bedroom unit and we can actually turn off the gas and everything to the other unit. The two and the three,

we can open it up to a five bedroom unit to accommodate for the extra large families that come in, because normally nan or aunty or sister or the woman fleeing violence has her nieces or nephews living with her. They also have the capacity to come into Meminar and once they're in - because they're fleeing the violence as well - then they get serviced individually as an individual while they're in there.

So, a lot of thought and effort went into everything, how that sits, right down to the airconditioning. The department said that we couldn't have airconditioning in it because it is built by the Office of Housing. I said, "Well, you might as well pack up your plans and your designs and take them because women fleeing family violence can't be hot all the time. The temperatures in Mildura are so extreme and the coldness can be so extreme, that we need airconditioning in this facility. Go away and find a loophole in your own policy," and they did, and we got airconditioning in the unit.

So a lot of thought and effort went into everything, even capturing the rain. It's all caught from the rooftops and gets filtered and goes into tanks at the back and then it rewaters our gardens so we don't have to use town water, we are using our own water, to a whole range of things there and it's really good when you get an open canvas to paint something on, you can get everything you need. But if I was to have it all over again, I would ask for an extra five foot here and 10 foot there, a little bit bigger. But it has the capacity to meet the needs at the time that we were looking for and it has the

capacity to be extended if need be.

MS DAVIDSON: Is there a time limit for - - -

MS WILSON: And that was another drawback, that through mainstream refuges there is a very short timeframe. And, excuse me, I don't care whether you're black, white or brindle, this is the first time you're fleeing violence or the 20th time you're fleeing violence, sometimes 12 weeks ain't long enough. We've found that since we've had the women fleeing, they've already given up their home, so they have nowhere to live.

So Meminar is all about looking at the utmost priority at the end of the day is finding secure housing at the end of the woman's journey with her children or finding a solution around trying to save the home that they are almost in fear of losing. To do that, you just can't do it in 12 weeks. Sometimes it might take you three months, six months, nine months, it might even take you 12 months. But to achieve getting women out of Meminar, if you can't get them back into their own home, you have to have something for them to transition into, and sometimes that's unachievable to transition them out of Meminar into a transitional property where they start to gain their independence.

MS DAVIDSON: Is there a strict time limit, as far as you are aware, in mainstream refuges?

MS WILSON: Yes, there is.

MS DAVIDSON: That's your understanding?

MS WILSON: Yes.

MS DAVIDSON: Is that in Victoria or New South Wales, do you know?

MS WILSON: I'm only talking about Victoria. I don't live in

New South Wales. But I live on the border state, so it's New South Wales, South Australia and Victoria. But Meminar, even though it is built in Mildura and it is a statewide service, we have actually serviced women from every state in Australia.

MS DAVIDSON: In terms of the case management model that you operate at Meminar, can you describe that?

MS WILSON: The government funds you or the department funds you for levels of case management, so that's high, medium and low, so that, when you employ your case managers, they have the capacity to have intense case management, time allotment, to medium term, to low term, to outreach, to actually closing a case.

What we found with Meminar is even though we got funded seven case management positions, you can't always do just case management. You actually have to get your hands dirty and do some physical work. So we actually asked the department if we could change the capacity of two case managers to a family worker and a children's worker to predominantly work in that whole family thing making sure that the case manager is doing everything, supporting the case manager, the family worker making sure that the kids are getting their immunisation, getting their enrolments back into school, talking to the schools to get them enrolled and uniforms and things like that.

So, yes, around the case management you have to have the capacity to be flexible and that's also doing the outreach after the women have moved out of Meminar and in their own homes.

MS DAVIDSON: How long is a woman able to be sort of case managed?

MS WILSON: The longest one we've had at Meminar since it started was nine months.

MS DAVIDSON: In terms of staying at Meminar?

MS WILSON: Well, not physically at Meminar, because we are an interim service and we had two transitional properties that we could put them in. That's what we used to put them in. Since Meminar, that one client has still been - it's been the nine months.

MS DAVIDSON: That's the length of time that they have spent physically in Meminar. Does the case management model - - -

MS WILSON: Providing a service with Meminar also.

MS DAVIDSON: But the person is able to continue to receive outreach services from - - -

MS WILSON: It's a part of the requirement of the department that when they go into transitional housing you still have to support them in that move out of a refuge into transitional housing. We actually go a little bit further, so that when they've gone into the transitional house, because that's not meant to be longer than 12 months, and sometimes because of not enough resources on the ground, that 12 months isn't achievable to get them out of a transitional house. So what you might do is you might start reducing the actual amount of work that you do with a client if they've stayed longer than 12 months in a transitional property. But once they move into Office of Housing or Aboriginal housing or private housing, it's advisable just to do a couple of months follow-up with them because they've actually gone then into something that's basically as they claim it to be their own space.

MS DAVIDSON: For how long might that continue? Could someone

have 18 months, two years worth of - - -

MS WILSON: Yes, 18 months would be reasonable. If it goes two years, it's probably just a phone call every month just to see everything's okay. It could be a couple of months just with the case manager ringing the family violence taskforce unit at the police station saying, "Can you just go and do a check to make sure she's okay?" Once we get some clear indication that everything is happening okay, everything is on target with her and all of this sort of stuff, we just close the case off. Sometimes we close them off - we have the capacity to close them off earlier, but you can always re-open.

MS DAVIDSON: You have some male staff, is that right, at Meminar?

MS WILSON: Yes, part of our forward thinking is that when we were discussing the model and how we would like to run a service out of Meminar, we looked at every avenue. One of the thinkings behind a very prominent elder in our community, Aunty Bev, who had been canvassing for 30-odd years for an Aboriginal women's refuge, one of her things was we need to show the women out there that there are some men out there in the community who don't condone violence, that don't support violence in any way, shape or form, and also it was to provide a role model for the children because the men in their life are always bashing their mum or chasing them or smashing up the house. So it was a twofold thing behind that.

It was also - it just happened the way it happened that they both wanted to be employed as the nighttime staff and it's worked out absolutely fantastic. We've never had to actually regret our decision in

employing men at the facility because that was one of the very first questions we asked Aunty Bev and the IFVRAG was, "If men applied for some of the case management positions, are we going to employ anybody if they've got the goods?" And I said, "Well, a lot of their support workers out there in other agencies and organisations are males. Why not? We have the capacity here to start up something and deliver something on the ground that DHS never, ever thought would happen." It's happened, and they've never had cause to say, "That's it. You've done it all wrong. We're taking it off you." We have been so grateful in having the opportunity to do it that we've never regretted having male staff there.

MS DAVIDSON: Do you also have male staff from other organisations coming to provide support?

MS WILSON: Yes, we have support workers from other mainstream agencies because what that is about is if they have a housing officer, a support officer that they are working with who happens to be a male, do we have to tell them they have to go and get a housing support officer from an Aboriginal organisation who's going to be black? It's about consumer service here. It's about your right as a consumer being able to have something that you want delivered to you. So, throwing out the feministic model at Meminar, it's having the capacity of having those males come in and support the women at the facility, if they haven't got the courage to leave the front gate, to go to that support service to get their needs met.

MS DAVIDSON: Finally, security at Meminar. It's not a secret location, is that right? People know where it is?

MS WILSON: No, that was another thing that we wanted. We

didn't want it to be a secret location. If I can say, you have to think like a black fella. The first Aboriginal person that went in, every Aboriginal person in Mildura would know where it is. Because of the environment that we are in in Mildura with the mainstream community, the overall community, there are some people that would have just blasted it, "Oh, that's where that black place is where they're sending all them violent women to give us a bad name." We thought if we were like Myer's front store windows during Christmas, that being open and transparent about where we were, that it wasn't a secret location, that that would give us a sense of security and that our community around us, we actually went and met every neighbour that bordered and butted up to and faced our facility and introduced ourselves and told them that if they ever went on holidays we would help look after their property. We invited them to barbecues and afternoon teas. We have a very good rapport with our neighbours. We thought, "Make that work for us." Let that be an added security closed-circuit TV from the perimeter, outside the perimeter, that if they see something happening inside the facility that they would ring the police. If they saw somebody hopping through their property and over the fence to get into Meminar, that they had the right to ring the police, and things like that.

So it was the old adage, "You can't see the trees for the forest." That's how we did it. So it gave a cloak of a sense of safety and security. Even though it's a gated facility, even though it's got closed-circuit TV inside, each unit has duress alarms, the women feel safe because we have not regretted taking that decision not to

be a secret location, but we give one condition to the women that is they are not to let their partner or their family know that they're staying at Meminar while they're in there. That's to provide a safe - a sense of safety and security for the other women and children that are in there, and also not creating havoc or the problem coming and escalating, climbing over the fence to get to somebody else because they've just let it slip, "Oh, Mary-Lou is living here too with me." We have never regretted it. It's provided us with safety and security and we've built a great rapport with our neighbours.

MS DAVIDSON: Initially it was required, as I understand it, that you had an auspicing organisation?

MS WILSON: Yes. When it actually came to looking for an organisation to run or to deliver this service, the department thought that an Aboriginal organisation would take it up. In the first round they didn't have one applicant, one application in for the service. So they came back to the community and they asked us, "What do you think we're doing wrong?" I said, "Well, I've looked at the specs, I've sort of got a bit of nous about me, but I've shown this to somebody and we couldn't wade through it. Can't you be a little simplistic about what you have to do and you really should get out of the thinking that because you want to run an Aboriginal and Torres Strait Islander service, sometimes not all the time will you get it from an Aboriginal organisation that will take it up."

So we put it out again. But before we put it out again for tender we actually sat down and spoke, "Who could we go and approach?" We asked the department, "Who could we go and approach and ask about 'would you be

willing to take this on as an interim service?'" From left field the department comes back and says, "I think we've got somebody, but they're a homelessness organisation. Their main business is transitional housing and affordable housing for the whole community." We said, "If they're willing to sit down and talk with us and ask them the hard and the fast questions, you just don't know what would happen."

So not an Aboriginal organisation, a housing organisation took up the interim service and they auspiced it for the first three years.

MS DAVIDSON: Since then or more recently you have actually moved to partnering with MDAS, so that MDAS is now auspicing?

MS WILSON: Well, in the past the environment wasn't ready. Can I be blunt? It's not so good in Swan Hill. It wasn't so good in Robinvale. It wasn't so good in Mildura. So there wasn't really a stable environment to take on something like this and one actually said, "No, don't want to work with women fleeing violence. It's going to bring a whole lot of problems to the organisation."

So under the current regime we sat back and we watched and we listened to the community and we thought, "Now is the time to approach our local organisations," so the IFVRAG and myself spoke over many months with MDAS, because we thought it would show the community that such a place like Meminar was willing to take a chance on MDAS, to support MDAS because of all of the changes, what was happening in MDAS, that it would help bring some of the community back to the services that they couldn't access before in the community, before the new regime of Rudolph

being the CEO. So, it was a twofold reason why we'd done it and also that we thought it was time that an Aboriginal organisation then took over a DV service.

MS DAVIDSON: So what has that meant for the provision of services to women at Meminar?

MS WILSON: In the prior environment, so when I speak before Rudolph, the women at our service at Meminar could not access any of the services. So they couldn't go and see the doctor, they couldn't go and see the family services programs if they needed parenting skills and all of that sort of stuff. It was very hard to get the women, if they wanted to use the Aboriginal service, it was very hard to link them into the programs.

In our discussions with Rudolph we actually talked about this holistic approach and that the referral pathway into their support services would be that one-stop shop, that they became a client of MDAS in a round-about sort of a way and it gave them access to those vital support services that they needed. But also in saying that, if they chose some of the services outside of MDAS, that it was their choice, but they could still get a full suite of services delivered to them.

MS DAVIDSON: Does that mean that MDAS also provides services that come into Meminar if it is needed?

MS WILSON: Yes. Prior to MDAS coming over and taking over Meminar we actually spoke to the early years - the ones that did the child-care.

MR KIRBY: Maternal and child health.

MS WILSON: Yes. We spoke to them about running some daycare programs for the clients up at Meminar that wouldn't leave Meminar, so the ones that were living in their homes out

there in the community and there were ex-clients that we could go around and pick them up and they could have a daycare program run up there for a morning session. Then some of the other ladies would come from their program up to Meminar and we would have a little day program running for the kids and activities and they'd have morning tea or lunch. We thought that was because they couldn't get into the other programs outside the community because they weren't in the area where they were and so the child lost going and spending an hour or three hours socialising with other kids in controlled activities and things like that.

So that was what we did and so that was meeting the needs of the kids that were being uprooted and moved. Playgroup, that's what it's called. I knew it would come to me.

MS DAVIDSON: Can I turn to you, Mr Kirby. Why take on Meminar from MDAS's perspective? What do you see as being the role for health organisations like MDAS and dealing with family violence?

MR KIRBY: I just thought, when I had the conversation with IFVRAG and Aunty Janine, Meminar was an opportunity for MDAS to again provide that holistic care to the community and also to send a very strong message that family violence is not acceptable within our community, and how does the Koori community take a stand in the sense of family violence. So, in a sense of MDAS auspicing Meminar Ngangg Gimba and the transition again, it was about how do we develop that partnership between the IFVRAG and MDAS and how do we again provide that holistic care to women and children? How do we bring about a generational change for young kids who are going through a traumatic event and

also women? We also provide support to men through Wiimpatja Healing at Warrakoo Station in the men's support.

So it is about how do we provide that holistic care with both the men, the women and the children, and for me it was just a no-brainer. How do we bring together the jigsaw puzzles in a sense of that holistic care? And, for my end, also bringing the community together so that you don't have silo services and you don't have Meminar here and the health service here and the family services here and the men's services here and it's all fragmented.

So, for me it was about how do we bring about a holistic integrated service for the community so that women and children can access our paediatrician, they can access the maternal and child health services, they can access the midwives, the children can go to playgroup, the children can have interaction, the women can have interaction with other women in a safe environment? For me, being the CEO, from our board it was a no-brainer, how do we integrate, how do we support women and children going through a traumatic event, and also just sending a very strong message from a Koori organisation that family violence is not acceptable, it's not our way, it's not our culture.

MS DAVIDSON: You have also talked in your statement about - and I think both of you have talked about the importance of working, potentially being able to support women, children and men in dealing with family violence. Mr Kirby, you identify just an example of the benefits that can arise if an organisation is able to work with all members of the family. Can I get you to outline that

example for the Commission? I think it's at paragraph 38 where you talked about the ability to - you had taken one member to one facility and - - -

MR KIRBY: Yes, it was an example in Robinvale. We provide a men's service. It was an opportunity that, because we provide Wiimpatja Healing, it's a place for men to deal with men's business and men's issues and behavioural change, it was a dialogue between Wiimpatja Healing Centre and our men's Time Out services and also with Meminar Ngangg Gimba, that we were able to transport the men, the perpetrator of violence, out to Wiimpatja Healing. So it's 100 kilometres, basically in the middle of nowhere, on the Murray River on a 10,000 acre property. We were able to also then transport the woman and the child to Meminar Ngangg Gimba and to have this dialogue where simply that the partner wanted the violence to stop. She loved her partner, but just wanted the violence to stop.

So we were able to have this interaction whereby we were able to take the child and the woman to Meminar Ngangg Gimba in a safe environment. There was then a conversation where she was able to call over the telephone to Wiimpatja to inform the individual that, "Look, enough was enough. You need to stay out at Wiimpatja, deal with your issues, deal with the violence, otherwise don't come back," in a sense, "otherwise we will take formal proceedings in the sense of an intervention order."

So we were able to provide a safe interaction between both the perpetrator and also the victim because in the Koori community the women - they want cultural safety, if that makes sense, I'm trying to explain that, whereby they just want the partner to stop and deal with

whatever issue is going on in his life, why is he perpetrating the violence, and to deal with his issues, because they want - I'm trying to explain it in a way.

MS WILSON: It is not only having to contend with your partner in the violence; culturally in our community you have to also deal with the whole family because they will perpetrate the violence against you. But we have found that dealing with the No To Violence model with our men and our families don't work, so we do it culturally. We do it different and it works a lot better. It's very hard to explain.

MR KIRBY: I think, with that example, the individual who was perpetrating dealt with his issues. He was out at Meminar, he was able to access the behavioural change, he was able to access the counsellors, the drug and alcohol counsellors, to deal with whatever issues were going on in his life, whether it is to do with alcohol and drugs or mental health or just to deal with his anger and then be able to reunite the family, because that's ultimately what the partner wants, is to reunite the family, and we did that in a safe way, in a sense of protecting and saying "No" to violence and it's unacceptable, and he needed to deal with his issues or not to come back, if that makes sense.

MS DAVIDSON: Aunty Janine, you also talk about the need to work also with the men and recognise the reality that women often will go back to their partner and if you are not dealing with the man - - -

MS WILSON: In reality we know that a woman that's lived within a violent environment over a long period of time cannot leave a violent relationship just like that, because

they've been groomed, they've been coerced, they've been moulded into a way that they lose all sense of control, self-esteem, they don't think for themselves, they know that if they talk to anyone else they don't know what it is. So - prompt me again there. I'm lost in the fog.

MS DAVIDSON: Why it's important to work with men.

MS WILSON: A dear friend of mine that works on the strategy with us, the Indigenous Family Violence Strategy, which is with the whole Government of Victoria, is you've to involve the whole lot. You just can't work with the women and the children; you've got to work with the men. My dear friend turned around and said, "Men are 95 per cent of the problem. They've got to be 50 per cent of the solution."

So, you can't just keep dealing with the women with a silo, the men with a silo, because you know the minute you've finished with them, they're going to go back together, this is going to happen again, she's going to flee again, he's going to get locked up again and the cycle just continues. So you have to be able to work with the men to find solutions, to give them other indicators that there are other ways to deal with things, to stop the violence within their relationship, within the community as a whole and you can't do that if you do follow the feministic model.

Some of our great policies out there at the moment are so feministic it's not funny. That, yes, it's all about the women and the children. Yes, it's predominantly women and children that are perpetrated violence against. But if you've got an itch, you've got to use something with the itch, so it's either your finger

or a cream or a tablet or a spray. So that's the men. You have to work with the men.

Under our strategy, the Indigenous Family Violence Strategy, it's that holistic approach. If you don't have that holistic approach and the flexibility and the capacity to work with the men during this journey, you're not going to make systemic change, you're not going to change the culture, you're not going to break the cycle because it's just going to be a dog chasing its tail for ever and a day.

If we in the Indigenous community can step up and say, "This is how you do business, this is how you make change, this is how we're doing it and it's worked for an awful long time," so in our culture it was our elders that determined what was right and wrong within our society in the rules that governed us. We have not changed that practice for so long. You still have to work with the whole, you can't work with two individual halves, because sometimes the adhesive that you're going to put the two halves together with isn't going to be achievable and it won't work and it won't stick.

So you have to have that flexibility. You have to have that understanding that to have the capacity during this journey of providing safety and security and a sense of that over here for the women and the children while they heal and dealing with the man over here, you have to reunify them back at some stage, but if you haven't got that capacity within your service delivery or your model, you can't do that. Sometimes some of the funding won't allow that to happen.

So, we do it our way. We do it under our

practices the way we do things and it's worked for our people for generations before we were settled, and all of a sudden there's some practices coming out now that, "Oh, you know, it's worked for all of this time. It must be a solution." And that's involving everybody in that circle, every component in that circle. So you have to work with the men because, hey, some men, they didn't wish for it to happen to them. It was a learned action that they do, because they've seen granddad, mum and dad, brothers and sisters doing it, and they think it's normal. But it's not. If you kick a dog long enough, it's going to turn around and bite you.

So there are men out there that are victims - yes, it is majority women and children - but we have to look after them too because we're just cutting them off, we're just disadvantaging them and also society needs to understand that we need to bring services out there to deliver services to men, somewhere to put them when they're locked out of the house because of their violent behaviour, because the intervention order says they can't live with the woman. We can't make them homeless. We can't kick them out in the street. We can't force them to go and live with other people and break down that relationship, but we do that within our Aboriginal community and in our families. But you also need - society needs to think that you have to also help the man to break the cycle.

MS DAVIDSON: I will move to another point, unless Mr Kirby wants to add to that. One of the issues that was identified by one of the witnesses earlier in the hearings is that Aboriginal women are often reluctant to access

family violence support services and they may be reluctant to - it was said that it's important to have some degree of separation from other Aboriginal organisations because some women will not access a service if it's within an organisation where they might perceive that there are issues about privacy or confidentiality in a small community when some of the people in that organisation may well know them and their family.

Can I ask you first, Aunty Janine, how do you address that issue in Meminar, particularly in light of the sort of move to partnering with MDAS?

MS WILSON: A lot of thought was also given around that and you indicating separation, like keeping an individual away from MDAS. In the old environment it was open slather and the community didn't have a very good rapport with the Aboriginal organisation, that their private information and their hour of need and all of this was out there for open fodder.

When we were setting up Meminar, we knew that that would be a huge challenge. So, through action time and time again in delivering the service to our clients we actually showed by our actions that - and actually telling them, physically telling them that, "Your information, your situation is your information. It's private and it's confidential, and the only way that anyone can get this out of this organisation is through a subpoena by a court of law." Painting that sort of a picture for the clients gave them that sense that while they were utilising Meminar Ngangg Gimba prior to going over to MDAS, that that would never be breached. So you still have to constantly say this to the women, you have to drive it

home that even though we are auspiced by an Aboriginal organisation, MDAS, that didn't have a good history - it used to be called MAC, so if I call it MAC I separate it - you have to keep saying that to the women.

Sometimes you might pass this woman 20 times before she will actually take you for granted that, yes, what you're saying is what you're going to do, and her information would be private and confidential. So that even goes down to the simple things that we as agencies do work, stuff coming over fax machines or calls made in and messages left, to Meminar actually having a private number and our work phones don't come up as a listing because it provides that privacy and confidentiality for the woman. If we happen to ring her, she doesn't answer, we don't leave a message or anything. Sometimes if we haven't contacted, we will send the family violence taskforce, the police, to go and make sure she's okay, but it's so they still they know that their information and their situation is private and confidential.

When you've been dug under and buried by your information and your private stuff, sometimes it's hard to change that culture within your community, but it was constantly reiterating to these women that it is separate, it has nothing to do with. When we were having negotiations, it was we still have to say to the women, "Your information is safe. Your situation is still private and confidential. While you're here you are safe."

That's what you have to do with women who are fleeing family violence, not only Aboriginal women where just a slip of the tongue can be the sense of that woman's

safety compromised, that piece of information compromised, that another fellow workmate will see that information on a note pad saying "Return a call to Janine Wilson, she needs to speak." They know where I am, they know what I do and then, "My safety up at Meminar is compromised. My private information that I'm fleeing my husband because of family violence has been compromised."

So it is by the little things that you have to keep showing our women and children that gives them the sense that, if they go into Meminar, they work with Meminar, they get support from Meminar, nobody else knows what they are there for. Basically at this particular point in time the only ones that know the women at Meminar, MDAS workers know that they're women from Meminar, are the health drivers who have to go and pick them up from Meminar to attend their appointments at MDAS and that is private and confidential because they're actually going to the health service. Everyone walks into the health service, so you've only got something wrong with you. But if I was a normal community person and I had my kids taken off me and I had to go and see the access workers at MDAS, they would know that Child Protection is involved with me. So, a lot of things impact upon that.

MS DAVIDSON: It is the case that, even though MDAS is auspicing Meminar, women can still directly access Meminar without having to effectively phone MDAS or walk through the door of the MDAS building?

MS WILSON: Yes.

MS DAVIDSON: Mr Kirby, did you want to add anything to that about the challenges of maintaining that perception of

confidentiality?

MR KIRBY: Certainly. That's a challenge for any Aboriginal community controlled organisation, but it comes back to giving the reassurance and the confidence back to the community that you 100 per cent uphold the right to their privacy, whether it be within family violence, whether it be within health services, whether it be in housing, whatever the issue is, and that comes back to reassuring the community by your actions, and actions speak louder than words.

That's what we have been able to do at MDAS, is just reassure the community that their privacy is protected. No matter what they're coming through the door to see or to do, that their privacy is protected. Sometimes there is a perception, but I think over time and you prove through your actions that you can deal with a lot of those myths and a lot of those myth truths that are around the fact that your uncle or your cousin or your family member works for the cooperative. There is no difference to working in a mainstream organisation when they have Koori staff working there as well.

So, there are some perceptions about that and there are some myths about that. It comes back to ensuring, whatever organisation it is, that you have good quality assurance systems in place that ensure minimum standards around protecting people's rights.

MS DAVIDSON: Could I turn to another topic which is the prevention and early intervention work that MDAS does. We have already heard a number of witnesses talk about the Bumps to Babes and Beyond program, and I know that I'm not really supposed to use the name Bumps to Babes and Beyond

anymore because it has developed, as I understand it, way beyond the original program. But can I get you to outline how the program started, how you were able to do that, who you worked with and what the program seeks to do?

MR KIRBY: The Bumps to Babes program has now morphed into our Early Years program. But the Bumps to Babes program was primarily providing intense support to mum and dad from conception - not from birth, not from 20 weeks, but from conception. It's about providing a wrap-around service and support to mum and dad and bringing together that support when mum is going through significant changes and dad is, "I'm their father and I'm struggling to understand why my wife is going through these changes."

So how do we de-stress and deal with issues with regards to helping them with housing, helping with them regards to preparation for birth, helping them to understand why mum is going through changes, helping dad understand that, et cetera. So it's about how do we case manage and one worker working with a family through a whole myriad of services.

I come back to a tragic incident that I spoke about before, when my family services were working with an individual, my health services were working with an individual, then there were all these other services working with this poor young girl that, 19, four days away from giving birth, committed suicide. That's why we morphed the Early Years model together. It's about having one worker helping mum and dad with a whole myriad of services.

So through that Bumps to Babes program, in partnership with QEC, the Queen Elizabeth Centre, working

with high complex cases, things like there was no - those who were involved in the program, there was no child protection substantiations; from the report there was a reduction in family violence in the sense of dealing with the issues and providing intense support, dealing with individuals' housing and homelessness, improving things like breastfeeding, immunisations, all of those things upstream. So, it was a preventative model.

What the Early Years now has morphed into in partnership with the Royal Children's and rolling this Early Years model out across the whole Loddon Mallee region, both Mildura, Robinvale, Swan Hill, Kerang, Bendigo and also Echuca, it's about providing what they call a safe base.

The way that my manager from the Early Years describes it, she does it quite well, is that there's always a memory of a childhood - you remember one person that you can go to and talk to, no matter what you did, no matter where you're at, that they'll provide a safe place for you. So that's what our Early Years is about. It doesn't matter where mum and dad are at, we provide a safe place for them to deal with whatever issue is going on in their lives. We provide a wrap-around, whether it is maternal and child health services, whether it's the midwife, whether it's the paediatrician, whatever the service, whatever their need, we provide the intense support to ensure that mum and dad bond with the child and we know that when mum and dad bond with the child all the protective factors kick in, in a sense of dad wants to protect the child, mum wants to protect the child and then all the other factors, we deal with all the other issues

around them.

So what we basically do in that Early Years models, as I said before, it's just a one-stop shop from conception right through to the age of about eight, they all work in one team under one manager. Our board made a conscious decision a number of years ago to fund the Early Years model in the sense of a manager. Our organisation wanted to bring about what we called a generational change. We wanted to move beyond parking the ambulance at the base of the cliff. How do we intervene upstream? We have a booming young population, half our population is under the age of 24 and growing at a rapid rate. What our board wanted to do was how do we invest upstream? That's what the Early Years is about, is about bringing about generational change.

All the research both nationally, internationally, knows you get your best bang for your buck in the first four years of a child's life. How do we ensure we in the Koori community have a generational change so that we can break the cycle, whether it be with regards to family violence, whether it is to do with health, education, youth justice, out-of-home care, it makes sense. So that's what the model is about.

MS DAVIDSON: The model that you are talking about obviously has benefits across a range of different funding portfolios that potentially impacts upon Health and Human Services portfolios in terms of whether or not the child would otherwise end up needing Child Protection Services. It presumably touches upon Education, Justice, whether or not you end up in the justice system. How do you as an organisation go about getting funding for a model like

that that doesn't necessarily have one government home, shall we say?

MR KIRBY: It was difficult, because we have several different funding bodies funding the Early Years model from State and Commonwealth with multiple different agencies within the States and the Commonwealth and each state or each department wanting to know, "Well, I fund this bit of a child's life and I fund this bit of a child's life. Why are we funding this when it's a DHS responsibility or out-of-home care?"

From our end, we had to gather the evidence. It was a matter of then having the conversation with those multiple departments by going, "The early years model is this. You will get your box ticked and your outcomes will be this," and then reassuring the department - once we had that conversation, but it took quite some time, not only with the departments but also internally with our own organisation, because for many, many years playgroup had their little group, and then the midwives were over here in the health services, so there were all these silos within my own organisation that we had to have a cultural change in the sense of how we work together in the sense of breaking down the silos.

So that again was both internally and externally making a conscious decision as an organisation that we can't keep on doing the same old same old and expect a different result. So we had to invest, and as an organisation we made the conscious decision that we wanted to bring about a generational change.

So we had to gather the evidence, which was the Bumps to Babes and Beyond pilot project, which gave us the

evidence for the QEC from the evaluation, then meeting with each of the departments and going, "This is the model. If you want to have a change that flows on beyond" - because the Department of Health has funded the roll-out for the early years model across the Loddon Mallee region. The Department of Health are funding it, but it has a flow-on effect to education. It has a flow-on effect to DHS, out-of-home care. It has a flow-on effect in multiple facets. But they also get their box ticked, if that makes sense. But it was difficult. It was quite difficult.

But now once you paint the picture and show the evidence, we are a couple of years down now - but in the early years it was very, very difficult to have that conversation because the fact is the department funds this bit and they want you to stay in that bit.

COMMISSIONER NEAVE: Can I just ask a follow-up question to that. You are dealing with both Commonwealth and state agencies.

MR KIRBY: Correct, and multiple.

COMMISSIONER NEAVE: How do you do that? I can understand the work you would have to do to bring the various Victorian Government departments together, but that might be an easier challenge than dealing with the Commonwealth/state relationship. How have you gone about that?

MR KIRBY: We still provide the same reports. Even though the early years is this model, within that there's still layers upon layers of separate reports and separate acquittals and separate platforms of reporting that we report on, if that makes sense.

But what we basically said is, even though they

fund a bit of it, the case worker works with the whole family from here to here, from conception until they start primary school. It was just difficult. But we still use separate reporting tools, separate data spreadsheets for both multiple within the Commonwealth and multiple within the state.

COMMISSIONER NEAVE: So you still have to report separately on outcomes to each of those bodies?

MR KIRBY: Correct.

COMMISSIONER NEAVE: How much time does that take your organisation?

MR KIRBY: In my report we estimate on a conservative figure probably 30 per cent of our annual turnover, which we turnover about 20 million a year. So 30 per cent of that is spent on establishing quality assurance systems, multiple systems at both the Commonwealth and state, and all those reporting, and then re-applying for funding. You might have 12 months here, you might have three years here and you might have six months here. It's just the way it is. But, as I said before, 30 per cent of our resources, instead of going back into community, is chewed up in admin. That's a few dollars.

MS DAVIDSON: Do you have any ideas about how we could have a better way of funding and reporting back for these sorts of things?

MR KIRBY: It would be fantastic, for a state, if there was one service agreement for multiple departments with the one reporting tool. I think even within departments within departments there are separate platforms to report on. But, from my end, it would be fantastic if there was one set of standards in a sense of what is the minimum

standard for the Victorian Government in the sense of services, whether it be within education or health or whatever it might be, and if there was one service agreement around, "This is what we fund you for, MDAS. From the Victorian Government here is a bucket of money. We want you to do this, this and this, and here is the reporting tool to report on that." For me that would be fantastic.

MS DAVIDSON: Professor Frank Oberklaid yesterday talked about the idea of tight loose controls where the idea of government being tight on the outcomes, what outcomes you have to be achieve, but loose on the inputs and enable local communities to design the solutions and deliver the solutions. Is that what you are talking about?

MR KIRBY: Yes, well and truly. Probably the best example along those lines is the example of Koolin Balit, which was the Department of Health Close the Gap, Victorian Government, is what we did with LMARG, Loddon Mallee region, in the sense of developing the LMARG Koolin Balit action plan. That, to me, was the first time I have seen that whereby the Victorian Government, the Department of Health, come to the five ACOs in the Loddon Mallee region and said, "Here is XYZ dollars. Here is what we want under the Koolin Balit action plan. Tell us how you want to spend those funds to bring about closing the health gap in the Loddon Mallee region."

And we did it. We developed a plan. We are implementing it now. From my end, I'm still pinching myself, we are two years into it. The Victorian Government gave us a bucket of money with clear outcomes, what they want, and the Koori community in the Loddon

Mallee region, we have designed and developed those action plans and the Victorian Government has given us the resources to do that. So I totally agree.

MS DAVIDSON: Just briefly you mentioned pillars even within an organisation that you have services co-located. How do you see making sure that services are integrated beyond just co-location? Do you have any ideas about how you go about doing that?

MR KIRBY: The model that we have done at MDAS, it's about changing workplace culture. It was challenging internally for us in the sense of ensuring that there is no wrong door. If someone comes in through my family services and they see the intake and assessment officer, they ensure that the individual doesn't tell their story 10 or 15 different times to umpteen individuals but linking them in.

But also within my health services, we have a triage model within the health services in a sense of ensuring that when Rudy Kirby comes in, because I have the flu, we do a full health check to make sure that Rudy's wellbeing is being looked after and how do we link Rudy in across the whole myriad of services, not only within the health services but also within my family services. So it's about ensuring within my own organisation that it's everyone's business to ensure that when somebody comes through the door, for whatever reason, we wrap around services to support them. But it comes back to again, for me, internally changing the workplace culture and a sense of, "We are here to service our community, and how can we bring about change for our community?"

MS DAVIDSON: You also talk about in your statement the

importance of front-of-house staff to providing an integrated service and a good service response. Can you tell the Commission what you have done at MDAS?

MR KIRBY: Front of house, normally you put probably your trainee or your less experienced staff on reception. We have done the flip. We have put one of our most experienced staff members on reception, through the intake and assessment. For example, in Mildura the intake and assessment officer has been with the organisation in very senior roles for 10 to 15 years. She is my intake and assessment officer, along with her staff, at reception. In my health services we have a triage model with senior clinical nurses along with the Aboriginal health workers doing the triage.

So we ensure that at the front of house we put our most experienced because when people are coming through the door or they make contact we want to make sure that the people are experienced and have the most appropriate skill set to respond to the individual's needs at that time, instead of having the trainee deal with someone coming through the door with a crisis. We want to make sure we have the most experienced person there; and changing that mind set that because you are on front of reception doesn't mean you are down the pecking order, if that makes sense. It's so critical and so important to have that message that people who work in my reception area or the intake and assessment are the most critical contact point for my organisation, if that makes sense.

COMMISSIONER NEAVE: Can I just see if I can tease that out to understand. A man turns up and says he has the flu, which was your example, I think.

MR KIRBY: Yes.

COMMISSIONER NEAVE: He is actually using family violence, let us say, and there might be some indicators of that, or not. He might come in with his partner and his children and he might exhibit behaviour in the front of MDAS which shows that. Is that what you mean, that the intake and assessment officer would say, "Obviously you may need some medical treatment, but there are some other issues here. So I'm going to refer him or at least I'm going to say to the health provider who sees him that these are other issues which might be explored." Is that sort of the way it works?

MR KIRBY: Well and truly. What we have is we have a stock standard policy. Anyone who comes into the health service, we triage them. So they don't just come in and see the doctor. What we do is they come in and see the triage. They might have the flu. But also in there we get them to talk with the Aboriginal health worker, it could be a male or it could be a female Aboriginal health worker, and also with the clinical nurse. They are trained to pick up through their intake and assessment or their triage certain signs.

They might refer them into our social and emotional wellbeing team. So they might flick them in to see the drug and alcohol team or they might need to have a referral into whatever service we've got. It might be to do with housing. If it is do with family violence, it might be flagging with the workers that might be working in that space up at Meminar that maybe someone should pay a visit to Aunty Janine because there's signs that were displayed within our foyer or staff are aware of to link

them in.

So we try to - when someone comes in through the front door, that they don't just keep coming back. How do we deal with the issue or the underlying issues? But it is about building the relationship and the rapport, and that takes time.

COMMISSIONER NEAVE: Thank you.

MS DAVIDSON: Can I just turn to maybe two final topics. The first is the situation for housing in Mildura. Aunty Janine, you identify in your statement that one of the consequences of transferring from the mainstream homelessness agency to MDAS was that you lost access to two houses that were prioritised for women exiting Meminar. Can you outline how that issue arose and what the position is for housing for women and men in relation to family violence in Mildura.

MS WILSON: With the inception of Meminar, the department allocated two housing stock. So it was identified that they were Aboriginal family violence stock for women transitioning out of Meminar into those two houses. Originally, at the start, those two houses were during the interim service before the facility was built that we utilised to place our women in while also trying to get them either housed through the mainstream DV service or through a motel or in a caravan or whatever.

Since we have transitioned across to MDAS we have lost - when I say "lost" those two housing stock, once our Aboriginal family violence/domestic violence client moves on from that house we have actually lost the stock. It goes back into the general pool. So that then made it harder to transition our women once they reached a certain

stage within their service and their needs being met within Meminar. We had nowhere to send them to give them that semi-independence. That's very, very hard.

Then we have Opening Doors, which is an overall housing pool that you get accommodation within your area. So it's nomination rights. In Melbourne the nomination rights are automatic. So they might have 650 houses. Under those 650 houses across metropolitan Melbourne you will have so many allocated for mental health, domestic violence, Aboriginal, youth, drug and alcohol and general. So you have to apply for them. You know there's only 650 houses. So, if there's no more houses to be had, you have to wait.

In regional Victoria and mainly in Mildura we all have to apply. Under Aboriginal family violence the agencies that can apply for them are MDAS, through their housing programs, also Meminar and Mallee Domestic Violence Services in case they have Aboriginal clients.

What I don't like about the system, and I'm in discussions with the department about, is that two housing organisations have control over who are the successful applicants for the thing. So under the Aboriginal family violence we have two agencies that are homeless agencies. My argument is where does it give them the qualifications and the skills to determine an application under mental health. If this support worker is putting in an application for a person under the mental health category, where are these two homeless agencies got the skills base and the knowledge to assess somebody with mental health or that application?

Also between the MDAS homeless services through

MDAS and Mallee Domestic Violence Services sometimes we share clients. So we say, "Are you putting in for so and so or are you going to put in an application," just so we know that it's been fair and equitable that an Aboriginal person fleeing family violence is going to get the Aboriginal family violence housing stock. Sometimes MDAS, Meminar and Mallee Domestic Violence Services don't even get our stock. So we would like to know where is it being fair and equitable.

So I'm looking at the department around their own system as to you are not being fair to mental health, drug and alcohol and all of those others. You can look at youth, because MDAS is a youth homeless service as well as for older people, and so is Haven Home Safe. They do it generally for the whole community. But when it is not being fair and equitable with the housing stock that's available, and we lost the two housing stock under Aboriginal family violence, it's put us way behind the eight ball. It's disadvantaged us even further.

In regards to men, can I just say that Mildura is a tourism hub. So a lot of tourists from all over the world come and stay. So we have lots of caravan parks. We have lots of motels. We have lots of apartment buildings; lots of homes that are allocated as bread and breakfast and that sort of stuff. There is one motel in Mildura that will take family violence clients; that's whether they are rung up by the police, Mallee Domestic Violence Services or Meminar. So that's perpetrators and victims, if we have nothing to put them in, are staying at the one motel.

I know they are private businesses. But it sort

of puts a strain and stresses the system that's already not coping with housing family violence clients. There's not much in the space of Office of Housing. They just don't have enough stock on the ground to house the many that are on the waiting list there. Then you get women that come through a DV service and actually go on the priority list. There might be 250 women above them, but they go above those 250 women under the seg 1 category, but there's not even enough stock to house them.

Then you have Mallee Domestic Violence Services; they have limited stock. You have Meminar; they have limited accommodation. When you actually ring up the homeless number after 5 o'clock to get housing because there is no accommodation to be had, 99.99 per cent of the time you are offered a tent to go and park down the river. That's not conducive to provide safety and security for women fleeing family violence. It is not conducive with a man that, because of his actions and his behaviour and an intervention order says he can't return home - because ultimately we would like to keep our women and children in the home. But when you haven't got that luxury it's disadvantaging the victims as well as the perpetrators. There is just not enough resources on the ground. So if anyone has any spare cash out there, please, family violence would like a lot more money.

COMMISSIONER NEAVE: Am I right in thinking that we heard in Mildura that there were a couple of transitional houses that were sold? Was that right? I may have misremembered it. It may have been another place that we went.

MS DAVIDSON: Was it a men's hostel?

MR KIRBY: Yes, Harry Nunya Hostel.

COMMISSIONER NEAVE: A men's hostel?

MR KIRBY: It was hostels in general. It's through Aboriginal Hostels Limited through the Commonwealth. But that was a hostel that was sold this year.

MS WILSON: Meminar were able to utilise that sometimes, especially when they wanted to reconcile with their partners and they were working through things. Instead of trying to get them in the transitional housing, which you can't do sometimes, Harry Nunya Hostel was the ideal place to put them as a family because it was in a structured, communal living type thing and there were other rules that governed that there and still have the support services going in there. But it was a sad day when Aboriginal Hostels Australia - because I'm led to believe that Harry Nunya Hostel in Mildura wasn't the only hostel that was sold.

MS DAVIDSON: Mr Kirby, you refer to what you are having to do now in terms of putting people up in tents.

MR KIRBY: Yes. Through the SAAP program or housing program there are examples upon examples, but paying $300 to $400 a week for a non-powered tent site.

MS DAVIDSON: Finally, Aunty Janine, you refer in your statement to some concerns in relation to police responses. You have talked during your evidence from time to time about contacting the family liaison - - -

MS WILSON: Family violence taskforce unit.

MS DAVIDSON: Yes. Does the Aboriginal community have a good relationship with that unit in Mildura?

MS WILSON: There are many communities across Victoria that have some good working relationships with VicPol in addressing and meeting the needs of police responses and

building better partnerships and relationships with Aboriginal communities. We have done that very well in Mildura. So when I talk about the Koori police protocols and the response and you talking about the taskforce, there's a lot of things that have played in this.

Koori police protocols has been out for an awful long time. I'm not saying that the relationships and the partnerships and the goodwill that we have built in Mildura is a reflection of the comments that I have made prior to today and in my statement because there's been a lot of good work, a lot of goodwill and a lot of good people both sides - in the Aboriginal community and the police, and there is one in the room today - that we have a really good relationship with.

It was never my intention to insult Vic Police. But, yes, when the AJF was in Mildura a few weeks ago I did say because there were hierarchy police there, "Shame on you, shame on you, shame on you." I don't find fault with the LEADR Mark II, which is the electronic system that produces the L17s and all of that sort of stuff. I don't find fault with the hierarchy within our local police in Mildura.

Through the strategy and across the state there is this misconception that because you are a police officer that you are meant to know everything. There is a misnomer about the Aboriginal community that thinks, "Because you are a police officer, you are meant to know and you are meant to do something for me."

The Koori police protocols that I talk about, and so do my other chairs across the state at the Indigenous Family Violence Partnership Forum twice a year with whole

of government, is about we are all humans. We are not machines. If we were machines, I wouldn't be sitting here because everything would be perfect. You wouldn't be asking me these questions because everything would be perfect. But because we are human beings things tend to get overlooked, practices seem to get changed, ideas and perceptions about what my role is and to do something gets twisted and warped or I get told I have to do something this way and there's no other way to do it.

It is my perception and it is my knowledge in these discussions since way before 2009, when the police protocols were launched in Mildura, is that there is a standard code of practice under the family violence response, because the year before in 2008 with the amendment to the Act in family violence that included Indigenous family violence encumbered what the Koori police protocols was trying to achieve in align with the normal practice of the police protocols. So there is no intent to individually insult anybody, because there's a lot of good work being done.

It is the two feet and the heartbeat that I have the problem with. I have said this in every forum, in every conference that I have around the family violence police protocols. Once it gets past the sergeant, can't fault the system. It's the response of the officer or the two officers that attend the 000 phone call that seems to don't get it.

If we are to make systemic change it's got to start within the department. This time I don't mean DHHS. I mean within VicPol. Having a perusal over a certain section within the academy and what-not is not good enough

around family violence, because it is a creature that is growing out of control. Every second that we breath on this earth today it is growing out of control, it is escalating and more women are losing their lives.

So, if you can't get a set of standard protocols right, how are you meant to align the Koori police protocols directly with those protocols if the perception of the officer that goes out and does the risk assessment that he's confronted with can't get it right? With the process around the identifier question that is mandatory for all police to tick and yet we still get L17s, which are an electronic system, that get sent to Meminar, we still have a huge percentage of "unknown". So they will not ask the question, "Are you Aboriginal or Torres Strait Islander?"

So it leaves me to believe if you can't follow - and this is me and it is the opinion of some of the other chairpersons, if you can't get the standard code of practice for police protocols around family violence right, how can you align the Koori police family violence in align with the standard practices with the two feet and the heartbeat, with me going to a door when I get a phone call to deal with a response - because there's been several occasions where I have had people, and I have discussed this at Mildura police station because we have tried to put intervention in place to stop it from happening before, but that doesn't mean it's a perfect system.

At the last Partnership Forum early this year I spoke to the new VicPol representative that sits at the Partnership Forum about the L17s, the response, because

it's a creature that we haven't been able to rein in and control with a simple set of practice protocols for Indigenous people with the Koori police protocols. He said, "Can you give me an example?" I said, "Well, it's sad when an officer gets called or the 000 number is rung, the officers attend, they have looked past the bleeding, broken, battered woman that's opened the door and they are talking to the perpetrator at the back like he's their next best thing since slice bread and having a casual candid conversation with him saying, 'Look, mate, you know we don't want to come back here. Just settle down and we'll leave it at that,' turn around and walk away."

This was this year. This was only a few months ago. To one where officers turn up and they say, "We are sick and tired of going to this place. We are sick and tired - we come in here two or three times a week. Why don't you two get your act together?" It is not about that officer making that decision when he comes to a front door. He has a standard set of practice protocols that he's got to follow, he's got to assess, like I, as an intake worker, have to assess the risk of the person that I'm doing a risk assessment whether she's high needs, medium needs, low needs. Do I immediately need to replace her and put her in a refuge or do I immediately ring other organisations and get her out of town now with the help of the police or whatever, or, "No, we can put her in a motel tonight just so he can calm down and settle down. Then I can ring this agency and say, 'Can you send your men's fellow around. He's with that worker. Can you send him around and say to him, "Look, you know, we have been through this. You are going through this program."'"

But what it is about is it's that person, that officer that does his risk assessment that's not doing his job. You have some good police who do it, you have some stalwarts that just won't do it, and then you have some young ones being taught some bad habits. So I'm not picking on one officer, I'm not picking on one police station, I'm picking on a system that can't get it right from the hierarchy down.

MS DAVIDSON: On that note, do the Commissioners have any additional questions?

COMMISSIONER NEAVE: No, we don't.

MS DAVIDSON: Then I would ask that the witnesses be excused.

COMMISSIONER NEAVE: Can I thank you both very, very much, Aunty Janine and Mr Kirby. Thank you very much for your evidence. We enjoyed our visit to Mildura and this was very helpful. Thank you.

MR KIRBY: Thank you.

MS WILSON: It's been my pleasure, thank you very much, and I hope I haven't offended anybody.

COMMISSIONER NEAVE: You are here to give evidence.

<(THE WITNESSES WITHDREW)

MS DAVIDSON: If we could have a five-minute break.

(Short adjournment.)

MR MOSHINSKY: If the panel could please be sworn in.

<BRYCE ASHLEIGH PETTETT, sworn and examined:

<HELEN MARGERY BOLTON, affirmed and examined:

<PAUL RICHARD NAYLOR, sworn and examined:

MR MOSHINSKY: Could I start with you, Superintendent Naylor. Could you please tell the Commission what your current position is and give a brief outline of your professional background?

SUPERINTENDENT NAYLOR: I'm the Divisional Superintendent for the north-west of Victoria. I am based in Mildura and I cover the shires of Mildura, Swan Hill, Gannawarra and Buloke shires for the policing response. There are some 36 stations and units in that area. It covers an area of around 48,000 square kilometres. Part of my control areas is the Mildura SOCIT unit, which is part of the Mildura MDC.

My background before that position was as the local area commander for Mildura, again looking after the areas in the Mildura local government area. Prior to that I was the commander, specialist operations for RAMSI, which is the Regional Assistance Mission to the Solomon Islands where I worked for two years.

MR MOSHINSKY: Have you prepared a statement for the Royal Commission?

SUPERINTENDENT NAYLOR: Yes, I have.

MR MOSHINSKY: Are the contents true and correct?

SUPERINTENDENT NAYLOR: Yes, they are.

MR MOSHINSKY: Ms Bolton, could you please tell the Commission what your current position is and give a brief outline of your professional background?

MS BOLTON: Certainly. I'm currently the Chief Executive Officer of the Barwon Centre Against Sexual Assault. We provide a sexual assault and family violence services in the Barwon area, primarily Geelong, and across the Wimmera. So that's in the Horsham-Hamilton area. I have been with the organisation about four years now.

Prior to that I was in a State Government position in the family violence and sexual assault unit in the former Department of Human Services. I have about

25 years experience predominantly in family violence and sexual assault in the government/non-government area.

MR MOSHINSKY: The Barwon Centre Against Sexual Assault - Centres Against Sexual Assault, they are referred to as CASA; is that right?

MS BOLTON: Right.

MR MOSHINSKY: Are there a number of CASAs around the state?

MS BOLTON: There are 15 Centres Against Sexual Assault in the state. We have a peak body, CASA Forum, that meets monthly. Barwon CASA is an independent not-for-profit organisation governed by a board. There are six independent Centres Against Sexual Assault in Victoria, and 10 that are auspiced by hospitals or community health services.

MR MOSHINSKY: The range of services that are provided by the Barwon CASA, could you just briefly give us an outline of that?

MS BOLTON: Yes, certainly. We provide sexual assault support services, so therapeutic counselling services, for women, children and men who have experienced sexual assault either historically or current incidents. We also provide counselling to women and children who have experienced family violence. We provide an early intervention family focus therapeutic program for young people who are using either inappropriate sexualised behaviours or sexually abusive behaviours, often within the context of family violence.

We provide a primary prevention program in secondary schools that is based around respectful relationships, gender equality and challenging violence supportive attitudes, and we provide professional

education and training across the sector.

MR MOSHINSKY: Have you prepared a statement for the Royal Commission?

MS BOLTON: I have.

MR MOSHINSKY: Are the contents of your statement true and correct?

MS BOLTON: Correct.

MR MOSHINSKY: Can I now turn to you, Senior Sergeant Pettett. Could you please outline to the Commission what your current position is and give an outline of your professional background ?

SENIOR SERGEANT PETTETT: Yes. I'm a Detective Senior Sergeant, the officer in charge of the Dandenong SOCIT. That SOCIT unit is based at the Dandenong multi-disciplinary centre. I have been a member of the police force for 37 years. I was promoted to senior sergeant in about 2003. I have been the IOC at the Dandenong SOCIT, taking it through its transition. It used to be the SOCACO. There's just some differences in our functions. I arrived at Dandenong SOCACO in 2010. We transitioned to a SOCIT in 2012.

Prior to that I was a senior sergeant at the Victoria Police Detective Training School on the directive staff there delivering investigative training to Victoria Police members. I have had experience working and training overseas. I was the operations and training adviser to the institutional strengthening project in Samoa for two years, living in country. I have trained police forces in Tonga and in Fiji, and Samoa obviously. Prior to that I have an extensive history in criminal investigation in a number of roles with Victoria Police,

and some uniform duties as well.

MR MOSHINSKY: Have you prepared a statement for the Royal Commission?

SENIOR SERGEANT PETTETT: I have.

MR MOSHINSKY: Are the contents of your statement true and correct?

SENIOR SERGEANT PETTETT: That's correct.

MR MOSHINSKY: Before I turn to multi-disciplinary centres, which is the main subject matter that you each deal with in your statements, I want to invite you, Superintendent Naylor, if you wish to make any comments in response to the evidence that we have just heard from Aunty Janine about police practices, particularly in the Mildura area.

SUPERINTENDENT NAYLOR: Thank you. Firstly, I would like to acknowledge the traditional owners of the land in which we stand, the Wurundjeri nation. But I also need to acknowledge the traditional owners of the land in Mildura, being Barkindji and Latji Latji. Aunty Janine is a highly respected member of those nations and it's certainly not my intention to do anything other than enhance some of the commentary that is in her statement and some of the things that were said during her evidence.

Firstly, in regard to the issue surrounding the police actions at a particular incident, it's the first I have heard of this incident where police have not dealt with the victim of crime in that instance. It is something that I and my officers would absolutely take seriously. Have no doubt that I will be following up in the appropriate timeframe to speak to Aunty Janine and to get more information around this, because it is something that we take very seriously. That's a lack of action at

its very minimum, and if it's the case I will certainly be following up with that.

There are often three sides to every story, and I really do need to have somebody investigate the matter to ensure that I get a full picture of what it will be at the end of the day. If necessary it will go through our police PSC, our Professional Standards Command, and it will be dealt with most appropriately. But it is something that's abhorrent to us and I have had very little information given to me of circumstances similar to that.

In regard to issues around some of the other items I would just like to maybe develop some better understanding of, it's certainly about the number of "unknown" reports that are made on the referral system, L17, that relates to the background of the victim. There are a number of drop-down boxes and one of those drop-down boxes that the police officer reports on when he returns to the police station is whether the person is Aboriginal, whether the person is Torres Strait Islander, whether the person is neither Aboriginal nor Torres Strait Islander, and the last drop-down box actually says "unknown/unstated".

It's an issue that I have raised more than once in our com stat processes about the high number of "unknowns" that are recorded and I just don't believe that we are properly asking the police officer the question in the first instance.

MR MOSHINSKY: Sorry, do you mean the police officer isn't correctly asking the question?

SUPERINTENDENT NAYLOR: At times the police officer in Mildura

may not ask the question at all. I was going to go to that point, actually. It's about the context of a police officer in Mildura. I have a bit of a coach's address to as many members as I can that come up to the north-west. I call it policing in a goldfish bowl because our members are on duty - well, they are on duty for eight hours of the day, but they are not removed from isolated areas like Mildura. So they are under scrutiny 24 hours a day.

They also mix with the community 24 hours a day. We have members that play sport with plenty of members in the community, including the Aboriginal communities. My kids went to school, adults mix at the school, I know the Koori community as much as I know any other community in Mildura, of which there are 63 multi-nations.

So sometimes the question isn't asked because the members that are going to the first response know the families from personal interaction or possibly professional interaction in the past. So sometimes it is not asked. I still don't like the fact that there are so many "unknown/unstateds", and it is not through want of trying to increase that number. I don't have the numbers on top of me, but I would say it is unacceptably high.

COMMISSIONER NEAVE: I might just interpose and say I think that we heard some evidence to that effect from Mr Jackomos, not in relation to Mildura, but generally that this was an issue across the state. So I think we have heard it from a number of witnesses, but particularly Mr Jackomos I recall saying that.

SUPERINTENDENT NAYLOR: In fact I have probably had the same commentary with Mr Jackomos myself on exactly that subject. I don't believe that police are afraid to ask

the question as to Aboriginality of a person or not. I will put it in context again when I talk about Mildura and Swan Hill. It's part of our business as usual to ask people their Aboriginality or not. When they go through the custody process at a police station one of the questions that must be asked is, "Are you Aboriginal?" Our members know the amount of support that is provided in other areas, not just in family violence. They are well aware of the sorts of support that is available to people in Aboriginal communities, and you heard Rudy Kirby talking about that before.

Through SupportLink, which was the process prior to LEADR Mark II, SupportLink when you look at the data showed Mildura as the highest reporter and referral of victims to agencies across the whole of the state, and we held that very proud mantle for a long time. In fact we were the pilot site for Victoria Police on SupportLink. So there is a great connection with police and all of our communities, of which I said it varies between 60 and 63 nations as well as Aboriginal communities.

So I don't think they are afraid. I just don't think on occasions they do it. That's a challenge for me, and I certainly don't step back from that.

Aunty Janine's statement varies slightly to her evidence around paragraph 61 in regard to the L17s, where she says that L17s aren't faxed on a regular basis. Back in May 2013 we left the faxing system completely and we went to a process where when an L17 referral is submitted electronically by a police officer it is automatically generated into a fax to Meminar Ngangg Gimba and also the Mallee Domestic Violence Service. So there is no

opportunity for a police officer to forget to fax or to deliberately not fax to the appropriate service. Of course this does come back to the fact that the police officer needs to tick the box on about page 4 of the process about the Aboriginality.

There was also some discussion around the prioritisation of police around family violence. There is a number of processes in place to ensure that family violence and any other matter of a serious nature is highly prioritised. The Victoria Police has the computer aided despatch system, which is commonly referred to as CAD, and that is housed at ESTA, which is our communications system. All supervisors do monitor and must monitor all jobs that are being given out to police officers on units on the road. If there is an issue in regard to the categorisation of a task handed out by ESTA it can be overridden by a sergeant that is on the road in a separate unit to ensure that they are responding to the most urgent at the time.

In places like Mildura there will probably be three or four jobs that the divisional van has waiting to be responded to. To that end we have two divisional vans on the road 24 hours a day, and that will increase to three at times. But we still can't predict what the load will be on any particular day.

So we prioritise, firstly, through the despatch system. We prioritise by the sergeant that is on patrol to support our units on the road. We also have a system of a 2658, a senior sergeant position that overrides any sergeant's decisions if they believes that the sergeant hasn't got it right. So there are three to four levels of

prioritising of tasks for a div van that goes out on the road.

The job is allocated to a particular person in the divisional van. It's not allocated to Mildura 303. It's allocated to Constable John Smith, registered number 123456. So that person becomes a responsible person for the outcome of that particular job. Most div vans where they are two up, they take it in turns - whoever gets the next job, it is either a good one or a bad one and so forth. But there is absolute responsibility held with a person for the entirety of every investigation that a divisional van goes to.

At paragraph 76 and also in evidence it was stated that Victoria Police are responsible for the housing and accommodation particularly of people who are taken out of family violence relationships for protection. It is probably a misunderstanding of what happens in the policing system. The police do nothing more than be the conduit between the person requiring accommodation and through daytime hours Haven Accommodation and after hours with the Salvation Army where we provide them a telephone and they converse with either Haven Accommodation or the Salvation Army after hours. Once the decision is made as to the prioritisation for this person for accommodation we will provide the transport to whichever accommodation has been identified.

I have been led to believe that the Salvation Army nor Haven have any contracted hotels and motels. They go with whatever is available on the day. I have never had it brought to my attention that we have ever had to take a person as a result of Haven or the

Salvation Army arranging accommodation where they have had to take a person to a tent. So it's my understanding that they are always taken to accommodation.

As you heard in evidence, there is all manner of hotels, motels available. I believe that if it is after hours the Salvos will do a connection - there is no specific contract at hotels; it's a catch-all - and Haven repay the Salvation Army in due course on that matter.

In a portion of the statement it says that police will often go in whole hog and there is no thought to reconciliation between the parties. We have actually put a lot of effort into ensuring that reconciliation is a very high priority in our policing processes.

When the government of the day rolled out the 1,700 additional police members to Victoria Police over four years Mildura was fortunate to obtain 48 extra police officers. They could have just gone on to the strength of the Mildura uniform station, but I made the conscious decision along with my management team that we needed to create a family violence unit specifically. Prior to that all we had was a family violence adviser.

We also made the conscious decision of that extra personnel that we received to also have a family violence court liaison officer. It's not a position that's a gazetted position. It's a nice to have, and we made the conscious decision it was so important that we needed to have it. The family violence court liaison officer attends every hearing in the Mildura courts and also at Swan Hill to ensure that all parties are represented fairly and that all parties have the opportunity for reconciliation prior to going into court.

In fact such is the respect that is held for the family violence court liaison officer I'm aware of numerous incidents or occasions where magistrates have asked the question, "Have you spoken to the family violence court liaison officer yet?" If they haven't, then they are asked to withdraw from the court and speak to the family violence court liaison officer prior to coming into court for a decision being made.

Police are no different to anybody else in the community. They hate to see families being torn apart, and where they can do something to make a difference they will. Thank you.

MR MOSHINSKY: Thank you. Can I perhaps turn then to you, Senior Sergeant Pettett. Before I ask you to address multi-disciplinary centres could we just start with SOCITs, which you referred to. Could you please explain what SOCITs are, because not everyone will necessarily be familiar with them?

SENIOR SERGEANT PETTETT: SOCIT is an acronym for the Sexual Offence and Child Abuse Investigation Teams. Our charter under that system is that we investigate adult sexual assaults, child abuse and child sexual assaults. The SOCIT staff receive additional training to that of a detective. So they are all CIB qualified. They complete the Victoria Police Detective Training School. Then they do an additional course which enhances their skills in a number of areas, but in particular to take VARE, video audio recording evidence, from young children or people with intellectual disabilities where we video record the evidence that can be later presented to court in a more protective fashion of the victim.

Our people are also taught a great deal more in relation to situational conversations with victims in relation to disclosing offending. It's a very delicate area with victims to be able to disclose confidently to a police officer that certain things of a very personal nature have occurred. So our staff receive training in relation to the psychology of victimisation, in relation to the psychology of offending. They do some extensive work with people with intellectual and physical disabilities to encompass difficulties that traditional policing methodology may not approach as confidently.

They also receive training in regard to interviewing practices in regards to small children, how to elicit the best possible information we can from a victim of either sexual assault or child abuse or both to be able to present to the court the best possible evidence. So we take what is determined to be a whole of story approach, and what we try to do in that is get a complete statement rather than just specific entities that occurred on this particular day. So we want a whole of story approach to encompass things like grooming or behaviours that obviously assist in demonstrating criminal conduct.

They receive training in relation to the categorisation of child exploitation material. They receive training in relation to methodologies to extract that from systems and devices and to categorise that sort of material. It involves a lot of sessions in regard to victims of crime, and that's victims in all the areas I have described, be that people with intellectual disabilities, physical disabilities, just adult victims

who will come and do case studies, their own case studies.

The course is run or contributed to greatly by a couple of psychologists that are specialists in the field, plus police members with significant experience.

MR MOSHINSKY: Thank you. Moving from SOCITs to multi-disciplinary centres, which are often referred to as MDCs, could you please just give us a very brief outline - we will go into more detail later - of what an MDC is?

SENIOR SERGEANT PETTETT: Quite simply it's a co-location of partner agencies that live in the space that we live in; so that's for sexual offence and child abuse. At the Dandenong MDC we have SECASA, which is CASA but the South-East CASA. We have the Dandenong SOCIT. We have the Department of Human Services. We have the Victorian Institute of Forensic Medicine. We have a nurse from Southern Health that's on site. We have an e-crime analyst, which is unique for us early stages, which is a specialist to do evidence from obviously computers and technology gadgets.

So we all reside in the one building. It's a building that's been specifically designed around victim management, victim comfort. It's an anonymous building. It's very unconfronting to the victims. It's very comfortable. There are specifically designed interview rooms. We have teleconferencing facilities we can utilise to do remote court. We have obviously the VARE suites there to get the video audio recorded evidence from children and adults with intellectual disabilities, and a nice suite of interview rooms. It is a very functional and very effective model.

MR MOSHINSKY: Are the members of the SOCIT team for the Dandenong area physically located in the multi-disciplinary centre?

SENIOR SERGEANT PETTETT: Yes.

MR MOSHINSKY: When you referred to DHHS, is that Child Protection?

SENIOR SERGEANT PETTETT: DHHS that are attached to Dandenong do child sexual assaults and they also compliance manage registered sex offenders. So there is a crew of six DHHS practitioners at the office. We still deal with the DHS head office in relation to intake reports in relation to child physical abuse, and we will work with the on-call practitioners in that regard. So the people at Dandenong specifically are around sexual assault and the registered sex offender management.

MR MOSHINSKY: So it includes Child Protection, but it's broader than Child Protection?

SENIOR SERGEANT PETTETT: Yes.

MR MOSHINSKY: The multi-disciplinary centres aren't all the same. Can I turn to you, Ms Bolton. Could you tell us about the multi-disciplinary centre in the Barwon region and perhaps just point out what some of the differences are to the Dandenong one?

MS BOLTON: I think it's very similar to how Bryce described it, but there are some local variations and each centre was purpose built to accommodate the suite of services in there. I think it's important to emphasise that the child protection staff are highly specialised sexual abuse investigation teams. So, similar to what the SOCIT training has been for the police, child protection have gone through training that enables them to undertake that

work.

We have separate workplaces. So we are not all in the one open plan area. I know in Dandenong that you are on three levels. In Barwon we are on the one level. We have three separate workplaces, but we feel free to walk in and out of each other's workplace. We have CASA dedicated intake staff, and it's a familiar sighting to see Child Protection or VicPol walking in and talking to our intake staff.

We are currently employing the nurse through Barwon Health. So it's been auspiced through the former Department of Health out to local health care providers. So I understand you have already employed your nurse. We are currently going through that process at the moment.

We have also had a visiting legal clinic that's been terrific in assisting clients around legal advice, VOCAT applications, court reports, and we also use that firm for opposing subpoenas that come in for client files and records.

MR MOSHINSKY: I think all of the MDCs include the SOCIT team; is that true for Barwon?

MS BOLTON: Absolutely correct.

MR MOSHINSKY: And it includes CASA, which provides the various different services that you outlined earlier?

MS BOLTON: Absolutely, yes.

MR MOSHINSKY: And it also includes Child Protection?

MS BOLTON: That's correct, the three partners.

MR MOSHINSKY: And the other things that you have mentioned.

MS BOLTON: Yes, absolutely. I think an important element is that we all have a very high regard for each other and each other's practice. That's been underpinning for the

collaboration.

COMMISSIONER NEAVE: Can I just clarify, the Barwon MDC was a CASA to which other services were added; is that right?

MS BOLTON: No, that was Mildura. Barwon MDC was a purpose-built refurb where we all moved in at the same time. Barwon CASA elected to move all of our staff in. We were funded for two staff in the MDC model originally. In the design we elected to move the entire CASA in. Mildura was a CASA. You can probably talk about that a bit more. They were the CASA. It's their premises, and they moved in Child Protection and police. So each MDC has developed a little bit differently.

COMMISSIONER NEAVE: And the Dandenong one, the foundation was the SOCIT and then the other services moved together; is that right?

SENIOR SERGEANT PETTETT: Yes. Dandenong SOCIT co-located - or when we were a SOCACO we co-located with the DHS practitioners in the police station. We have now had a three-storey purpose-built MDC designated as the principal MDC in Victoria. So it's a really good premises. As I say, all units have moved in there as of September last year. So we have only been in a shorter amount of time than Barwon.

COMMISSIONER NEAVE: Thank you.

DEPUTY COMMISSIONER FAULKNER: I just want to clarify the real estate. Who has the ownership of the real estate?

SENIOR SERGEANT PETTETT: It's a lease agreement. My understanding is it's through the Department of Justice. But the Victoria Police SOCIT project effectively - I guess they sign the cheque or pay the bills. All partner agencies are involved in the local

area agreements and the governance groups around SOCITs and MDCs. It's probably - not complex, but there are a few layers that are involved in the agreements from government level right through the Department of Justice to the actual managers on the ground of each independent area.

COMMISSIONER NEAVE: I suppose what I'm interested in teasing out is there are different histories and models, and I wonder whether any of you would care to reflect on who takes ultimate responsibility for it and whether those different histories and models affect the effectiveness. For instance, you might have one that was driven by the police or you might have one that was driven by the CASAs. I would have thought - and I may be quite wrong - that that means perhaps they have different philosophies.

SENIOR SERGEANT PETTETT: It's an interesting question. I guess the fundamental philosophies within each of the independent agencies historically has been different and probably remains slightly different. But working in the MDC environment - and I'm speaking for Dandenong here - the philosophy and the understanding of each agency's positions and work practices has changed. So we find now that we sit and case manage as an entity of all agencies on a needs basis. We find that the information sharing is so much better and the working relationships around our victim support and victim management and the court process is really quite cohesive and everyone is pulling in the same direction. I don't think it could succeed unless we had got ourselves to that point. My understanding of other SOCITs is it's been very successful. Speaking on behalf of Dandenong, it's an

incredible difference.

COMMISSIONER NEAVE: Thank you.

SUPERINTENDENT NAYLOR: Mildura is a little different again.

MR MOSHINSKY: Could you outline the Mildura MDC, how that works?

SUPERINTENDENT NAYLOR: It's very similar to the others that have spoken so far, but we have the added benefit of already having the Mallee Domestic Violence Service also under the same roof and also our RAMP secretariat is also there. The building is a ground floor building and it really does meld itself to great coordination between all agencies that are under the one roof.

The building is owned by the - I'm sure I'm right in this - it's owned now by the Mallee Sexual Assault Unit. We pay a lease agreement for our bit, and DHHS are paying for their bit of the area.

COMMISSIONER NEAVE: Thank you.

SUPERINTENDENT NAYLOR: Our intel support is not in the building. We default back to the Mildura police complex for intel matters. But also having Child Protection also in the same building as well.

MR MOSHINSKY: There are quite a few more questions I have for this panel and I see the time. So I wonder whether we might adjourn for lunch and then continue with the panel at 2 o'clock, if that is convenient.

COMMISSIONER NEAVE: Certainly, Mr Moshinsky.

LUNCHEON ADJOURNMENT

UPON RESUMING AT 2.00 PM:

MR MOSHINSKY: Could I start with you, Senior Sergeant Pettett. I believe there is some comment you wish to make about the lease arrangements?

SENIOR SERGEANT PETTETT: Yes, just if I can clarify in relation to the leasing arrangement for the Dandenong Multi-Disciplinary Centre. The lease is taken out by the State Government of Victoria and the Victoria Police manage that lease. So hopefully I didn't say the wrong thing earlier.

DEPUTY COMMISSIONER FAULKNER: Thank you.

MR MOSHINSKY: Can I then ask one or more of you to clarify this matter. In terms of the scope of cases that MDCs contend with, in terms of children is it child sex abuse cases or is it child abuse cases more broadly?

SENIOR SERGEANT PETTETT: The simple answer is both. The SOCIT deal with all cases of child abuse, that's physical abuse, and they also deal with all child sexual abuse. The mandatory reporting framework gives us a lot of instances of perhaps little Johnny turns up to school with a black eye, the teacher suspects there may be some issues, so a joint investigation is conducted with the Department of Human Services, they may attend the school. The different scenarios surrounding each individual job will dictate the practice model, but anything to do with child sexual assault, as with adult sexual assaults, it's referred straight to the SOCIT.

MR MOSHINSKY: So child sexual assault, but also it could be a child abuse case that is dealt with by MDCs?

SENIOR SERGEANT PETTETT: All child abuse cases, yes.

MR MOSHINSKY: Can I invite the panel to respond further, if

they wish, to Chairperson Neave's question earlier of whether the origins of the particular MDC might inform the policy or practice or emphasis of the particular MDC. Perhaps, Ms Bolton, would you wish to comment on that?

MS BOLTON: I certainly believe that it does. For the Barwon MDC we had the Senior Sergeant from SOCIT on our board for a number of years as the CASA prior to the MDC model, so he had a great level of understanding and regard for the CASA. That was significant for us moving into the MDC in that his members also took on that culture and supported us as an organisation.

I think that we are very fortunate in the Barwon MDC in that we are very equal players and organisations. Initially when we moved in we had the fear that as a small not-for-profit independent organisation moving in with two statutory organisations that we would be overpowered and that there would be a dominant lead. That has not been the case. We are all very equal in our leadership, in the governance and in the way that we coordinate and collaborate around our practice and cases. So, for us it's been a very equal culture and very supportive.

MR MOSHINSKY: Superintendent Naylor, do you wish to comment?

SUPERINTENDENT NAYLOR: We were the reverse, where Victoria Police SOCIT moved in and I think it was a great opportunity for our people not only to have a new gazetted position, but also to move into an environment where it wasn't dominated by one organisation per se. It evolved over time where, as more funding became available, we actually changed the model of the premises because we didn't move into a designed fit to begin with, so it was through consultation that there was actually a melding of

views. So, for the betterment of the victim there were design changes made within the MDC and, I think exactly as the earlier witness said, that what we have now seen is a real homogenising of all the units that work under that banner now and the culture pretty much has permeated through the entirety of the workforce there.

COMMISSIONER NEAVE: Counsel, can I just tease that out just a little bit more. I'm still trying to understand it. As I understand it, the original purpose of the SOCITs was to ensure that sex offences, but particularly child sexual offences, were properly investigated and that was sort of the process and that was what prompted the establishment of the SOCITs. I think that's correct. Whereas, this morning we heard from Aunty Janine and Mr Kirby that their model is really about wrapping services around the victims, so the investigative purpose is not as powerful.

I'm wondering whether this is still driven by an investigative need or by - I'm sure you are supportive to the victim, but by a need to ensure that victims who have a variety of needs, for example, it may be drug and alcohol as well as family violence, whether they are all sort of brought together. I wondered if there were differences between the various MDCs in relation to those issues.

SUPERINTENDENT NAYLOR: Just give me a moment to filter that through.

COMMISSIONER NEAVE: I may not have asked the question clearly.

SUPERINTENDENT NAYLOR: No, you have.

COMMISSIONER NEAVE: I suppose what I mean is: is the primary purpose of the MDC to wrap services around the victim to create a one-stop shop, a single door, whatever it might

be called, or is the primary purpose to make the investigative process more effective, or is it both?

MS BOLTON: If I may answer, I do think it is both. I have seen that work in the Barwon MDC in that we have very much a model that wraps around the victims and their individual needs. We talk to them if they come through the CASA entry point, we talk to them about our relationship with police and Child Protection if needed, and the option to report to police or have what we call an options talk.

When we first moved in in 2012 we had a historical backlog of victims of sexual assault who had not reported to the police. In 2013 through crime stats data we see that the reports to police spiked by 45 per cent, which can very much be attributed to the MDC model. So, my belief is that we are meeting the individual needs of victims, be that mental health, trauma recovery, even employment and education that we look into in our case management, through to the criminal justice process, and it's a highly supported model around what that victim chooses. They are absolutely central to it.

COMMISSIONER NEAVE: Thank you.

SUPERINTENDENT NAYLOR: If I can just add, now that I've had a moment to reflect on that, I think that having moved the SOCITs into the MDC - police are sometimes seen to be not as victim-centric as they could be, and I think moving into that environment really has heightened their skill sets in that area and pretty much exactly as you've said, that now we see it's almost - well, it is, it's business as usual amongst the whole group, rather than the siloed support the victim, collect the evidence, interview suspects and take somebody to the court process.

MS BOLTON: Absolutely. We've worked with police in a collaborative way that if a victim has made a statement and the police are investigating it, if we know that that victim is suffering trauma that is going to interfere in their ability to be a witness, we will talk to police about that. So we talk about the impact and they might slow down that investigation until that victim is ready. So, we work really closely together around that.

SENIOR SERGEANT PETTETT: Just going back a fraction on that. The beginning or the concept of the SOCIT came out of the 2004 Law Reform Commission work. It was seen that victims perhaps - most definitely weren't treated terribly well. Concepts came forward that we should get one police officer to commence the process and follow it through to its conclusion to assist the victim in not having to tell their story so many times.

In regard to the impact of having police and CASA located together, as has already been explained, we get victims that can just have a very simple introduction, they are not happy that they want to proceed just yet, but they can meet the CASA, staff can say, "I think this person would meet policeman X. I think they would be a very good fit. I think their communication styles are similar. I think this victim will respond to that individual member very well." They will do a very informal introduction. The police will explain basically our role and a semi-formal options talk.

Now, through the CASA process that victim keeps attending. So, if we can, we will link with CASA so that the policeman is there to do a meet and greet. It's just a simple case of, "Hi, how are you going? How's your

situation? I'm still here if you want to speak to me." Anecdotally we are told that a lot of victims then develop a relationship, be it very informal and very impersonal, but a relationship. It is a familiar face and they feel comfortable in the environment of the MDC and then eventually they get to a point where they are quite happy to disclose and the support process then continues.

So, as has been discussed, the SECASA counsellors will continue work along that path with the victim and SECASA can say to us, "My victim is in a very bad place at the moment," so we can slow it down, we will stall, to the point where we will effectively cease the prosecutorial drive that we have until the victim gets themselves in a position where they are now ready and they feel more confident and then we kick in again.

So, it gives us a great deal of flexibility and a great deal of ability to drive the prosecutorial focus that the Victoria Police has, in conjunction with the CASA protection of the victim, and of course we are interested in the protection of victims, but we can do it together at a pace that suits everybody. To be able to do that for the victim has been so successful in giving them the confidence to believe in the system and to allow us to guide them through it.

COMMISSIONER NEAVE: Thank you.

MR MOSHINSKY: Could I invite the members of the panel to comment on some of the benefits of the MDC model, and a number of these have been referred to already. But can I ask you to focus on the impact of physical co-location in one space of the different arms or agencies?

MS BOLTON: Proximity is really powerful. So, being able to

walk down the corridor to SOCIT and say, "I have a victim in a counselling room who wants an introduction or who has just made a disclosure. Is someone available on response?" And they walk down the corridor with us and pop into the counselling room. So that's quite powerful in itself. Being in the kitchen and seeing someone and saying, "Can we catch up for five minutes and talk about that case," or "We have a certain person coming in today for an appointment. Do you want five minutes to catch up with them while they're in here?" It's built relationships and understanding.

I think that the relationships mature. We have been together three years now and initially it was around managing each other's expectations of what we could each provide and couldn't provide. That culture matures and you get a deeper understanding and a common investment and interest in the client outcomes. So, proximity, the sheer location of being together, has been really powerful in the model.

SENIOR SERGEANT PETTETT: If I could just add to that. We were very fortunate at the Dandenong Multi-Disciplinary Centre, and it's been determined to be the principal multi-disciplinary centre, probably because we are the biggest, but we were very fortunate in, when it was a scoping exercise, that we sat together with the partner agencies and we actually designed the layout of the facility.

So myself and the Department of Human Services manager and the SECASA manager and the VIFM practitioners all sat in a room with architects and we actually designed the building. There was an existing shell, but we spent

considerable time to develop patient pathways, to ensure that we had the facilities and the counselling rooms, counselling suites, VARE suites and everything was designed in a very functional manner.

We are a little bit different than Barwon in that we have an open floor plan between ourselves and the Department of Human Services, so it is a room similar to this. The SECASA practitioners at Dandenong have an open door policy, but they do shut their doors at night. That's perfectly suitable because there is a lot of information contained within their office of victims who don't wish to proceed or don't wish to engage with police. So, from the secure information aspect, their doors are closed of an evening after hours. But the rest of the building is just open floor plan and we work this far away from each other.

MR MOSHINSKY: Superintendent Naylor, did you wish to comment on co-location or other particular benefits of the model?

SUPERINTENDENT NAYLOR: Obviously the anonymity of the premises itself is an important part of it. The Victoria Police members are in plain clothes with plain motor vehicles and on occasions there are uniforms going in and out, but they're on rare occasions. At the Mildura centre they're all on the ground floor, but each area has its own lockable door at the end of the day, so that although we have a clean desk policy there is still paraphernalia you don't necessarily want, of a private nature sometimes, where you just don't want other people having access to it.

The proximity to each other is exactly the same. Obviously there is the training issues for our people in

regard to upskilling, but also we see the benefit of having the joined up training for a number of situations within the MDC model.

The forensic examination area is very beneficial. With that comes the expectation and understanding from forensic services that no offenders will be ever taken into the MDC area. The examination areas are forensically cleaned at the conclusion of an examination and they are specifically sealed. The seal will be broken for the next medical examination. Part of the processes and agreements between all parties is that we will never have offenders come into that environment.

MR MOSHINSKY: Can I turn to the question of is this model suitable for family violence cases or for some family violence cases and ask the panel to comment. Do you think this model could work for family violence cases? Would that mean extending the existing MDCs to cover a broader range of cases or setting up separate MDCs for family violence? Can I invite you to comment on those possibilities?

MS BOLTON: Absolutely I believe that it is a prime platform to extend to family violence cases. Many of us in the MDC, such as Mallee, already provide family violence services. For us there are things that arise on a daily basis. So, we might be working with someone in a family violence situation. They then disclose that they have been sexually assaulted within their former relationship. That then goes from the family violence police across to the SOCIT police. We might be working with that victim for a period of 12 or 18 months and any time that the family violence incident occurs, if it's a recidivist case, it

goes back to the family violence unit. So there's that coordination across SOCIT and the family violence or general police that I believe could be enhanced through a multi-disciplinary platform.

There's a co-occurrence of family violence and sexual assault, that the SOCIT units do do the family violence incidents in the L17s as well anyway. The childhood physical abuse as well is within a family violence context predominantly. So, I believe that we are already doing it and it's about maximising that opportunity and scaling up the MDCs to enable that.

SUPERINTENDENT NAYLOR: As said, in the Mallee, the Mallee domestic violence service is already under the same roof as the MDC, as is our RAMP secretariat. I guess the thing that concerns me is the level of skill sets at the police that we would be bringing into the environment, as in members that are in family violence units, it's not a gazetted position. They come off the roster of the uniform police station. They are given some very basic over and above information around CRAF, risk assessment. They target more the recidivist offender and the repeat victim. I guess we are really not in that same quantum of skill sets as what we would have with SOCIT investigators going in specifically to actually match those of the others in the MDC.

SENIOR SERGEANT PETTETT: I guess one point I would like to make is that managing Dandenong MDC, from my perspective we live in the very dark space of family violence anyway. The situation is that the majority of our child physical assaults are in a family violence environment. The majority of our sexual assaults, child sexual assaults,

are in a family violence environment. Quite a number of our adult sexual assaults also sit in that space with ex-partners or boyfriend/girlfriend, that type of situation. So the SOCIT units are already doing the family violence work in that space.

The potential to bring in additional resourcing to do a larger family violence platform or response to further I think is potentially very, very sound. I guess the devil is in the detail. It's the resourcing; as Superintendent indicated, it's the training, can we get to a point where we can create a situation whereby people have a sufficient skill set to do that job appropriately.

An example, if I can give one, is that every time a child needs to give evidence in an assault matter, which could be family violence, the child will be sent to a SOCIT unit to obtain the VARE statement. SOCITs are the only people who do VAREs with children. So, even though the uniform police may be doing a family violence matter, if a child has witnessed that, they come to the SOCITs, the SOCITs take the VARE and then hand that back to the uniform police.

MR MOSHINSKY: Could you just say what a VARE is?

SENIOR SERGEANT PETTETT: Video audio recording evidence, so it's the videoed evidence of a child. It's only the SOCIT people that are trained to do that and the facility to do that is situated within a SOCIT office. So, our people live in the space of family violence on a daily basis. As I said, without trying to take anything away from family violence as a whole, we are really in the dark end of family violence when it's gone beyond physical assault to sexual assault and abuse of children.

MR MOSHINSKY: Can I ask the panel this. One of the issues that might arise is the number of cases involving family violence, given the very large numbers that we see in reports through the L17 form. Would a model which adds on some family violence cases to MDCs have to look at only some family violence cases rather than all family violence cases?

SENIOR SERGEANT PETTETT: In my view, yes. The numbers, the sheer numbers of family violence incidents are - no individual office could ever respond, so your local policing areas are responding to their own large numbers of these incidents and MDCs sit usually divisionally. For example, Dandenong sits with Dandenong, Pakenham and Cardinia, so we do the three police local area commands, and we couldn't respond. But I think there's potential to triage or quantify our more serious family violence situations or our recidivist offending and I think there could be a very good case made to bring that to MDCs.

I'm not trying to take anything away from anyone's family violence incidents, but there are some that are more significant and far more at risk and far more dangerous, that I think perhaps that could be managed within the MDC environment.

SUPERINTENDENT NAYLOR: I think it has a lot to do with the harm at the time as to what the procedure would be in any particular incident. I can't imagine that there would be any unit that could run 24 hours a day, seven days a week, and whether we get to that point where we have the expertise of those people able to better respond to the family violence process under an MDC, that then that triaging harm obviously would be at the top of the list

and then you might go down through the criminality that is attached to a particular event.

COMMISSIONER NEAVE: How is that done with the SOCITs? Somebody who doesn't live in an area who is sexually assaulted, who doesn't live in an area serviced by a SOCIT, I don't know now where they go. Do they get sent to the SOCIT in that situation or are they just dealt with in the way that other criminal offenders are dealt with?

SENIOR SERGEANT PETTETT: No, all adult sexual assaults are referred to a SOCIT. What we don't have, though, are - not all SOCITs sit within a multi-disciplinary centre. As was explained, Swan Hill has one member attached to the Swan Hill Police Station that does that response and the different country areas are dependent upon the population and they will have a certain number of SOCIT areas.

COMMISSIONER NEAVE: How many SOCITs are there now?

SENIOR SERGEANT PETTETT: A lot.

COMMISSIONER NEAVE: That's all right.

SUPERINTENDENT NAYLOR: I might just clarify the Swan Hill example, because it's a good example. There is one SOCIT member attached to the Swan Hill Criminal Investigation Unit. There are seven detectives in that unit and we felt, looking on a needs basis, we needed more than one SOCIT member. We weren't able to get it through more members coming in. So what we did, our members in the CIU, the detectives volunteered to receive that same training as to what the SOCIT member is getting. So what we have effectively done is come up with a model where we have the CIU at Swan Hill, all the detectives now trained up to the standard of the SOCIT members. So that's

greatly enhanced our ability to support those in remote areas, which is a really good point when you look at, as I said, we have 48,000 square kilometres and it's impossible to get that reach 24/7.

COMMISSIONER NEAVE: Thank you.

MR MOSHINSKY: Commissioners, I don't have any further questions.

DEPUTY COMMISSIONER FAULKNER: To bring this to something concrete, when you say there is the potential to bring in the recidivist offenders in family violence, are they the only group of people that are at that darker end, I think you described it as, that would come in under that definition? I'm just wondering who would be brought in if you were to consider this sort of model. Who would be brought into the MDC that's currently not getting a service at the moment, if you were to limit it to a certain group? Does anyone have an opinion on that?

MS BOLTON: I think that we need a system that is a highly resourced point of intake that we can triage across geographical areas. For me there is certainly a role for the MDCs with high risk, but I think there's tiers that you operate at that you look at all families. So I think the MDCs as a multi-disciplinary platform provide an opportunity within a geographical area to have a higher level of intelligence around what's happening for families, the themes and trends within geographical areas that we know, that there needs to be a central place of information and intelligence around what's happening, why families are dropping through, the number of high risk clients, just some of the coercive situations that we see that women are in, that there's very serious violence

that's not being picked up and they are not registering as high risk, but they are at risk of filicide and a whole range of other things.

So for me I think a multi-disciplinary platform is really important to resource really well, to have a central intake of police, of mental health, of drug and alcohol, of homeless services, family violence. Whoever needs to be in a room to respond to families, be they men, women, children, offenders, victims, I think we need a central clearing house of that intelligence, otherwise people keep falling through the gaps. So I think the Royal Commission provides an opportunity for bravery and radical reform in that regard.

SUPERINTENDENT NAYLOR: Just to finish off, as I stated earlier, we have our RAMP secretariat and our family violence areas already in the MDC. We are maturing and evolving even as I speak. We have now the Youth Area Partnerships that is being looked at specifically around youth at risk. So we are starting to mature our intelligence across agencies now to better understand where the real harm is, particularly I would put at the centre of that children, and then falling out from there.

So the Youth Area Partnerships, that's been piloted in the Mallee, Bendigo, Ballarat and a few other places, but I'm aware of the ones with the western side of the state, where we are now sharing information and becoming more mature about the way we look at the level of harm, children, and then cascading from there.

DEPUTY COMMISSIONER NICHOLSON: I had a question. If we were to expand the MDCs to enable them to take on some family violence specific cases, where would the police officers

come from and what would be their training? Would they be detective trained?

SENIOR SERGEANT PETTETT: Potentially they could be. I think that's probably something that Victoria Police will have to consider the resourcing, and resourcing is always an issue across any organisation. I think best practice from my perspective would be that they would be detective trained and SOCIT VARE trained. There are models Victoria Police utilise to investigate all sorts of things and one skill that I think has been developed very well is what they call the Embona which investigates armed robberies in local areas.

COMMISSIONER NEAVE: What does the word mean?

SENIOR SERGEANT PETTETT: I'm not sure; I think someone came up with the name and it stuck. But they have Embona taskforces in a lot of police divisions and they investigate armed robberies. Usually the model based around an Embona system is that there is usually a qualified detective sergeant, a couple of detectives and then uniform personnel that are brought in to upskill the uniform members and to offer additional support. A model like that I think in the family violence space could work.

Currently a lot of the family violence units are just uniform police. I'm sure that their hearts are in the right place and they are trying to do the very best they possibly can, but we have a training system where people go through what's called the field investigators course, which is the preliminary course to the detective training school, and usually the Embona participants have at least done that, so they have qualified in the first aspect of detective training.

So if we had some senior guidance to junior members and they work as teams on individual cases and they have very successful results. I think a model similar to that could be effective.

DEPUTY COMMISSIONER NICHOLSON: Presumably you wouldn't want a situation where you are taking police officers out of the stations, the people that have some skills in family violence out of the stations and into an MDC and leaving your front-line officers without those skills to support them and back them up and mentor them.

SENIOR SERGEANT PETTETT: I guess the fundamental situation is this: our first responders are generally the divisional van. They are our most junior people. They are the new people in the job and they have the 000 response. Again, those people have limited training because of their years of experience and they do the very best they can. But because it's the 000 response, it's the first port of call. That's what we have and it could not be done any other way because of the 24-hour timeframes, et cetera.

We can click other systems in place if it's flagged that it's a recidivist bad person. So the sergeant would become aware of that and he may allocate a detective unit, a shift CIB unit for the area to go and assist and that sort of control situation escalates or de-escalates as the situation unfolds. The SOCIT units potentially could be available, dependent upon what they are doing, but there's night shift SOCITs.

So, we can always escalate situations on an as needs basis, but there are so many of these calls and in an area that I cover, which is Casey, the family violence attendance out there is just phenomenal. Every second

call is a family violence call. That's anecdotal, I don't have figures on that, but it's extraordinary the amount of work they are doing.

DEPUTY COMMISSIONER NICHOLSON: What I am trying to clarify is are you saying that you would want to retain those police officers in the station to back up the front-line officers that are dealing with these things and not see them be shifted into an MDC?

SENIOR SERGEANT PETTETT: There are a number of modellings that you could do around that, in that if there were positions created like, as I said, the Embona model which is used for armed robberies, it is supported by existing detectives potentially from the SOCIT or potentially from the CIB with some additional training and the uniform people come in and perform what we call temporary duty in police parlance, which grooms them a little bit and gives them experience in investigating crime and it upskills them. They then generally return back to their station so they are better for that consequence or they will move on and go to a detective position.

Numbers is always a problem for the organisation. We only have X amount of resources and it's how we allocate those resources. I guess that's a model that force command would have to seriously look at to pick the ideal circumstances.

SUPERINTENDENT NAYLOR: I think one other level of training that I would like to see those people that you are talking about get is something around learning how to tease out the whole story. Our police are very much going from job to job and they don't always have the opportunity to get the whole story and there is some specific training around

that for SOCIT investigators to try and tease out that a bit more that can sometimes be the trigger for realising the real depth of the problem. I think our people need to get exposed to that.

At the moment our family violence unit in the Mallee has a turnover of people. We expose those that want to be exposed to it for around three months, it's a little bit plus or minus. There are other times where we have to task members into the family violence unit. Some enjoy the challenge. Others prefer the ongoing, you never know what's going to happen part of policing. So it's about making it a little bit more attractive than what it is now and to hear the thought around the field investigators course is a really good stepping stone and it's a model similar to what the Major Collision Investigation Unit did around changing the mind set around fatal motorcar accidents where they have now had those investigators with a detective status. So, whether we look at that model.

MS BOLTON: May I add something to that as well. I think with the prevalence rates in Victoria being 68,000 incidents of family violence reported last year and that the general policing plays such an important role in the front-line response to that, I think we need to look at the training that they are receiving at the Academy as well and have that much more in-depth around gender equality, human rights and the social determinants of violence against women, that the family violence unit is absolutely critical to educating and informing the culture of the general police, but they are one part of Victoria Police. I think it goes back to the training and the education in

the Academy and really investing in a good solid grounding.

MS DAVIDSON: Just one thing, if I might, in completing. I would like to extend an invitation to the Commission to come out and have a look at the Dandenong Multi-Disciplinary Centre. It's unique, purpose-built. From the ground up we designed it. It is probably the largest facility of its type in the southern hemisphere. There is over 100 staff that work there and we have a facility that is quite state of the art and well worth looking at. I just wanted to extend that invitation.

COMMISSIONER NEAVE: Thank you very much indeed and thank you all very much for your evidence. You are excused.

<(THE WITNESSES WITHDREW)

MR MOSHINSKY: Commissioners, the next witness is John Champion SC, the Director of Public Prosecutions.

<JOHN ROSS CHAMPION, sworn and examined:

MR MOSHINSKY: Mr Champion, could you please indicate your current position and give an outline of your professional background to the Commission?

MR CHAMPION: Certainly. My current position is that I'm the Director of Public Prosecutions for Victoria. By way of background, I was admitted to practice in 1976. I signed the Victorian Bar Roll in 1977. I practiced as a barrister for about five years doing general work, and from about five years onwards I exclusively carried out criminal cases for both the prosecution and the defence. Over the years, I suppose by the end of the 1980s and into 1990s, I was probably leaning towards doing more prosecuting than any other type of cases. In 1999 I became in-house counsel at the Commonwealth Director of

Public Prosecutions. I worked there in-house doing their cases for about six years.

In 2003 I took silk, became Senior Counsel for the State of Victoria. In 2005 I returned to the private Bar, worked there for about six years, and in 2011 I was appointed acting Director of Public Prosecutions in the middle of that year, became the permanent appointee in December of that year, and have been the DPP since then.

At the DPP I suppose the other perhaps relevant thing from the Commission's point of view was that there was a change in legislation in the Public Prosecutions Act in early 2012 which changed the structure of the organisation a little and it became very clear from that legislative change that the DPP then became the head of what was then described as the public prosecutions, Victorian Public Prosecutions Service. So in that sense I'm the head of that body.

The Office of Public Prosecutions - I am in fact the only client of the Office of Public Prosecutions, which is, I think it's correct to say, the largest criminal practice in the state.

MR MOSHINSKY: Thank you. You have prepared a statement for the Royal Commission?

MR CHAMPION: I did.

MR MOSHINSKY: Are the contents true and correct?

MR CHAMPION: They are.

MR MOSHINSKY: I wanted to spend most of the time on the subject of the Witness Assistance Service. Would you be able to outline that service for the Commission, please?

MR CHAMPION: I have dealt with this in the statement and really identified that the Witness Assistance Service was

created in 1995 or thereabouts. It's evolved over the years. In 2008 it became a little changed when there was a review and it was described then as the Victims Strategy Service or the VSS.

The objective of the Witness Assistance Service, which is otherwise known as WAS, if I can call it that, as I have set out, is really to provide support and practical assistance to various types of people that travel through the criminal justice system, particularly victims, complainants, witnesses generally, relatives and really of all ages, although the concentration of the work of WAS would probably be towards more adults. As we know, there is the Child Witness Service which takes over some of the role in respect of the children that come within the system.

So, essentially it's describable as a non-evidentiary service. It's there to provide practical support, practical assistance, to become informative as to the process of the criminal justice system, the procedures of our office. It engages and assists in the carrying out of conferences, the interaction of communications between our counsel, be they internal barristers of which we have around 20, or the external Bar which we brief all the time, but also communications between the case officers or solicitors, the staff that really prepare the cases as instructing solicitors.

MR MOSHINSKY: Does it provide support for victims and others across a number of different courts?

MR CHAMPION: Mainly, because the sort of work that the Victorian Public Prosecutions Service does is really regarded as the most serious work in the state, so the

concentration of our work is really towards indictable crime. So we are talking essentially matters that occur from the Court of Appeal downwards, through the Supreme Court, County Court and indictable matters, trial work, appeal cases in the County Court that have come from the Magistrates' Court. By the time we get to the Magistrates' Court, of course, we conduct committal proceedings that lead to indictable trials, but we probably act fairly sparingly in the Magistrates' Court in respect of contested matters because police prosecutors do a lot of the Magistrates' Court work. We do some Children's Court work, but that also is quite sparing.

MR MOSHINSKY: Can you give us some idea of the size of the operation and the scope of the number of people assisted, for example?

MR CHAMPION: I think at the moment we have about 10 people working within the service, a manager, various social workers who are qualified as social workers, and there are some administrative staff. They occupy the space on the ground floor of our building at 565 Lonsdale Street. They have their own office space, which I may say more broadly the whole office or most of the office is now under a form of renovation this year, so happily the Witness Assistance Service will have an expanded space in which to work. We will be able to now have the people that WAS services taken into private areas within the ground floor of the building, away from public gaze, which has been something that I have been very anxious about since my appointment began. So there will be an increased space and better facilities available in the physical sense.

MR MOSHINSKY: Can you comment on the benefits of WAS?

MR CHAMPION: The objective - in saying that the objective is to support victims and related people through the criminal justice system, we need to look at it from our particular perspective, which of course is a prosecution perspective. We are there to present serious cases properly before the court, before all of the courts about which I have spoken.

Essentially the benefit from the prosecutor's point of view is by providing people with better information and enhancing the support that they can be given, the evidentiary product that we like to present in court we think is better. We don't have the proof of that that I can talk to you about in figures, but anecdotally and really as a matter of common sense one can understand that if people are better informed, better understand the system, are across what's going to happen, when it's going to happen, what the court architecture is like and so on, you are likely to get a better product. I think if we were to poll people who work within our office within the system, they would say without hesitation that would be the outcome.

MR MOSHINSKY: From the perspective of the victims or other individuals who are involved in the court criminal justice system, what are some of the benefits of the witness assistance program?

MR CHAMPION: From the victims' point of view it is very difficult for me to speak as to that because for myself I haven't spoken to that many victims. The people to speak to about that, of course, would be our solicitors and the Witness Assistance Service staff who would be able to be in a better position to do that. We have had a survey conducted, about which unfortunately I can't

currently give you the results, but the sense I have of recent surveys that have been conducted is that the response of the people that are assisted through the system by WAS is a very positive response.

COMMISSIONER NEAVE: Would it be fair to say that one of the roles of the Witness Assistance Service is expectation management? That is, people may be aware that the results are not what they necessarily will want and have some understanding of why that's the case?

MR CHAMPION: Yes, indeed. I would say not only expectations from the point of view of the people that we assist, but expectations of our own lawyers who need to expect what they might see in the victims and complainants that we deal with. So certainly expectations is a large part of it.

MR MOSHINSKY: Can I just briefly raise a couple of other matters. I was wanting to ask you about whether there are videoconferencing facilities available at the Office of Public Prosecutions offices which may be available for witnesses to give evidence through?

MR CHAMPION: Yes. We have, as I understand, currently two video facilities which I would imagine are used frequently, probably every day. We see judges' tipstaves coming down from the court into the ground floor of the office to assist the witnesses as they need to do by swearing them in and so on.

MR MOSHINSKY: Is it used for cases involving cases beyond sexual assault cases or just for sexual assault cases?

MR CHAMPION: They are capable of being used for any case in which it is deemed that a witness's evidence will be given by videolink. So, it could be for many types of cases for

all sorts of different reasons.

MR MOSHINSKY: In the previous panel, as you will have heard, there was discussion of the SOCITs.

MR CHAMPION: Yes.

MR MOSHINSKY: I was wondering whether you might be able to comment from a prosecutorial perspective on whether the introduction of the SOCITs has assisted in any way the prosecution process.

MR CHAMPION: I think if you look at the introduction of a specialised body of people who investigate crime, that the innovation of those specialists is going to improve the quality of the evidence. Again, without being able to survey people about it, my own experience from the cases I have done personally and those of which I have read, as the experience of the SOCIT experience increases and the skill of the investigating police officers increases, there is a better product in terms of the evidence.

I should say, and it's probably a point worth making, that in sexual offence cases in particular or other vulnerable witnesses where it is deemed that a VARE will be used, that the taking of the VARE is the building block of the prosecution case. Unless that's done properly, then we will not be able to present an optimum approach to the case. So it's critical that the evidence is taken at that early point because that really is the block from which the prosecution is really formed and established. So it is extremely important that the initial complaint given either by the child or the vulnerable person in the VARE is done absolutely properly. You do see varying quality, along with varying experience of police officers.

MR MOSHINSKY: I was just wondering if I could ask you a general question, given the subject matter of this Royal Commission, whether there are any other suggestions that you have of things that you would recommend to the Commission?

MR CHAMPION: There are a couple of things that I would be happy to comment about. One of the things that I think afflicts the criminal justice system and besets us as prosecutors is court delay. Evidence degrades when a delay occurs in the hearing of a case. It's our experience that the longer the case is sitting waiting to be heard and waiting to get on and waiting to be resolved, be it a committal trial or even at appellate stage, it's a bad outcome. The outcome is not as good as it should have been.

There are two areas that I think could be addressed here. The first is in the family violence area I would be very interested to see whether or not a system could be engaged where a police officer who may have a camera attached to them is able to effectively take a statement contemporaneously from the victim when he or she attends at the commission of the crime, at the home or wherever, so that if a complainant is making a complaint in only perhaps a short time after the event has happened, I think we need to think about whether or not the recording of that piece of evidence can be rendered into an admissible state.

Why I say that is that one of the problems that does beset us, particularly in the family violence area because of the complexity of the relationships, is that people do back out of a prosecution six, 12 or 18 months

down the track. We have a provision under section 38 of the Evidence Act that permits unfavourable witnesses to be cross-examined and for a prosecutor to get the truth out from the witness. But I discontinue too many cases where complainants effectively are now changing their mind through basically the complexity of personal relationships. So that's one area that - - -

COMMISSIONER NEAVE: Just before you leave that, can I ask a question. In the case of, say, a street infliction of serious injury or infliction of injury, are the practices for investigation and taking statements different than they are in the area of family violence, in your experience?

MR CHAMPION: I'm not sure that I can really comment on that. That's probably a matter for Victoria Police to speak about. Normally you would see, of course, in street violence perhaps a local detective of general experience who might take the statements or investigate those sorts of cases, whereas if we are talking of a sexual offence then it's an entirely different method of investigation. I think that's all I can probably comment on about that.

The other area that I would like to see improvement in is in respect of the obtaining of children's evidence at a very early stage. Coming from experience as I have had speaking to prosecutors in England and through some conferences I have attended here, there's a move in England to obtain evidence very, very quickly once a child has been offended against or alternatively a child is a witness. So what I would like to have the legislators think about is whether or not we can get a child's witness statement in the form of a VARE

within a very short time of the commission of the offence, but then the next part of the process being nailed down very quickly, evidence-in-chief, cross-examination on oath, so that the evidence is obtained and is completed at a very, very early stage.

COMMISSIONER NEAVE: So something like the special hearing process which hasn't worked; it was intended to work that way, but it hasn't.

MR CHAMPION: Yes.

COMMISSIONER NEAVE: That's a process for sexual assault cases where the child gives their evidence and is cross-examined and that's then recorded and shown at the trial, but it now seems to happen shortly before the trial. So you mean something along those lines?

MR CHAMPION: Yes. I think if you have a five or six-year-old child and that child makes a VARE, but is then called on to be cross-examined, whether it's any sort of crime, 12 months later in the life of a five or six-year-old, I've had to discontinue cases where the child has simply said, by the time of the trial when the conference takes place, "I can't remember what happened." I would really like to see whether or not we can take steps to cure that.

MR MOSHINSKY: Commissioners, I don't have any further questions.

COMMISSIONER NEAVE: Thank you very much.

<(THE WITNESS WITHDREW)

MR MOSHINSKY: Commissioners, the next witnesses are going to be giving evidence together. Can I ask them to come forward, Fiona McCormack and Alison McDonald.

<ALISON VINA McDONALD, affirmed and examined:

<FIONA McCORMACK, recalled:

MR MOSHINSKY: Ms McCormack, you have already given evidence in the course of the public hearings and indicated on that occasion that you are the Chief Executive Officer of Domestic Violence Victoria.

Ms McDonald, can I ask you could you please tell the Commission what your current position is and give an outline of your professional background?

MS McDONALD: I am currently the Policy and Program Manager at Domestic Violence Victoria. I oversee DV Vic's policy and advocacy work and operational functions. I have been in that role for about two years and prior to that I was Policy Officer for the previous six years at DV Vic.

MR MOSHINSKY: You have both prepared a joint statement for the purposes of today's topic, which is integrating services from the victim's perspective. Can I ask you each to confirm the contents of the statement are true and correct?

MS McCORMACK: They are.

MR MOSHINSKY: Thank you. Can I start with the topic you deal with at paragraphs 15 and 16, which is the different types of family violence organisations that exist at the moment in Victoria and ask if one or other of you could give a brief overview of the different types of organisations that provide family violence services?

MS McDONALD: In Victoria we have a range of different organisations that provide family violence services, some of which operate as refuges, some operate as outreach services and others as a combination of both. Specialist family violence services may be standalone agencies or they may be a family violence program that works out of a larger community service provider such as Berry Street or

the Salvation Army, for example. We also have a number of specialist statewide agencies that work, for example, with particular groups in the community, culturally and linguistically diverse communities, Aboriginal groups, women with disabilities and we also have the statewide crisis service as well as the statewide resource and training service as well.

MR MOSHINSKY: In terms of family violence services or organisations, how many are there in Victoria? What sort of numbers are we talking about?

MS McDONALD: DV Vic has 51 full member agencies and they are the agencies that work directly with women and children and specialise in family violence practice. We have a range of members who are associate members as well.

MR MOSHINSKY: Could I ask you then to outline the types of services that family violence organisations generally provide. There are a number of different types of services. Could you give us an outline of what we are?

MS McDONALD: The focus of family violence services is to reduce risk to women and children with whom they work. So, when clients come into a service, the ways in which family violence can affect their lives is multiple and myriad. So, family violence services will work with them to address their specific needs. So there are a whole range of ways that they may do that through a case managed response.

There are also specific programs that the outreach and refuge agencies provide as well, such as programs to stay safe in the home and have the perpetrator removed, which I know you have heard about, programs to support women going through court, for example, or looking

after pets while they are in refuge.

The nature of support can really - it really differs depending on needs. So, a case management relationship may involve working alongside the woman to help her with her housing needs, for example. It may be health or mental health needs. It might be around drug and alcohol issues. It could be about talking to the welfare officers at the children's school. It can really depend, depending on the nature of her needs, but also on the risk that she's faced with. So we know that risk is a dynamic and changing thing and the family violence practitioners are specialists in working with the women and children around assessing that level of risk in an ongoing way at all points of contact with her.

MR MOSHINSKY: You refer to, for example, alcohol and drug or mental health issues. Would they be provided by the family violence organisation itself or would they be provided by someone else?

MS McDONALD: It really varies. I gave that example of some family violence programs sitting within larger community service providers. So, in those cases it may be that there's in-house capability, capacity to refer her into another program. Most agencies will have referral pathways in their local regions to work with other agencies, but I think part of the issue is there hasn't necessarily been statewide consistency about how they have developed and evolved over the years.

MR MOSHINSKY: When you refer to outreach services, could you just explain what type of services come under that label?

MS McDONALD: Most women and children who are supported by specialist family violence workers will be supported

through outreach agencies. The description I gave before about the ways in which agencies will work with women really encompasses the kinds of responses that are encompassed by outreach services.

MR MOSHINSKY: So they would include matters such as counselling, preparing a safety plan, accompanying the woman to court as a support. Are those the sorts of services?

MS McDONALD: All those kinds of things, yes.

MR MOSHINSKY: How do women get in touch with family violence organisations? What are some of the different ways that could occur?

MS McDONALD: There are really a broad range of ways. We know coming through the police referral is one particularly high demand area, but a lot of women will make contact with a local agency independently. It may be that she comes through a referral from 1800 Respect or from Safe Steps, for example. It may be that she's received a referral through other professionals, it might be a GP, it might be a drug and alcohol worker, it could be a maternal and child health nurse. There's multiple ways of entry into the system.

MS McCORMACK: We heard recently that women have reported through the Royal Commission that there is difficulty in getting connected with the system, and we would absolutely agree with that. DV Vic and DVRCV received funding to introduce a website for professionals that would be like an entry point into the system and we really believe that that could be utilised for women as the front of the service, but also to give women information on what their options are. You know, if they want to remain in the

relationship and stay in their own home, what's your options; if you want to leave the relationship but remain in the home, click here for your options; and if you wanted to end the relationship and leave, here's your option. So that women are getting information upfront about what their options are on-line. I think it would support - - -

COMMISSIONER NEAVE: So this was historically a website for professionals. Have you received any funding to spin that out so that it's more accessible to women who are actually seeking services for themselves or a friend?

MS McCORMACK: We have just received funding to support utilising that website in an ongoing way.

MS McDONALD: We are hoping that we can build on that in order to provide more information in recognition of the fact that, while it was originally designed for a portal for professionals to the integrated family violence system, that invariably women seeking support will come across that website and will need information provided there. So it does cater to that to some extent. We think there is great capacity to really build on that and provide much more of a gateway for women and for family and friends, for example, seeking help about what their options are, where to get help, where to go.

COMMISSIONER NEAVE: We heard on one of the earlier days about service mapping and the importance of service mapping.

MS McCORMACK: Yes.

COMMISSIONER NEAVE: That's really what you are talking about, I suppose, so you could say, "I'm in Warrnambool and what's available in my area and where could I go?" That's the sort of thing you have funding for or you are seeking

funding for? I just wasn't quite clear about that.

MS McDONALD: We have recently received funding for phase 2 of developing that website and we are negotiating with DHHS about exactly how we use that.

COMMISSIONER NEAVE: Thank you.

MR MOSHINSKY: Can I now ask you to address the way the different parts of the service system interact with each other at the moment. So, how has the system developed in Victoria and to what extent is there sort of referral pathways or integration between different services from the victim's perspective?

MS McCORMACK: When we talk about integration, I think it's important to clarify what we mean, because I think integration is kind of a term that's used fairly loosely and sometimes it can mean different things to different people. I think it is important to distinguish between, say, systems integration and service delivery integration, models of service delivery integration, both of which are really critical for improved outcomes for women and children. But under the family violence reforms we had much more of a focus on systems integration that was about a statewide policy that articulated the next steps that we were heading to in improving the system, as opposed to a tick-a-box of what government was prepared to fund.

It was about common tools. It was about data collection and using data collection to review the system. Obviously it needs to involve a legislative framework to support information sharing, those sorts of things at a statewide level.

What we have seen over the last few years is that sort of being eroded and there being much more of a

proliferation of an approach to multi-agency integration which has had both strengths and weaknesses. The strengths are I think we have seen some fantastic innovation, but we haven't really been looking at that innovation in any systematic way about how we can take that learning and use that across the state.

There are different arms of government that are moving ahead really quickly with innovation again and I think it's because of this commitment. But there's not necessarily an understanding across the different parts of the system about what that is involving. So there's not really - there's a lack of clarity about where it is that we are heading.

There's inconsistency, real inconsistency, but I guess overall we are not really working as a system. We are working as different parts. We have more kind of generalist responses, which again can be a real strength because we have seen from the lay witness testimonies particularly the importance of having generalist and universal agencies responding to family violence because that's where women present. But we haven't really looked in any way in terms of workforce development or tools or policies, things like that.

MR MOSHINSKY: Could I invite you to comment on, in terms of what exists in practice now, what perhaps some of the barriers or limitations are on different service providers sort of working together from the victim's perspective?

MS McCORMACK: I think capacity. In my previous witness statement I talked about the capacity versus demand. I think that's significantly limiting collaboration and joint practice. It's also meaning that the system is kind

of destabilised in many ways.

MR MOSHINSKY: Just picking up the capacity point, are you referring to the demands on family violence organisations to provide services to those who need them and the amount of funding that they receive to provide those types of services?

MS McCORMACK: Yes. You are very limited in what you can do with other agencies or how you can build on the response when, say, for example, I think I said previously that we have a Code of Practice, Victoria Police Code of Practice that sees at a minimum referral to relevant services, including women's specialist agencies, and there were 70,000 last year, which was a 94.4 per cent increase on the previous five years and we have seen a steady increase in fact since the introduction of the Code of Practice.

When we compare that with the funded outreach targets across Victoria, it's our understanding that that's about 6,000 and the fact that they are not the only referrals that the agency will see, we are talking about a really stressed service system. I actually don't know how family violence workers get up in the morning and go to work.

So, I think in looking at - we need to look at this review through that lens about the significant lack of resourcing into this area.

MR MOSHINSKY: In paragraph 34 of your statement you indicate that in many cases a woman will present at a service with issues that require additional responses, and you refer to referral pathways. What are some of the challenges that can arise in terms of finding adequate referral pathways in practice?

MS McDONALD: Demand is one. The fact that integration hasn't been rolled out in a systematic way to those broader service providers is another. So, you may have very local and individualised responses which may work very well, there are some really great examples of that, but it does vary greatly region to region. So there hasn't been that level of consistency.

We know, for example, that there are a really, really broad range of human service system providers who are coming into contact with women and children experiencing family violence every day and men perpetrating violence as well, but who don't have the wherewithal to necessarily identify what they are seeing and to then take appropriate steps to make referrals and such. We haven't done that in a systematic way.

There's huge potential - and I know you have heard this a lot in the public hearings over the past few weeks - for a lot of those universal and generalist service settings to do early intervention and early detection much, much better. But we really need a statewide and we need a systematic way of doing that. We need capacity building, and it's no small task. We need standards development and we need it to be done in a really planned way.

MR MOSHINSKY: Perhaps if we turn then to what you would like to see, and you outline three models in your statement. The first of the three is co-location of multiple agencies, and you give as examples the Neighbourhood Justice Centre, the multi-disciplinary centres which we have had evidence about today, and the Services Connect model. Could one of you indicate what your comments are

or position is about the Services Connect model? Perhaps first explain what the Services Connect model is?

MS McCORMACK: Yes. There have been eight Services Connect pilots introduced in Victoria and what they do is they bring housing, homelessness, Aboriginal, mental health, drug and alcohol, family violence services together to provide a response to clients. The logic behind this model is really sound because it's trying to address what we have heard, particularly from lay witnesses, as some of the limitations in the current system where clients have to navigate a range of different service systems that can be quite complex. It's also about addressing continuity of response with one case worker liaising.

We would see that there would be great benefit in Services Connect, particularly in the early intervention space. If we think about family violence responses on a continuum and the specialised response is really focused on the crisis end, we could see a role of Services Connect in early intervention, definitely. But I think that that would be improved by a number of things. First of all, we need workforce development, so we need to ensure that there's a comprehensive understanding of the causes and dynamics of family violence, of how to identify and respond. We need that consistently.

We really need clarification and consistency on the nexus between Services Connect and the family violence system because currently that's not clear. What that means is that in some pilots it's been touted that the referrals, L17s, should go through Services Connect. If we were to spread that out Victoria-wide, that would be really problematic, first of all in terms of the volume of

referrals; secondly, because Services Connect focus - it's a generalist response, so you are not just getting family violence clients going through there, but you are getting people who might be requiring support for mental health, drug and alcohol, a range of different things.

We need to take the family violence response to a more sophisticated level, particularly in relation to perpetrator accountability, and that requires connection with justice responses, which is also a limitation of the Services Connect. So, we would say as a complement definitely, but not necessarily replacing what we have right now.

MR MOSHINSKY: The second model that you refer to is an embedded practitioner model at paragraph 53 and following. Are there examples of that model that you would draw attention to as a model that could be adopted in some places at least?

MS McCORMACK: Absolutely. I think the Commission has heard from Project Alexis which we think is an excellent example. There's also what will be the introduction of specialist family violence workers embedded in child protection teams and there will be 17 across the state. We think that's an excellent opportunity, because what it supports is a cross-pollination of expertise in respective disciplines, a greater institutional empathy, so really addressing those cultural divides that have existed for many periods of time.

But what's really critical is it's not necessarily secondary consultation or an add-on, but that that worker is part of a team and there's clarity around what it is that the teams are working towards.

MR MOSHINSKY: The third is women's advocates as integrative agents. Could I have you explain what that model looks like?

MS McDONALD: We think there's great potential for the role of women's advocates to be more formalised in the system. The role of a worker walking alongside a woman as she navigates what we know is a very complex system with legal issues, with housing, with the full range of things that she might be needing support with, the potential to have an advocate role in that capacity we think is really great if it's formalised and standardised and resourced appropriately.

There's an important element, too, for that role in being able to inform the continuous quality improvement of the system as well. So it's not just about the support that it may provide to a woman, but it can be about how that role then informs trends and gaps in the system and how that information is fed up into the regional level governance and statewide level governance.

We think that there's great potential in that role to really enable the flow of information, particularly where someone in that capacity can help the woman in telling her story, but particularly in holding the information about that woman to risk and the changing levels of risk as well.

MR MOSHINSKY: Do you have a preference between the three models or do you think the way forward is a mixture of different models in different places or something else?

MS McCORMACK: We probably need them all. We would say the multi-disciplinary centres are a terrific opportunity, particularly in relation to the connection with the

justice system that's important for monitoring men's behaviour and keeping women and children safe. But member services have been very clear that it would have limitations for particular groups of women who might be hesitant about engaging with a service where, say, Child Protection was, or police, Aboriginal women, women with disabilities, et cetera. So we definitely need a range of options for women, yes.

MR MOSHINSKY: There is one other point I was going to take up, which is, going back to paragraph 14, you indicate that there is a recommendation that there be established an independent statutory regulatory body with oversight of the family violence system including service accreditation. Can you briefly explain what that recommendation is and whether it is modelled on any particular other example?

MS McCORMACK: It's not really modelled on any particular example except parts of what has already existed. As part of the integrated system we've had complementary Codes of Practice. There was a Code of Practice developed by Victoria Police and then there were complementary Codes of Practice developed by DV Vic which articulated the standards by which family violence services responded to women and children. What it was supposed to do was support transparency, but also accountability across sectors about what women could expect and therefore holding services to account if that wasn't delivered.

There was a Code of Practice or standards for No To Violence and there was one for community legal services, et cetera. Our Code of Practice is about 10 years out of date, so it predates the Family Violence

Act, a whole range of different things, the Common Risk Assessment Framework, et cetera. We think that it involves accreditation standards that are relevant to the family violence service, but it could also include - we have included the possibility of an independent statutory body. The reason we do that is because, particularly as our role as peak body, we see - it's a bit like ground hog day whenever there is a change of government. We have to keep going to different ministers and talking about family violence, educating them about it, convincing them that this is their portfolio, even though they might not be directly a funder of it, supporting them, to work together we need a whole of government approach, et cetera.

So we are just looking for a model that supports consistency across the lifecycle of different governments, but also supports ongoing review. It is our understanding that the Tasmanian Government has introduced legislation that supports a three-year audit of their family violence - a whole of system family violence review. We would recommend that that would be a great way to ensure that there is ongoing review that would support continuous quality improvement, but also consistency.

We see the service system response lurch from new policy initiative to new policy initiative. Right now we have a profile of family violence that means we have lots of goodwill, but we don't expect that to last. There will be some other new policy initiative that will come in and we just want some sort of consistency that allows us to get the work done.

MR MOSHINSKY: Those are my questions, Commissioners.

COMMISSIONER NEAVE: Thank you very much.

DEPUTY COMMISSIONER NICHOLSON: I had one question about your women's advocacy proposal. Would these positions be in addition to case work positions or instead of?

MS McCORMACK: What they are, I guess, is ideally what outreach responses would be if they were funded and they were standardised. So, we have great areas of practice that are about individual support, but about systems advocacy. An example is a service that provides - I think I've said this to you, sorry - information back to police every day about a report on what they did with L17s and what happened with those. It's involving, say, after a court case, contacting the court, "Has the intervention order been served? Which police station did it go to?" Going to the police station, contacting them, "Has this been served?" Then going back to the woman, "Yes, it has been served. Therefore what this means is." Then identifying themes, if there are gaps, and feeding that out to regional governance but also statewide levels if there is systems gaps, but it needs to be standardised.

It also needs to be authorised. We have this role, but currently family violence services just do it if they're gutsy enough and they push where they can. But we really need the authorisation of this as a formal role because so often women will say, "I had an order made, but it wasn't what I wanted," or "I asked for this and it wasn't what I got," or "I didn't understand it." You need someone who is translating for them, who is actually advocating for her, who is walking the journey with her and making sure that the system works for her when it does. We think that would be a great improvement to the system.

COMMISSIONER NEAVE: Just to make sure I have understood that, we are talking about both somebody who is a case worker in the sense of, as you said, walking along beside the woman, but it is also that mechanism for feeding back the learnings about failures in the system to whatever body has the role overseeing that and maybe to individual police officers or whatever, but also more centrally. That's the sort of model that you are talking about?

MS McCORMACK: That's it.

DEPUTY COMMISSIONER FAULKNER: Can I just clarify. In the suggestion in paragraph 14 about this possible independent statutory authority, you say "including service accreditation". Are you talking about the specialist domestic violence services or are you talking about broader services being accredited?

MS McCORMACK: We are talking about - I guess what we are talking about here is specialist family violence services because right now we have the one DHS standard and that's really, really broad. Family violence services are saying to us that they think that they need accreditation standards that are much more relevant to the response that they need. We think that that would support better accountability of service delivery if we had something that was specifically related to standards of practice in family violence responses and not just sort of generic case management.

DEPUTY COMMISSIONER FAULKNER: Is it therefore to define better the work of family violence - I'm just not sure, because the accreditation systems I'm very family with are aged care, child-care, disability services, where it really is going out and saying, "Do you have the right things in

place and, if not, we're not going to fund you anymore." Is that what you are really seeking?

MS McCORMACK: Yes. We need guidelines in relation to good governance, financial management, those sorts of accreditation standards. But then we need accreditation standards that are linked to operational practice that is specific to family violence service delivery, because there are areas of practice that occurs right now that goes through to the keeper in relation to accreditation standards. We think it would support better quality assurance if we had a closer accreditation standard to what family violence services actually should be delivering.

COMMISSIONER NEAVE: You may not want to respond to this, but can you give us a concrete example of where you might need tighter accreditation standards?

MS McCORMACK: Say in relation to - I want to be very clear here because there's been issues identified through witness statements about access to refuge.

COMMISSIONER NEAVE: I was going to ask you about that.

MS McCORMACK: So it's really important to clarify that those practices do exist, but it 's certainly not across refuge. But that is a classic example of what we would want to see picked up in an accreditation process.

Also workforce development. There hasn't been any workforce development in family violence responses for at least the last four or five years. How do we support continuous ongoing improvement if we're not investing in standards of practice and training for our workers?

COMMISSIONER NEAVE: I did want to ask you about the refuge situation because, as you've remarked, a number of times

during our hearings and in our consultations we heard women talk about the sorts of constraints that prevented them having access to a refuge; issues about the number of family members that could be accommodated, issues about whether male children over a certain age could come in with their mothers, issues about family sizes, all of those sorts of issues. But we have also heard that some refuges operate much less restrictively.

Does DV Vic have a list of the refuges and what their particular policies are? I think it would be useful for us to get a feeling for what the range of those practices are and what the variations are between refuges.

MS McCORMACK: It's very difficult to pinpoint where this is actually happening. So, we know it's happening, but we don't know where. So we couldn't actually identify - it would be great for the Commission to actually review policies of different agencies.

COMMISSIONER NEAVE: Is your concern that at present the DHHS standards for refuges don't deal with those matters, leave it more or less to the refuge to decide? Is that one of the issues?

MS McCORMACK: Yes, look, it's complex stuff. On the one hand, we have things like family violence services are only funded for 13 weeks of support, and some refuges, they ignore that and then others - there's a huge issue of demand. So it used to be that we could exit women quite quickly out of refuge and get them into rental accommodation, et cetera. Now we can't - it's difficult even to get women in because we can't exit them because of the lack of options.

COMMISSIONER NEAVE: Yes.

MS McCORMACK: So there's issues about capacity. But our Code of Practice says it's critical that, when women come into refuge, that the refuge worker is then working with them immediately to support an exit plan. Many family violence services work with women to support them to return home or are working with them so when they leave they actually have somewhere that they know they're going to be staying or living; fundamental.

But part of this practice relates to the history. The refuges were the first response and I believe Victoria is the only state in Australia where refuge location is secret. That has implications for some of the policies and practice that's been developed that limits access.

COMMISSIONER NEAVE: It certainly does, and it has implications in terms of whether women have to leave their employment or whether their children have to leave school, so there's some very significant issues here. So, you would agree there are some significant issues. We don't yet quite know the dimensions of the problem, but I think what you're saying is, yes, there may well be a problem and we need to get better information on it and you are encouraging us to do that, I think.

MS McCORMACK: We speak to that in our specialist women services submission. We would argue that there is a need for a review of refuge against the needs of women for refuge right now.

COMMISSIONER NEAVE: Thank you very much.

MR MOSHINSKY: If the witnesses could be excused and if we could have a five minute adjournment, please.

<(THE WITNESSES WITHDREW)

(Short adjournment.)

MS DAVIDSON: Commissioners, you have already heard from Ailsa Carr on a previous day, so she won't need to be resworn, but if Joanne Howard could be sworn.

<JOANNE CAROL HOWARD, affirmed and examined:

<VICTORIA AILSA CARR, recalled:

MS DAVIDSON: I will just start with you, Ms Carr. You have given evidence before, but just to clarify, you are currently the Executive Manager of the Family, Youth and Children Services Unit at Gippsland Lakes Community Health; is that correct?

MS CARR: That's correct.

MS DAVIDSON: Ms Howard, you have previously made a statement for the Commission. Can you confirm that the contents of that statement are true and correct?

MS HOWARD: That's correct, yes.

MS DAVIDSON: Can you just outline what your role is?

MS HOWARD: I'm currently the Executive Manager of Child, Youth and Family Services at Kildonan Uniting Care.

MS DAVIDSON: Perhaps if I just start with you, Ms Howard. What sort of services does Kildonan offer in the area of family violence?

MS HOWARD: In the area of family violence we have an integrated program, Families@Home, which works with men, women and children. We have a whole suite of men's behavioural change programs which are funded by Corrections, Department of Justice and DHHS. We have a range of fathering programs where we are integrated with maternal and child health and are very much around a family violence prevention strategy to engage fathers as early on as possible and particularly around the care and nurturing of their children and promoting respectful and

equitable relationships between men and women.

We have an adolescent family violence worker and we are working on a program for families where there is adolescent family violence. That's currently under development. We have support for women who have experienced family violence through Services Connect, and we also deliver Child FIRST, we are the lead agency for Hume Moreland and obviously there's a lot of work there with family violence, and we also receive the L17s for children across Hume Moreland and we are also involved in the north-east Child FIRST.

There are several other parts, but essentially that's the major platform around family violence.

MS DAVIDSON: Does that mean you offer things like drug and alcohol counselling, those sorts of services that might be needed by, say, women who are experiencing family violence or by men who are using - - -

MS HOWARD: We are not directly funded to offer drug and alcohol services. However, we have a partnership with a drug and alcohol agency that are involved in our placement prevention program, and as part of Services Connect we have a re-aligned position from the drug and alcohol sector that forms that core staffing profile for Services Connect and also acts to enhance capacity across all the workers involved in Services Connect.

MS DAVIDSON: Are you quite a large organisation?

MS HOWARD: We are about $18 million budget and we have 180 staff.

MS DAVIDSON: Perhaps, Ms Carr, you can provide an idea by way of comparison for yourself in a rural area?

MS CARR: I'm employed by Gippsland Lakes Community Health.

It's a large community health service provider in the East Gippsland Shire. It employs 350 staff. We are about a similar budget, actually, about $18 million. They provide a range of services, aged care, clinical nursing services, community health services, allied health and then the Family, Youth and Children's Services Unit for which I'm Executive Manager.

Within that unit we have integrated family services, Child FIRST, maternal and child health nursing. We have a suite of family violence programs, so we provide family violence outreach. We provide intensive case management. We have the Stay Safe at Home program. We also have women's and children's family violence counselling and the men's behaviour change program for the area. We provide generalist counselling, drug and alcohol counselling, homelessness programs and youth programs. So, we have quite a broad range of programs that service our community.

MS DAVIDSON: Are you also a pilot site for the Services Connect?

MS CARR: We are.

MS DAVIDSON: Just focusing perhaps, Ms Carr, on family violence services and the sort of funding that you get to run individual programs, can I ask you what that means for you in a rural area when you are getting, say, a small amount of funding for one program and trying to work those programs into an organisation like Gippsland Lakes?

MS CARR: Within family violence we get funded - we get the women's and children's family violence counselling, we get the family violence outreach, we get the Stay Safe at Home and we get the integrated case management. So, the

integrated case management we receive funding for one day a week to service four targets a year, and for the Stay Safe at Home we receive once again a little bit more than one day a week to provide services to 8.8 clients a year. For our family violence outreach we are funded for roughly one EFT and that's to provide 48 targets.

All of those programs are meant to service the whole of the East Gippsland Shire, which is 21,000 square kilometres and obviously quite challenging. I guess the challenges around that are that clearly programs where you are only being funded for one day a week, they are not really feasible to either recruit to or to maintain in any sort of sustainable way. The only way you can actually make those sorts of programs work in a rural area is to combine them to package them up with other programs where there are synergies and put together a position that is able to better respond.

It's also from a client's perspective really difficult to manage really small amounts of money like that - well, small amounts of targets, because with four targets for intensive case management a year, one of the challenges is how do you actually manage that? Do you take the first four clients that walk in? Do you do one every quarter? And the same with the 8.8 for the Stay Safe at Home.

So, invariably what happens is that we have worked hard with a range of programs where we receive small amounts of money to package them, as I said, into programs where there are synergies so that you can recruit to a team of staff and then provide services on an as needs basis when the clients come in. What that means

from an agency point of view, though, is that from a reporting perspective you then have to unpackage it to report it back to the department based on the funding lines that you receive.

I guess that premise of receiving small amounts of funding, which clearly there's a limited bucket - there's a limited amount of resources out there that are allocated based on funding formulas, and with small populations that often means you only get small amounts of funding, but what that has led us to do then is to develop that integrated model that we operate.

COMMISSIONER NEAVE: Can I just have a follow-up. I asked Mr Kirby what proportion of their total budget do they use on managing these little bits of money that they have to stick together in a program and then report back on separately. He said he thought it was about 30 per cent of their total budget. Do you have any estimate?

MS CARR: I haven't really looked at it from that point of view. I tend to just try and work hard to package it all up to be able to provide a service to the clients.

I don't know that I could honestly say it was 30 per cent, but there is certainly a cost to having to disaggregate what you then aggregate. From a rural services - and we wouldn't be unique - from a rural services point of view you have to aggregate. It's difficult enough to recruit at the best of times; it's impossible to recruit to one day a week and it's not sustainable to be able to provide a program. So I guess what you do is you develop systems within your agency of managing that. What we have worked hard to try and do is to manage that in a way that doesn't impact on the staff providing the service.

But I have to say what is also coming out of that more recently is the different numbers of computer programs, databases that we are also then having to use in order to report back, and that certainly would create quite a significant impost on staff. My integrated assessment and response team who respond to clients who come in are currently working with four separate databases. So, maybe that isn't such a bad estimate at 30 per cent, by the time you add that time for staff to be double entering.

COMMISSIONER NEAVE: I don't say this critically, but in a sense what you are having to do is sort of a creative accounting exercise to make it all come out right; isn't that right?

MS CARR: Absolutely. It's not that any of those programs aren't really valuable programs, but in a rural area where you are getting small amounts of funding - in a metropolitan area where you might have one or two EFT around Stay Safe at Home it is perfectly reasonable to run it as a separate program. But when you are looking at it from a rural perspective it's just not feasible to run those programs as independent programs.

COMMISSIONER NEAVE: Thank you.

MS DAVIDSON: Ms Howard, you are able to run much larger-sized programs, is that right? You don't just get funding for one day a week?

MS HOWARD: It is, but we also have a number of programs very similar to what Ailsa was describing and I would absolutely concur with multiple funding sources, multiple reporting requirements, multiple databases and the significant administrative impost that that creates, even

though the work is similar. So an example would be we have four funded programs relating to family violence prevention and working with new fathers and family relationships, but all of them require different reporting, have different databases, different targeting and different EFTs, so the administrative impost is significant for all of them even though some of them are very small amounts of money. So it's about how you cobble everything together to actually get the most for the amount of funding that you have.

MS DAVIDSON: Is it just an issue between departments or can one department end up giving you multiple different reporting requirements?

MS HOWARD: That's correct. It can be across departments and across the State and Federal Governments and also, for example, philanthropic funding, and it also can be within departments. I think one of the things - a point I would want to make is that family violence rarely occurs on its own. So I would say that the vast majority of our work is with issues like drug and alcohol, housing and homelessness, financial hardship, mental health, for example, and yet the one department may have different funding streams and different programs.

So, you need to pull those together to deliver a family-focused holistic response and at the same time you have vastly different requirements and expectations because of the funding stream that you are using that money to deliver the service from.

MS DAVIDSON: Would it be fair to say that you have integrated services, Ms Carr, in part because you've needed to to deal with those different funding streams, but also you

have integrated services despite a funding model that doesn't anticipate integration?

MS CARR: Yes, I would agree with that. I think we have integrated obviously because of funding streams and small amounts. I would also say that as a rural service there is a smaller service sector, there are less services out there, so we provide a vast range of services, and when we have looked at our client information what we have found is that - well, what we did find was that two thirds to three-quarters of our clients presented with more than one issue. Of those, 80 per cent presented with three or more issues. The common ones as have been mentioned are alcohol and drug, family violence, child protection involvement, homelessness, mental health and disability.

When we looked at the way we were managing those complex cases, we felt that could be improved and our interpretation of the evidence was that the best way to do that was to make our service as integrated as possible to achieve better outcomes for the client. So that's why we have developed the integrated model that we have.

MS DAVIDSON: Can I get you to describe that integrated model?

MS CARR: Yes. Basically we have a single entry point for the services that operate within the Family, Youth and Children's Services Unit. That is all of those except our maternal and child health nursing and that's because it's a universal service and it's not felt useful for that to come through that single entry. But the majority of the other clients that are accessing services from the unit come through that single entry team, including our L17s and our Child FIRST referrals.

We have set up that entry point so that it is as

flexible as it possibly can be. So, clients can access it through telephone. We will do appointments in the office. We will manage walk-ins. We will see and engage clients initially in their home, in the school, in another service. So the whole idea of that team that does the initial entry work is to ensure that the access to the service is made as easy as possible.

That team will then work with those clients to undertake a comprehensive assessment that includes a risk assessment. We work with the clients to identify their strengths, their challenges, what supports they might need and then they will facilitate referrals. If it is a single service referral, the client will be supported to access that service. If we identify that there are multiple services or multiple programs required, then we have a weekly managers' meeting of those programs. We come together and we look at the cases and we work out what's the best approach for that case and who will be the key worker for that particular client . That's based on client needs and how they are identified. So, we very much try to do a wrap-around service. We will work with the client and hopefully get to a point where we have been able to assist them to achieve their goals and we will be able to exit them from the service.

I'd like to say that our integration is based on what I think are three main principles in that we try and reduce the number of programs and staff that a client needs to work with to what is optimum. We try and minimise the number of clients and staff that our client needs to work with. So that's done in a couple of ways. We will prioritise, so everything doesn't always have to

be done immediately. There are things that need to be done in stages. But equally we work on a model whereby we will have staff work cross-disciplinary and provide support outside of what might be their primary discipline.

For example, if family violence is the issue and it's a family violence worker who is working with the client and housing comes up as an issue, we wouldn't automatically then involve a housing worker. The family violence worker who has been provided with the skills and knowledge around that would then do some of the homeless work depending on what's required.

The other key principle we work on is that we are constantly reviewing it based on feedback from our clients and our staff, and I think the other main principle that we base it on is that it is very strongly around a staff support model. We found that in order to implement an integrated model you have to work really hard to develop your staff skills, to develop their confidence, you have to provide them with good clinical supervision, regular case meetings, and the staff need to feel that they are being supported to do that cross-disciplinary work to understand those multiple frameworks.

MS DAVIDSON: Can I turn then to you, Ms Howard. You talk in your witness statement about a number of integrated services approaches that you have at Kildonan. Can I invite you to perhaps first address the question of something that you have raised in your statement of working with the whole family?

MS HOWARD: I raised the statement in relation to particularly our work with Child FIRST, so where there's children at risk, and approximately 60 per cent of families referred

into Child FIRST have come through Child Protection and something like 80 to 90 per cent of those families will have had past and/or current family violence. Sorry, can you just repeat the question?

MS DAVIDSON: Working with the whole family.

MS HOWARD: I guess one of the things that we have found is that, despite involvement from the justice system and police, that the majority of those families referred remain together. So there may be an intervention order or there may be charges, but the family doesn't separate. That started to get us thinking around how we need to work with those families and particularly around the safety and wellbeing of children, but also the woman, despite the fact that families remained together.

The other observation is that where Child Protection is involved, that often the onus and responsibility is put on the woman to protect the child and for the safety of the child and that's in a way a contradiction because, because of her experience of family violence, she's actually not able to act protectively when she isn't safe herself. So there is very little involvement with the man and very little expected of him in terms of change to that family's situation and dynamic.

So we are starting to think more around how those men could be engaged, and particularly because, as we are both saying, that there are multiple issues often faced by the man and the woman in that family and so he may already be involved with other services, whether they are statutory, justice or services such as drug and alcohol. So we need to look at what leverage we have through other service provision to engage him in behavioural change. We

see that that isn't happening, so it's more around an integrated and coordinated response.

The other thing that we notice because we receive the L17s for children is that there is very little communication and co-work in relation to family sensitive practice. So it's almost like the women's and children's services are here, and even within women's and children's services you get the women's and then the children's, but the men's services are over here. So, despite the fact that relationships remain together, there isn't a sense of a family focus or family sensitive practice, albeit the difficulty in terms of promoting and maintaining the safety of women and children. We believe that that's a vast area for improvement.

The other part of that is our work with our fathers, and particularly in liaison with maternal and child health and it's an early intervention and family violence prevention strategy, shows, as does Cathy Humphrey's research from Melbourne University, that where men can actually start to appreciate the impact of their violence on their child is a real catalyst for them starting to think about their use of violence.

So it's often very difficult for them to show empathy to their partner, and they will be blaming and minimising and denying, but it's actually when they hear about the impact of the violence on their child and if they can connect to their own experience of violence, which is often there is that intergenerational cycle, that's when we have more success in getting them to think about taking action to stop their use of violence in the home.

So that sort of integration, that family focused integration, is one thing we are looking at, but also the service sector integration in acknowledgment that family violence rarely occurs without the prevalence of other issues such as those that Ailsa mentioned.

MS DAVIDSON: You run a program called Families@Home. Can you outline what that program does?

MS HOWARD: Families@Home was funded through the State and Commonwealth Government innovative action projects and that actually was a program that has been evaluated and shown to be successful and to make a difference. It was around having - it involved three services, and we had a housing worker, a financial counsellor, a men's worker, a women's worker and children's worker and they are all co-located. The idea and the way that it works is that there's one entry point, one family assessment and one care plan.

We also use a tool that's more commonly being used which is called the Outcome Star, which is really a way of making sure that the client gets to prioritise the issues of concern to them rather than the agency making those priorities. It also is looking at assessing the needs of the whole family. When it comes to family violence, it's very much around exploring with the woman, and safely, how we can engage her partner in behavioural change. We have actually had success with that. So we can have an individual approach of working with the partner or the father and that may lead to them being referred and engaged in our men's behavioural change program.

The other part of that that is really important

is the housing, absolutely, and people have already raised the difficulty in accessing housing. Part of Families@Home work is to actually advocate with real estate agents to be able to promote receiving referrals from the Families@Home program. We have a brokerage fund that can help assist with, say, the first month's rent or paying a bond, furniture and so on. The financial counselling is a really important because we often find that families have utility debt and also that families are often in financial stress and hardship. So we really also need to look holistically at the family's situation in terms of financial hardship and helping them to be able to deal with that.

MS DAVIDSON: We have heard a lot about the lack of housing options for people experiencing family violence. How much success have you had in engaging the private market and real estate?

MS HOWARD: We have had considerable success. I think part of that is because we work very closely in the process of referring the family to the private rental sector, to actually assisting them and supporting them to implement, I guess, that relocation and then support them for some time once they are in the new housing. We have actually had very positive experiences for the families and the relationships have thrived with the private rental sector.

I also need to say, though, that the whole rent, the cost of rental is a huge burden and a significant barrier to finding premises for families. Luckily for us, I guess, in some ways that program is based in Whittlesea local government area where rentals are less expensive than inner and middle suburbs. But nevertheless it is

still a significant barrier, when families are on low income or on benefits, for them to maintain that rental.

DEPUTY COMMISSIONER FAULKNER: Can a person on benefits in your view rent in Whittlesea? When you are saying you are having success with the private market, I suppose I'm interested in does that mean that nearly everyone that comes through your service can get into the private market or does it mean occasionally you have someone with a bit more means that can afford the private market?

MS HOWARD: We have to obviously make that assessment with the family. One of the agencies that is part of a partnership is a housing agency provider, HomeGround, and they actually have a program that works very closely also with private rental markets, so we can leverage off the allocation of houses that they have through that partnership.

We also would look at community based housing. We would look at shared housing. We would explore all options. We absolutely can accommodate most families, but it is a struggle. It's not easy. It is prohibitive for many families, the cost of renting even in Whittlesea.

DEPUTY COMMISSIONER FAULKNER: So that's quite different to other evidence we have heard that people just can't accommodate the families that come to them. I'm trying to get at - - -

MS HOWARD: Part of that is, as I said, because of the brokerage fund. If we didn't have that brokerage fund where we could support, for example, the first month's rent, help address utility debt, provide furnishing or utility connections, provide a bond, then it would be much more difficult. So it's a struggle, absolutely, but we do

find a way of accommodating families.

DEPUTY COMMISSIONER FAULKNER: Thank you.

MS DAVIDSON: You have identified in your statement some issues around the challenges to integrating services and particularly integrating men's, women's and children's services. Can you address what you see as the challenges in doing that? I think one of the issues you identified is different philosophies?

MS HOWARD: There are probably several points I would make here. One of the most important points would be around I guess what I would call ideology. So, whilst family and children's services or family violence services would have a very common ideology around understanding of family violence and the gendered nature of family violence, there are other parts of the service sector that don't share that philosophy.

Two examples I will give is at the moment Kildonan is providing training to all Corrections Victoria staff around working with men who perpetrate family violence. We are obviously - we are coming up with some, I guess, push back around how to engage men in terms of addressing their use of violence. There are different perspectives around their understanding of family violence and understanding that it's a gendered issue and it is primarily about men's use of power and control.

So, there's a lot of work to be done and one of the things that we are really cognisant of is that to engage men in men's behavioural change programs, of which the uptake is fairly low at the moment, we actually need the other services that come into contact with men, such as Corrections or Justice, to be able to support that

engagement, so to be able to actually support the men to think about their use of violence, the implications of their violence and the need for change.

So, for us in training Corrections Victoria staff we are very much wanting them in a way to join and to be more integrated to actually promoting that rather than inadvertently or otherwise collude with the men who often tell stories that are completely at odds with the story or the perspective of the woman who has experienced the violence. So there's that ideological difference.

There are also ideological differences in services and one example might be drug and alcohol services; for example, forensic drug and alcohol services where a male client may be referred because of involvement with the criminal justice system and may also be a perpetrator of family violence, but the training and the mandate of that drug and alcohol worker may be to be an advocate for that man as a client. So the drug and alcohol worker will seek to address the drug and alcohol issue, but not see it as relevant to address the man's use of family violence, and may actually, for example, support the man in court to contest an intervention order or may actually give a very positive report about the drug and alcohol use and ignore the fact that he is aware that there is still active family violence going on.

So, I think other people have raised the importance of capacity building and training around family violence. We need to really be all on the same page around understanding family violence and understanding how we can both support men to engage in behavioural change, as well as looking at the safety of women and children.

So that would be one of the barriers.

I think we have already spoken about the barriers around the funding, the different types of funding. I think, just building on what I said, the fact that our services are very much siloed; we talk about service integration, but in fact we have services, whether they are mental health, drug and alcohol, child protection, family services and family violence, they all have their mandate and I have worked with clients that maybe are involved with six or seven services. It isn't a client-centred way of working and it is actually a barrier because it actually adds an impost of communication and coordination and case planning, and the more services that are involved in a client's life, the more difficult it is to provide that.

I think the other thing that I have spoken about is the practice that where we have the women's and children's services and the men's and there's not a lot of communication, there can be historical suspicion around working in a family sensitive manner and I think that can be a real barrier, given the fact that, as I said before, most families will stay together, remain intact at least for some period of time or they will leave and come back. In order to prevent family violence we need to also look at preventing that intergenerational cycle and really focus on the children, both because it's important to look at their safety and wellbeing, but also in terms of preventing that cycle repeating.

MS DAVIDSON: Ms Carr, do you have anything to add or comment on in relation to the challenges for integrating services?

MS CARR: I would obviously agree. I think different sectors

have different frameworks, different philosophies, different backgrounds. I think what we found in moving to our integrated model is it's also about the staff's comfort zone. If you have been trained in a certain discipline, you have worked that way for a long period of time, that's where you are comfortable.

What I would like to say, though, is that it is actually possible to change and I would say we have strong evidence of that in our agency. We have been working on this for a number of years. I would like to say one of the challenges is it's not something that can be changed overnight. What we have found is that it's not just about providing a single lot of education; what we found is it's about consistently providing education. It's about getting the alcohol and drug sector, the men's behaviour change sector, it is about getting them both to understand and respect each other's frameworks.

I think what we've found is it is about having space to be able to talk that through, to talk through where the tensions are, because there are clearly tensions. But what we have identified is that if you don't do that and if you don't look at where the tensions are and try and work through those, in actual fact you increase risk because you're almost - to address drug and alcohol issues is about the cycle of change. If you say, "That's not important, we need to look at this from a gendered point of view only and we can't use that as an excuse," then you are denying the challenge that that man has in actually addressing his drug and alcohol issue and therefore you are potentially increasing risk.

What we have tried to do is engender a culture

and, through education and support and training of our staff, a way where we have common respect and understanding and knowledge across the various frameworks and where we look at where are the tensions, where do they butt up against each other and in each individual case how do we resolve that, what's the best way forward for that particular family.

My comment would be the major challenge about that is it takes time. I would say it's taken us a good three or four years to get to where I would now say with relative confidence that most of my programs have a respectful understanding and knowledge across the breadth of programs we have in the unit, but it's not something that can be changed overnight and it's something that you need to have clear vision and leadership about and it's something you need to have the stamina to take the knocks and the complaints from the staff and the negative feedback when they get tired and fed up with what you are asking them to do. You need to be able to work through that with them and to be able to stay in there and see it through.

So, I think that integration is a really positive way to work. I think it's certainly the way forward, but I don't think it's something you can do quickly. I think if you try and do it quickly, my experience has been it invariably doesn't work and you really need to be able to provide the staff with the support. Putting them together in one building is great. I mean, we have most of our staff together, so there is that collegiate co-location, but that won't change people's culture. It's about being able to work through all those challenges that come up.

MS DAVIDSON: Can I move to the issue of Services Connect. You both have a Services Connect pilot. I think, Ms Howard, you talk about the need to improve the generalist services to be able to also deal with family violence and the role that Services Connect can potentially play. Can I get you to expand on that for the Commission? Perhaps can I get you to outline what it looks like, what Services Connect looks like in your organisation for a start?

MS HOWARD: It's an impressive undertaking. In Hume Moreland, the Services Connect that we are the lead agency for involves 25 different services, so across disability, housing and homelessness, family services, mental health, drug and alcohol, CALD services, Aboriginal services and so on. What has happened is that there's been 15 EFT of staffing re-aligned from those services, so we have a pool of generalist workers that work together. They are co-located, but in a way that the model is that they almost lose their specialisation at the same time as contributing their specialisation to capacity building across the whole team.

Each client comes in and has one assessment and again the Outcome Star is used so they identify the goals that are of most importance to them and they also rate where they see themselves currently and where they would like to be in terms of achieving those goals. Then one care plan is developed for that client or the family. So we also work in a family centred way. Again, we absolutely prioritise the safety of women and children. That's a cornerstone of the work.

So it means that really it's almost like it's a generalist model where, if a client requires some basic

drug and alcohol work, for example, looking at how to deal with cravings or are planning to reduce smoking or they may have some anxiety issues and they can learn some relaxation or stress reduction techniques. We can also do some work around exploring options to address family violence, whether it's criminal justice, whether it's involvement with another service, whether it's counselling. We also would work to look at the protection of children.

So it's very much a wrap-around holistic response with the option of both consultation with a specialist service system where we are unsure of how to proceed or we need additional support or a referral to a specialist service where the issues are such that that's required.

But the feedback from clients is very, very positive and a lot of the comments have been that this way of working is a different way of working from that they have ever experienced before. So they really like the fact that there is one key worker and they haven't had to be referred to five or six other services and they really like the fact that it's client-centred. They feel listened and heard and they feel respected and that their choices are respected and they like the fact that it is family focused. That's the feedback that's been coming since its inception.

DEPUTY COMMISSIONER FAULKNER: Can I just have a follow-up question there. The one key worker, is that one of the 16 or 17?

MS HOWARD: Of the 15, yes, that's right. So out of those co-located 15 staff, one of those workers will respond to every client. But it doesn't depend on the background or

the discipline of that worker.

DEPUTY COMMISSIONER FAULKNER: So we now have one key worker who is the case manager of that individual?

MS HOWARD: That's correct.

DEPUTY COMMISSIONER FAULKNER: And they bring all the other services?

MS HOWARD: The idea is to minimise a range of services. The idea is that the increased skill and capacity of that key worker will actually minimise involvement of the five or six other services that historically may have been involved in a specialist service system that we now have. So, the generalist approach means one worker can deal with some of the high prevalence mental health issues or the family violence or the parenting or the smoking cessation.

DEPUTY COMMISSIONER FAULKNER: So the balance of the people - you said sort of agencies contributed one or two people?

MS HOWARD: Yes.

DEPUTY COMMISSIONER FAULKNER: What are the balance of the people who they came from, from whence they came, what are they doing then? So if you say there's been one brought in - - -

MS HOWARD: Do you mean the loss of staff from the agencies from where they came?

DEPUTY COMMISSIONER FAULKNER: I'm talking about the people who are left. Are they still working in the traditional way?

MS HOWARD: Yes, that's correct. I think every agency involved has only contributed one staff. So we have one staff from the alcohol and drug sector, one from homelessness, one from CALD.

Services Connect was set up as a pilot. They are

funded until October 2016. They will be reviewed to look at the outcomes and their achievements. So they are really a pilot with the idea that if they are successful hopefully they will be expanded, and they absolutely have the potential to be built on. It's a very innovative, cutting edge model that absolutely I believe has potential to be built on and to develop further and have some really good outcomes.

DEPUTY COMMISSIONER NICHOLSON: With those case workers that have come into Services Connect who directs them?

MS HOWARD: The structure is there is what's called a facilitator. That position is like a senior manager. There's a team leader, who works more closely with the staff. There is also a senior practitioner, who really builds the capacity and has the clinical expertise across those issues.

DEPUTY COMMISSIONER NICHOLSON: What is the governance? Are they effectively seconded to Kildonan, are they?

MS HOWARD: The term that's used is "re-aligned". They still are employed by the agency from which they came.

DEPUTY COMMISSIONER NICHOLSON: So the bottom line is: who directs them?

MS HOWARD: Services Connect management will direct them.

DEPUTY COMMISSIONER NICHOLSON: So who is that?

MS HOWARD: That would be - - -

DEPUTY COMMISSIONER NICHOLSON: Who has the power to direct them? So when you end up in the Coroner's Court, who manages these people?

MS HOWARD: It would be the Service Connect. So Kildonan would have that overall responsibility as the lead agency; that's correct.

DEPUTY COMMISSIONER NICHOLSON: So you manage them despite them being employed by other people?

MS HOWARD: That's right.

MS DAVIDSON: Can I just clarify. The key worker is actually themselves delivering services to the person?

MS HOWARD: Yes, that's correct.

MS DAVIDSON: But if, say, they had a really serious alcohol or drug issue, they needed detox, they would be referred somewhere else, I take it?

MS HOWARD: That's right. They would require specialist service provision. The helpful thing is because, for example, we have a drug and alcohol worker that's re-aligned into Services Connect that where the specialist service provision is required that relationship that that worker has with their home agency will also facilitate that referral occurring. So it works both ways, if that makes sense.

I might just say that each model of the Services Connect, and there are eight across Victoria, operates slightly differently. Our models are probably slightly different in their clinical governance and governance and their operations. But essentially what I have described would be the core elements of Services Connect.

MS DAVIDSON: Ms Carr, can I get you to describe your model and how it might differ?

MS CARR: Yes. We have a Services Connect test site as well. We are in outer Gippsland. The partnership is made up of 10 agencies, but there are only four service delivery agencies. Because the model of Service Connect is very similar to the model that I described when I started my witness statement today around how we are working and have

been working for a number of years, what we have done in the outer Gippsland partnership is look at the work that we have already been doing and seen how we can build on that. So our workers are still within their agencies.

The other reason for that is there's 200 kilometres between our agencies. So it's not logical to have people relocated to a single agency. Plus I think that 30,000 square kilometres, it's also not logical to have a single centre.

So the model that we have is to look at that integrated work that we have been doing to see how we can build on it, to share it across the four agencies. We have created what we have called a virtual team so they can support each other around that work, to look at how we can share the expertise.

The other work we are doing from a rural perspective is to look at governance structures and whether we can look at integrating some of the governance structures, because in a rural area we find it really challenging the number of different governance structures around each of the different sectors.

So, as an example, I would be on six or seven different governance network meetings. That wouldn't be unique. There would probably be half a dozen of us of the key service agencies in the area who would all be going to a range of meetings; one for family violence, one for drug and alcohol. So what we are trying to do is look at is there a way of integrating that and making that more efficient and effective in a rural area as well.

MS DAVIDSON: Can I finally just pick up on a point that you identified in terms of L17s. You say that L17s come

through your same intake team. Does that mean some sort of central triage? Is one person doing the triage for men, women and children or how does that work?

MS CARR: Which was interesting in respect of the comment that was made before about Services Connect. Because we have located Services Connect in our assessment and response team, we actually do do the crisis response where our Services Connect team is receiving the L17s as well as the Child FIRST referrals.

We have a structure in that team whereby the staff work in various roles. So we have a staff member each day who will man the phone and part of that role of manning the phone is to review and monitor the L17s as they come in. We do at a very early stage screen off the L17s for the men's behaviour change program and they go to our men's behaviour change program facilitators. But then the other staff member will work through and prioritise the L17s that come in. Because it's a common team and we have our men's behaviour change program facilitators represented in that team we do work very closely, and it's structured so that we make certain there is no risk for perpetrators being seen at potentially the same time as victims.

I would also like to add the fact that we have integrated our one EFT of family violence outreach with that team, which includes our Child FIRST and some of other our funds to create the general assessment and response, has meant that we have been able to manage demand that would not have been possible if we had had that as a single service. I have some stats from the last two years if you are quickly interested in hearing, but it

just wouldn't have been possible to have managed the work that we have done. I don't know whether you are interested in me - - -

COMMISSIONER NEAVE: Yes, just mention them to us.

MS CARR: So in 2013/14 - keeping in mind we are a small service; we have one EFT family violence outreach - we received 577 L17s. Out of that, we provided 138 periods of brief intervention and 92 episodes of significant support. This last year, '14/15, we received 678 L17s, 158 brief interventions. I should say in saying that we respond to all of them. We attempt to contact everybody and there is a police outcome sent for every single one of those. Obviously we don't always make contact; we are not always able to make contact with everybody. So 158 this year received brief intervention and there were 100 episodes of case management.

Technically speaking, as far as the Department of Health and Human Services is concerned, that is done with one EFT of funding. So that wouldn't be possible if we weren't working in the model that we are working in. We just wouldn't be able to respond to that level of demand.

COMMISSIONER NEAVE: Just to clarify that, they are women and children L17s?

MS CARR: Yes, they are women and children.

COMMISSIONER NEAVE: And the brief intervention, that would be the attempt to contact the person, presumably?

MS CARR: No. We will attempt to contact all of them. Last year it was 678. The brief intervention is where we have actually made contact. So it might be that the woman - we will obviously assess risk. We might work out a safety plan. It might be that the woman just doesn't want to go

any further. There might be two or three phone calls, or it's those instances where we have needed to assist the woman to exit to a refuge. So the intervention is usually only over two, three, four, five a week, whereas the case support, the other 100 episodes, is anything from three months to six months depending upon what's required with the person involved.

COMMISSIONER NEAVE: Thank you very much.

MS DAVIDSON: I will address this question - probably the last question, I suspect - to both of you. In your view can a generalist worker deal with family violence? What is needed in order to skill them up in order to do that?

MS CARR: I would like to start by saying that I always have anxiety about the use of the term "generalist worker" because there is this perception that a generalist worker is something lesser. We talk about specialists and we talk about generalists, and there is this notion that they are lesser than.

What I would say is that the work that we have done with our staff, they are highly skilled, extremely highly skilled, and they can definitely respond to family violence. They are a set of workers who have a broad scope of skills and knowledge across a broad number of frameworks and areas. Whether we call them generalists or not, I don't know. But I guess that's what I always get anxious about because there is this very strong perception that it is somehow something lesser.

I would say my staff are highly skilled, and it's taken a lot of time and a lot of education and a lot of support and a lot of clinical case review and a lot of talking through the challenges of working across multiple

frameworks to actually get them to that point where they are comfortable.

So, as I said before, it's not something that can happen easily. But, yes, I absolutely believe that highly trained staff across multiple disciplines can respond to family violence and a range of issues that clients who experience family violence present with.

MS HOWARD: I would agree with that. The only thing I would add to that is in working with men who perpetrate family violence I think that there is a degree of specialisation there. So I think absolutely you can have generalist workers, but the nature of family violence means that it can be easy for generalist workers to inadvertently or otherwise collude with men who deny or minimise or blame. So there is specialist training, I guess, that needs to take place in order to ensure workers are aware of the strategies of men who perpetrate violence and to make sure they don't inadvertently get caught up in those.

The other thing would be around generalist workers. I absolutely agree that most workers have very strong risk frameworks and, working with children, they are a priority. That kind of family focused or family sensitive practice is really important at the same time as making sure that safety is first and foremost of any intervention. But, yes, I would agree generalist workers.

MS DAVIDSON: Perhaps we can call them multi-skilled workers.

MS HOWARD: Yes.

MS CARR: I agree. I think there is a role for specialist roles. My personal view is I think we have got to a stage where we have too many specialisations. Everybody thinks they're special, and of course everybody is.

MS DAVIDSON: I have no further questions.

DEPUTY COMMISSIONER NICHOLSON: Ms Carr, could I just check that I have your core message correctly. As I understand, what you are saying is that in order to overcome the difficulties presented by the relatively sparse population you find in country areas that renders specialist providers pretty much ineffective, what you have done is built the capacity of the universal platform of community health to respond to family violence, meaning that a range of your staff have the capacity to respond appropriately to family violence; is that the core message?

MS CARR: Absolutely, and I would say not just family violence but child abuse and some other significant issues that clients present with. For me in a rural sector where we are never going to have enough funding to have specialists in every single little town we need to look at models whereby we can develop the levels of expertise in people.

DEPUTY COMMISSIONER NICHOLSON: Would it be your view that in country areas the government should look to build the capacity of the more generic services for family - to be able to respond to family violence than to fund specialist providers who drive in, drive out?

MS CARR: I think you need specialists in some levels, but I definitely think we need to increase the capacity. My one family violence funded outreach position is based in Bairnsdale. It's a three and a half hour drive to Mallacoota. So the reality is that that isn't easily accessible for any family violence victims in Mallacoota.

For me it's about looking at what are the service systems, what are the services available in rural - particularly where I come from, which I would say is more

rural and remote. I'm not talking about your larger rural centres like your Traralgons, your Bendigos, your Ballarats. But we do need to look at what's there.

Also my view is a lot of the time in those areas those communities, if they are wanting help, it will be the local community health service that they will go to. So it is crucial that they are skilled up to a level whereby they actually feel not just that they know about it but they actually feel comfortable to respond and to know what to do.

DEPUTY COMMISSIONER FAULKNER: I have one really quick one for Ms Howard just in relation to the program. I have another one for both of you, but one quick one. Families@Home, was that a pilot and was it an extensive pilot?

MS HOWARD: It was a pilot that was funded. It's been a pilot for approximately two years. But, because of the positive evaluation, the Victorian Government has committed to funding it on an ongoing basis.

DEPUTY COMMISSIONER FAULKNER: Funding it everywhere or just with you is what I'm trying to get at.

MS HOWARD: The Families@Home program only existed at Kildonan. But I think there were nine other IAP funded programs across Victoria that have also received ongoing funding, but they all had different mandates. So some looked at youth homelessness. Some looked at aged homelessness. Our one had a particular focus on an integrated family violence response.

DEPUTY COMMISSIONER FAULKNER: Thank you. The one for both of you is that I observed that you both built on different platforms: a community health platform and a faith based welfare organisation, or at least a welfare organisation

base.

MS HOWARD: Welfare, I would describe it as. Kildonan has a strong child, youth and family platform. We have grown and leveraged from that. But that's essentially what our agency delivers.

DEPUTY COMMISSIONER FAULKNER: So my question is: is there a advantage or disadvantage in relation to the base? Have you heard from observing from other people that it is good to be in the health sector, it is good to be in the welfare sector, or it just is irrelevant?

MS HOWARD: I have worked in two community health centres before and I absolutely see the value of community health. I think that it's not so much the type of agency or the services the agency delivers. It's around the culture and the commitment to change, the time and the energy that it takes to change a culture, to look at different ways of practices. It's not really the foundation of the agency; it's actually about leadership, commitment to change, supporting change and cultural change is the thing that makes the difference. That would be my perspective.

MS CARR: I would agree. There are benefits for me being in a community health centre. We have a GP practice. We have physiotherapists. So we have been able to provide education quite broadly to a broader level of different professionals around family violence. But I think the premise of the work, it is about being prepared to put in the hard slog to change the culture, to work in a particular way.

DEPUTY COMMISSIONER FAULKNER: So I'm going to sneak one more in. Does that mean, therefore, that it could be a police station, a school, a hospital? The base on which you

build, is it unlimited or do we just have the examples of the two sectors that work pretty well?

MS CARR: I don't know that I would say it was unlimited. Those two examples, the police and the school, I guess you would have to look at what is the fundamental framework within which the agency you are looking at is working and what is their primary focus. So I guess if we use the school as an example the primary focus of the school is to provide education. I think why it's worked in agencies such as this is we already have a range of services that are engaging with those victims upon which to build on. So I don't know that I would say you could take any agency. I think there would need to be some fundamental beginning platform upon which to build.

MS HOWARD: The other thing would be accessibility. It has to be a location or a platform where the broader community feels it's accessible and comfortable for them to access. So both of these examples would offer that. A school may not offer that.

DEPUTY COMMISSIONER FAULKNER: Thank you.

COMMISSIONER NEAVE: Thank you so much. You have both demonstrated the stamina which you have said is necessary to run an integrated service. So thank you very much indeed for your evidence.

MS HOWARD: Thank you.

<(THE WITNESSES WITHDREW)

MS DAVIDSON: We are resuming at 9.30 tomorrow.

ADJOURNED UNTIL FRIDAY, 14 AUGUST 2015 AT 9.30 AM