Merri Community Health Services

29 May 2015

Submission to
Royal Commission into Family violence

Merri Community Health Services (MCHS) welcomes the opportunity to contribute to this Royal Commission. This submission highlights key issues from the perspective of an independent community health services provider who delivers integrated and high quality, flexible and appropriate services to vulnerable individuals, children and families in our community, and also provides opportunities to support sustained family growth and development. MCHS has worked with and supported many individuals and families through the current complex service system and this submission aims to capture some of our experience with regard to family violence.

About Merri Community Health Services

Merri Community Health Services (MCHS) is a large multidisciplinary community health organisation operating across the City of Moreland and northern metropolitan Melbourne providing an extensive range of primary health care services from 10 sites. MCHS aspires to make a positive difference in people's lives by being an innovative and integrated health, community and advocacy service provider. We operate within a social model of health context to provide high quality services and build the strength of our community.

MCHS provides a range of services including: dental, varied allied health services, nursing services, generalist and specialist counselling programs, aged and disability services, case management services, family support and carer support programs, and social support programs for people with a mental illness as well as health promotion programs.

At MCHS integrated and holistic services are delivered by multi-disciplinary teams of healthcare professionals working collaboratively to support marginalised and vulnerable people most at risk. MCHS partners with tertiary institutions and key ethnic organisations to ensure a robust evidence base for enhancing services, providing targeted health literacy resources specifically relevant to the needs of the local community and educating hard-to-reach communities about available health initiatives.

MCHS delivers services for:

- older people
- young people
- families
- children
- people with disabilities and mental illness
- carers
- indigenous people
- new arrivals
- gay, lesbian, bisexual, transgender, intersex and queer people.

MCHS has been a provider of services to individuals, families and children in the northern region since the early days of establishment in the 1980s through its diverse cohort of service provision. A detailed description of services offered by MCHS can be found on the web site www.mchs.org.au

Local Context

Violence against women is the largest contributor to preventable illness, injury and death in women aged between 15 and 44, and there is clear evidence that concludes exposure to violence is a key determinant for poor health in women across many areas. Intimate partner violence in particular has been identified as a key contributor to women's mental health problems, particularly depression, social isolation, and suicide (VicHealth, 2004). Of Australian women, one in three has experienced physical violence, one in five has experienced sexual violence, and 16 per cent have experienced violence from a current or previous partner, since the age of 15 (Australian Bureau of Statistics, 2006).

In Moreland, family incident reports to Victoria Police, including intimate partner violence, father-son violence, elder abuse and mother-in-law to daughter-in-law violence, increased from 571 per 100,000 population in 2007/08, to 931 per 100,000 in 2012/13 (Victoria Police, 2013). In Moreland in 2011/12, rapes were recorded by police at a rate of 45.8 per 100,000 population, which was higher than the North West Metropolitan Region rate of 38.6 per 100,000 and the Victorian rate of 36.7 per 100,000 (Victorian Police, 2013).

Submission:

This submission addresses the following Questions:

What has been done so far? (Question 2 & 3)
Improving our responses to family violence (Question 4, 6 & 7)
Ensuring the safety of people affected by family violence (Question 8, 9 & 10)
Supporting the ongoing safety and wellbeing of people affected by family violence (Question 11)
Family violence and particular groups and communities (Question 17, 18 & 19)
General questions (Question 20 & 21)

Responses:

What has been done so far?

Question Two

The Royal Commission wants to hear about the extent to which recent reforms and developments have improved responses to family violence, and where they need to be expanded or altered.

Engaging Victoria Police to play a more proactive and preventive role in family violence has been a significant reform, however the success of this is varied. The implementation of specialist family violence units within Victoria Police, who are specifically trained to deal with and respond to family violence situations, has been very beneficial. Further work is needed to ensure that all police are trained to respond appropriately to family violence, building the confidence for people to report.

The introduction of a Code of Practice for the Investigation of Family Violence within Victoria Police has subsequently developed other targeted and effective initiatives such as police powers to issue Family Violence Safety Notices. This has dramatically improved policing responses to family violence in Victoria.

The introduction of these significant reforms, including the L17's, over the past few years has led to increased reporting. This has resulted in an increased demand for services and not enough infrastructure and resources available to effectively respond. Ensuring we have a streamlined system with a 'no wrong door policy', backed up by a resourced service sector, is crucial in effectively supporting victims of family violence and supporting their safety.

Question Three

Which of the reforms to the family violence system introduced in the last ten years do you consider most effective? Why? How could they be improved?

There have been a number of policies and initiatives introduced over recent years, which have been particularly effective in solidifying work on Prevention of Violence Against Women in a collaborative and consistent manner. Some examples of these are:

- *Moreland City Council's Municipal Public Health and Wellbeing Plan 2013-17* and *Family Violence Prevention Strategy 2011-15*
- *Victoria's action plan to address violence against women and children 2012-2015: Everyone has a responsibility to act*
- *Victorian Public Health and Wellbeing Plan 2011-2015*, which links preventing violence against women to the health promotion priority of promoting mental health and wellbeing
- *National plan to reduce violence against women and their children 2010-2022*
- *Indigenous family violence primary prevention framework*
- Relevant Australian and Victorian curriculum.

These reforms and frameworks which are all comprehensive, would be deemed much more effective if there were adequate resources allocated to the successful implementation of such policies and frameworks in the community.

Improving our responses to family violence

Question Four

If you or your organisation have been involved in programs, campaigns or initiatives about family violence for the general community, tell us what these involved and how they have been evaluated.

The following lists the range and scope of 'Family Violence' (FV) related activities that have been undertaken/achieved by MCHS:

- Delivery of FV counselling services through dedicated FV funding
- Participation on the Family Violence Regional Steering Committee
- General Manager, Family and Community Support Services, sits on the Northern Region Justice Reference Group
- Manager of Counselling & Support Services sits on Northern Region Integrated Family Violence Partnership Alliance
- MCHS signed up to the northern region Building a Respectful Community Strategy in May 2013
- MCHS has a 'whole of agency' action plan (2014-15) in place which addresses the domains of prevention, awareness raising, workplace culture and leadership, partnerships and collaboration, organisational practice and direct service provision
- Prevention of Violence against women is a key priority area of the MCHS Health Promotion plan 2013-17
- FV Counsellor has actively participated in Moreland FV Network for 5 years
- Facilitation of a number of targeted group programs targeting FV and respectful relationships including Arabic Women's group.
- Currently implementing a targeted project 'Active Father's' in partnership with Kildonan focusing on building respectful relationships with new fathers
- Victims Assistance and Counselling Program Community Educator is a member of the six FV networks in northern region
- Community Awareness Projects undertaken include: Clothesline project; Week Without Violence (T-shirt painting workshops for women) and White Ribbon campaign

- Participation in the development of Stickers (FV Help) for men and women in several community languages (for toilets and public facilities in the Moreland area), led by Moreland City Council
- MCHS FV Counsellor participated on steering committee for the development of FV Group Work manual for the Northern Region
- Ongoing community education on the impact of FV on children and women. Various presentations including Arabic women in the Moreland area
- Facilitation of respectful relationship and gender equity programs in local primary and secondary schools
- Sale and distribution of White Ribbon's through the Week Without Violence activities.
- Participation in Walk Against Violence activities during Week Without Violence
- Participation in development of, and distribution of, regional wide "Help Cards" for men and women in several community languages, led by Darebin City Council
- Resourcing researchers in the field of FV through secondary consultation and participation in research activities
- Educational support to Social Work Students focusing on FV work and the FV sector (both students have now graduated and are employed by MCHS)
- Collaborative work with group programs within MCHS to promote healthy relationships
- All MCHS 'counselling' staff have been trained in the Common Risk Assessment Training for family violence
- MCHS in 2008 undertook the 'Preventing Violence is Everyone's Business' project in partnership Moreland City Council. The project was funded by Vic Health and focused on targeting local based Moreland businesses with FV training
- Relevant MCHS programs have participated in the FV Benchmark Data project which aimed to gather evidence from the police, courts and family violence services on key indicators of an integrated family violence service system in order to provide a baseline for future comparison (2009/10)
- Participating in the Identifying and Responding To Family Violence project, facilitated by the Inner North West Primary Care Partnership
- Two MCHS FV programs will be profiled in a resource book published by WHIN and launched in July 2015.

Evaluation of these initiatives has been undertaken by a variety of means including direct service evaluation, pre and post group evaluations and review of objectives being met with respect to strategies employed.

Question Six

What circumstances, conditions, situations or events, within relationships, families, institutions and whole communities, are associated with the occurrence or persistence of family violence?

Family violence occurs across the whole community, regardless of socio-economic or cultural background. However, there are numerous factors that increase the likelihood of family violence occurring and persisting. These factors include:

- Gender equity and attitudes toward women
- Violence in family of origin
- Childhood abuse
- Mental health issues
- Alcohol and other drug issues
- Antisocial behaviours and attitudes, such as violence and anger
- Behavioural deficits
- Motivation to access support and treatment
- Stability of relationships
- Stability of income and employment

- Social isolation and lack of family and community support
- Demographic factors such as education and socio-economic background.

Factors that exacerbate the persistence of family violence include:

- Gender inequity in families, cultures, communities and society
- Lack of available support and resources when families or individuals are motivated to seek support
- Limited refuges and housing options for people leaving family violence
- Lack of confidence that Police will respond to reporting family violence.

Many clients report that they do not bother to ring the Police because they feel that they will not respond, even in situations when they have intervention orders in place.

Question Seven

What circumstances and conditions are associated with the reduced occurrence of family violence?

A range of circumstances and conditions reduce the occurrence or reoccurrence of family violence. These span from broad population health factors to individual circumstances and situations.

The population health factors that reduce family violence include:

- Gender equity
- Teaching children and young people about respectful relationships in all levels of education
- Integrated and coordinated community support service system
- Affordable housing
- Access to education, employment and training
- Access to income support when required
- Timely access to support for those leaving family violence, such as housing, income support, counselling, legal services
- Timely and appropriate responses from Police
- Effective criminal justice responses.

The individual factors that reduce family violence include:

- Gender equity and positive attitudes toward women
- Support for children, young people and adults who have experienced violence in their family of origin to break the cycle of abuse
- Timely support for people experiencing mental health issues and AOD issues
- Support for people displaying antisocial behaviours and attitudes such as violence and anger
- Timely access to adequate support for those motivated to access support and treatment
- Stable income, employment and housing
- Social connections and family and community support.

Ensuring the safety of people affected by family violence

Question Eight

Tell us about any gaps or deficiencies in current responses to family violence, including legal responses. Tell us about what improvements you would make to overcome these gaps and deficiencies, or otherwise improve current responses.

Services are under resourced to respond to family violence, both to address direct service responses for victims of family violence (response end) and long term population health campaigns addressing the underlying causal factors (early intervention and prevention).

Further resources are needed to strengthen an integrated and coordinated service system, ensuring that individuals and families seeking support can receive adequate and immediate services, including:

- Assessment and referral
- Counselling
- Case management
- Housing
- Emergency relief
- Legal services.

Other complementary programs are also underfunded including:

- Group programs
- Support for maintaining or returning to education, training or employment, when relevant
- Support for children and young people
- Culturally specific programs
- Programs for people with multiple and complex issues, including mental health and AOD
- Programs for people with disabilities

As well as front line services being under resourced, there is also a huge gap in funding and resources allocated to primary prevention. Although it is critical to invest in programs and strategies to support individuals who are in the midst of experiencing family violence, we are well aware that remedial solutions such as this cannot be successful on their own, without investment into longer term strategies which look at preventing violence before it actually occurs. Violence against women and the costs to individuals, organisations and society can be prevented by acting on the underlying causes of violence against women: unequal distribution of resources between men and women, adherence to rigidly defined gender roles and stereotypes, and broader cultures of violence (VicHealth 2007). In broader contexts within the community, these issues can manifest as:

- gender inequality in employment
- stereotyping of women and men
- sexual harassment
- bullying and harassment.

Much work can be done in partnership with communities and key settings such as schools, workplaces, and the media, to help address gender stereotypes and gender inequality between men and women. Although there are some great 'stand alone' programs around respectful relationships, there is no consistency to how these programs are implemented and funding and resources for such programs are currently 'ad-hoc'.

MCHS recommends:

- Partnering with the Department of Education and Early Childhood Settings to develop and implement a consistent program / strategy around promoting respectful and equitable relationships between males and females, and addressing gender stereotypes.

Question Nine

Does insufficient integration and co-ordination between the various bodies who come into contact with people affected by family violence hinder the assessment of risk, or the effectiveness of (early intervention, crisis and ongoing) support provided, to people affected by family violence? If so, please provide examples.

Clients with complex needs often fall through the gaps as services can't adequately respond to needs in isolation. Complex clients need well co-ordinated and planned care which requires services working collaboratively and in an integrated manner. This raises issues of client confidentiality and

privacy which may hinder the therapeutic process by preventing specific services from engaging and consulting with one another due to these issues.

Our positive learnings as a multidisciplinary health service provider have included integration between services encompassing both proximity and philosophy. This has also ensured seamless referral and transition of clients through the various services they may require. It could be argued that stand alone services often remain focused on their core business and without the expertise and depth of relationship of other related services being available, aspects of clients needs will at times be overlooked. Comprehensive assessment and needs identification is a key focus of MCHS service provision.

MCHS espouses a 'no wrong door' approach to service entry. This approach ensures clients are treated with respect and dignity and is underpinned by a "no wrong door" approach that provides people with, or links them to, appropriate services regardless of where or how they enter the system. We have many cases where a client will enter MCHS through one of a number of services. Due to the range of expertise being available in- house, staff are more aware of engaging around issues of mental health, alcohol and other drugs, parenting, adolescence and trauma. This established "no wrong door" approach means clients are accepted into whatever point of entry they come, with the view that internally we can ensure they end up in the most appropriate program or programs.

MCHS recommends:

- Multiple stakeholders working together to deliver integrated solutions to social problems across sectors.

Question Ten

What practical changes might improve integration and co-ordination? What barriers to integration and co-ordination exist?

Health is a complete state of physical, mental and social wellbeing. Understanding people within the context of their total environment is an essential element of holistic health service provision, and as a key principle of community health underlies the work undertaken with individuals and families. Service integration and collaboration are key principles that need to guide the work of diverse and specific agencies working with clients who present with family violence. MCHS submits that a collaborative services approach needs to be embedded that includes integrated treatment planning, holistic assessments and responses; shared care planning across sectors and services to meet client goals. Services need to be supported to share information, expertise and client information in order to work collaboratively towards joint client goals. Strategic alliances are necessary for co-operation, communication and for the creation of working partnerships to deliver diverse and tailored services and programs to specific cohorts of clients.

A social model of health is a framework for thinking about health where improvements in health and wellbeing are achieved by addressing the social and environmental determinants of health - in tandem with biological and medical factors.

MCHS as a community health service provides a primary health care platform that ensures a flexible and holistic approach to health service delivery, grounded in a social model of health. Integration at all levels is enabled by our common program profile and overarching philosophy of practice.

MCHS submits that the provision of family violence services within a community health setting provides a number of key advantages including:

- provision of a one-stop-shop for clients to access a range of health and well-being services
- individual client care planning across services ensuring a holistic and consistent approach

- a de-stigmatised setting
- enhanced quality of program delivery through the contribution of organisational infrastructure and resources
- an extended set of cross-agency linkages that have added mandate and credibility
- strategic and collaborative partnerships across services and sectors.

Supporting the ongoing safety and wellbeing of people affected by family violence

Question Eleven

What are some of the most promising and successful ways of supporting the ongoing safety and wellbeing of people affected by violence? Are there gaps or deficiencies in our approach to supporting ongoing safety and wellbeing? How could measures to reduce the impact of family violence be improved?

Early identification of people who are affected by and experiencing violence is crucial. The Inner North West Primary Care Partnership is currently piloting a project to train health care professionals to identify and respond to family violence. This capacity building project will support staff from a broad range of disciplines across the catchment, including Merri Community Health Services, to feel confident to raise family violence with clients and link them into appropriate services and supports. *MCHS advocates for* training for all health and community service professionals across Victoria in identifying and responding to family violence.

Once a person has been identified as being at risk of or experiencing family violence, easily accessible, appropriate and adequate service responses are required. Women's Health in the North has recently reviewed their website to provide more readily available information on family violence support services to the community and workers across the region. MCHS advocates for resources to develop a statewide website that is regularly updated and maintained, to provide the community and workers with local information on support services.

When people are ready to access support there is often a lack of available services and long waiting lists. Further resources are needed in a range of areas including counselling, case management, refuges, housing, emergency relief, family support and legal services. Due to the high demand, the most at risk families and individuals are prioritized. This has meant a shift in services to the primary end of service delivery and a huge service gap in early intervention. If more resources were provided to work with individuals and families when issues are first identified, many of the long term entrenched issues could be prevented. For families experiencing high risk, models such as the Risk Assessment and Management Panels (RAMP) have proved successful and *MCHS advocates for* increased resources for similar programs.

The response from Police and the criminal justice system is crucial in successfully supporting people experiencing family violence. There has been considerable work done in this area, from the establishment of family violence units within Victoria Police through to the review of parole. MCHS advocates for continued work to ensure that all Police respond appropriately on every occasion to family violence reports. This will develop the trust of people to report family violence and seek support.

Culturally specific groups and services are also necessary to support people affected by family violence. MCHS recently ran a successful program for Arabic speaking women experiencing family violence. An Arabic speaking staff member facilitated the group with the Family Violence Counsellor, enabling the program to support the women within their cultural context. *MCHS advocates for* increased resources for culturally specific service responses to family violence.

Strategic alliances and partnerships across sectors would aid communication, collaboration and the sharing of relevant and emerging issues to support respective agencies and services to respond to people experiencing family violence who also have mental health or alcohol and other drug issues. Furthermore, this would allow for open and transparent conversation and debate across sectors as to appropriate service responses, inclusive of both advantages and pit-falls of any given course of action and work towards capacity building and consistency in responses.

Communication needs to be open, timely, respectful of client and staff confidentiality and this may differ according to environmental context. Working with conflict needs to be viewed as an opportunity for service improvement and the strengthening of collaboration. Consultation needs to facilitate understanding and agreement, whilst recognizing the need for different decision-making processes.

Partnerships need to be supported by consistent and complementary government policies and programs and services working in tandem with consistent goals and objectives. Partnership development cannot be achieved if services have inconsistent objectives. Such an example may be the mandate of child protection services whose primary legislative duty is the protection of a child and how this transcends with the maintenance of the family unit and the conflictual needs that this may present. In this instance, collaboration, joint problem solving and care planning need to be the directive to ensure both short and long term needs and goals are considered.

There needs to be recognition of the time and resources required to build effective and efficient partnerships, and that the current over-stretched community and welfare sector reluctantly do not at present have the capacity to invest in this.

MCHS recommends:

- consistency in government policies across sectors;
- support from funding bodies towards the development of strategic alliances and partnerships

Family violence and particular groups and communities

Question Seventeen

Are there specific cultural, social, economic, geographical or other factors in particular groups and communities in Victoria which tend to make family violence more likely to occur, or to exacerbate its effects? If so, what are they?

Gender inequity is a key determinant of family violence and it impacts on all Victorians. This inequity is prevalent on many levels: individual, family, community, organisational, institutional etc. There are many aspects of disadvantage that also exacerbate the effects of gender disadvantage including:

- family of origin
- socio-economic status
- cultural background
- religion or faith
- education.

While being from a particular cultural or socio-economic background does not determine whether a person will experience family violence, strongly held individual or community beliefs about gender inequity contributes to the incidence of family violence and requires service interventions within the cultural context. Additionally, there is very little evidence around culturally appropriate strategies for preventing and addressing family violence within different cultural groups. The evidence based strategies we know are deemed effective for the mainstream, are not transferable to different cultural settings, and there is very little research into the effects of cultural overlays.

Question Eighteen

What barriers prevent people in particular groups and communities in Victoria from engaging with or benefiting from family violence services? How can the family violence system be improved to reflect the diversity of people's experiences?

There are many barriers that prevent people from engaging with or benefiting from family violence services. These include:

- Accessibility and availability of services
- Trust in the response that will be received and the outcomes that will be achieved from seeking support or reporting family violence
- Cultural and language barriers
- Fear of retribution, both for themselves and their children
- Fear of being disowned by the broader family or community
- Feelings of shame and low self esteem
- Lack of financial resources
- Disability
- Mental health issues
- Drug and alcohol dependence
- Stigma, homophobia and transphobia experienced by the GLBITQ community.

The family violence system can be improved to reflect the diversity of the community by:

- Providing resources for programs and services that are specific to marginalized groups, including people from culturally and linguistically diverse backgrounds, Aboriginal and Torres Strait Islander people, people with disabilities, people with mental health issues and GLBTIQ people.
- Ensuring that services provide information in easily accessible formats, catering to a range of literacy and cognitive levels as well as a wide range of languages.
- Ensuring that services are adequately funded and free, particularly housing and legal services.

Question Nineteen

How can responses to family violence in these groups and communities be improved? What approaches have been shown to be most effective?

As stated above, the family violence system can be improved to reflect the diversity of the community by:

- Providing resources for programs and services that are specific to marginalized groups, including people from culturally and linguistically diverse backgrounds, Aboriginal and Torres Strait Islander people, people with disabilities, people with mental health issues.
- Ensuring that services provide information in easily accessible formats, catering to a range of literacy and cognitive levels as well as a wide range of languages.
- Ensuring that services are adequately funded and free, particularly housing and legal services.

As previously mentioned, MCHS successfully ran an Arabic Speaking Women's Family Violence Program, facilitated by an Arabic speaking counsellor and a family violence counsellor. The program was promoted in a culturally and linguistically appropriate way, engaging women who would not have attended a mainstream group. The outcomes for the women were remarkable, including one woman engaging in further education and training, another getting her driver's license and another joining a sewing group at the local neighborhood house. The women communicated that their experience in the group had developed their awareness of their rights in relationships and in their families, as well as increasing their knowledge of, and access to, community support options. In addition, the women communicated that the group had met their greatest need (over and above learning or skill development) which was for them to have a culturally safe space to interact socially,

and to just "be together and share experiences and stories". All of the women spoke about feeling stronger and more supported and having increased social connections. One woman said that "A good family makes 100 good families".

MCHS also produced a DVD resource for people with cognitive disabilities who have been the victims of violent crime, including family violence. The resource offers a range of accessibility features and encourages people to report violence and seek support. The DVD can be found at: http://mchs.org.au/services/services-for-adults/victims-assistance-counselling-program/

General questions

Question Twenty

Are there any other suggestions you would like to make to improve policies, programs and services which currently seek to carry out the goals set out above?

The complexity of the service system means that partnership with other organisations is crucial to achieving a comprehensive and seamless service response. Services and agencies must collaborate and partner together in order to maximise their resources and best utilise their skills and knowledge. This work needs to be grounded by consistent and complementary government policies and strategically embedded in state, regional and local health plans.

An integrated service approach can optimise access and referral pathways, and enhance service participation. The key to successful collaborations is local knowledge and local relationships and also has the potential for the identification and responsiveness of emerging issues. Currently, there is minimal expectation of collaborative practice, funding agency direction on this requirement would ensure compliance and also provide a mechanism for minimum standard practice and procedural guidelines.

Whilst there is widespread recognition of the benefits of collaborative practice responses both on a casework and systemic model, current workloads and time constraints at the present time prevent professionals in the sector from making this a priority in their everyday practice.

MCHS recommends:

- Consistent and complementary government policies strategically embedded in state, regional and local health plans.
- The resourcing of strategic partnership formations towards service sector improvements and service coordination models.

Question Twenty-one

The Royal Commission will be considering both short term and longer term responses to family violence. Tell us about the changes which you think could produce the greatest impact in the short and longer term.

MCHS acknowledges the intricacy in planning future service responses in this area however a few key indicators need to be taken into consideration inclusive of whether current resources allocated to family violence are sufficient and meet demand, and also whether current service responses are appropriate and effective.

MCHS submits that current resource allocation to this sector is insufficient and demand for services far exceeds capacity. Family violence is under reported and hidden and as such demand is difficult to quantify.

Another consideration is accurate data collection. Accurate data capture of client presentation allows for proper analysis and as such can inform future service response. Furthermore, over the last

few years there has been a move towards evidence based practice, it is important to also have a focus on practice based evidence and to utilise this knowledge to inform future service planning. Service planning needs to address both direct service responses for victims of family violence (response end) and long term population health campaigns addressing the underlying causal factors (early intervention and prevention).

MCHS suggests the following are considered to enhance the government's ability to plan for future family violence service responses:

- Review of current funding in the sector
- Ensure data capture is accurate and appropriate and informs further service developments
- Allocation of resources to both long term preventative strategies and immediate service responses
- Expertise and knowledge from the sector is solicited and fostered towards future service developments to address emerging issues.

This submission is submitted by:

Names:	
Organisation:	Merri Community Health Services Ltd.
Email	[redacted]
Contact Person:	
Address	[redacted]
Contact Number	
Fax	
Email	