

Domestic Violence Victoria

*Peak body for domestic violence
services for women & children*

STATE BUDGET SUBMISSION 2016/17

Introduction

The 2016-2017 Budget is critically important to the family violence sector in Victoria. The evidence, the political commitment at all levels of government and community awareness of family violence are well established. There is a strong community expectation now that family violence cannot be tolerated and governments must act. The Victorian Government's Budget must reflect and respond to all this. It will necessarily be informed by and responsive to the recommendations handed down by the Royal Commission into Family Violence in February 2016. DV Vic welcomes this opportunity to make a contribution to this budget process.

In making this submission to the state budget process, DV Vic addresses a number of the key areas and recommendations covered in [our four submissions to the Royal Commission](#) into Family Violence and sets out the budgetary imperatives for funding. Appended to this submission is a summary of DV Vic's central recommendations for integrated family violence system reform, including the need for reform of information-sharing. The key areas covered in this submission include:

1. The case for a specialist family violence service system
2. The case for a dedicated funding stream for Prevention of Violence Against Women
3. Building a stronger family violence system
 - i. Women's advocates – system integration, continuity of care and information sharing
 - ii. Children's specialist workers
 - iii. A 12 month extension to the Risk Assessment and Management Panels (RAMP) Development Officer position
 - iv. Women's Family Violence Advisory Group
 - v. Sector Development – a revised Code of Practice for Specialist Family Violence Services for Women and Children
 - vi. Revision of the Common Risk Assessment and Risk Management Framework (CRAF)

The family violence epidemic demands whole-of-community action, with family violence specialist services at the heart of a quality response. DV Vic recognises that a range of services across the health, housing and justice sectors must be engaged to address the scale of this problem so that risk is identified wherever women and children seek help, and appropriate responses provided. DV Vic strongly argues that the Royal Commission's recommendations in regards to the roles of allied sectors in responding to family violence are implemented and that their respective funding reflects the associated demand. This submission however focuses solely on the work of specialist family violence services.

About Domestic Violence Victoria (DV Vic)

As the peak body for family violence services in Victoria, DV Vic has a broad membership of over 60 state-wide and regional family violence agencies across Victoria, which provide a variety of responses to women and children who have experienced family violence, including every specialist family violence service in Victoria, community and women's health agencies, some Local Governments and other community service agencies. DV Vic holds a central position in the Victorian integrated family violence system and its governance structures.

Since our establishment in 2002, DV Vic has been a leader in driving innovative policy to strengthen sectoral and system responses to family violence as well as building workforce capacity and representing the family violence sector at all levels of government. DV Vic provides policy advice and advocacy to the Victorian Government about family violence prevention and response. DV Vic also plays a coordinating role in Victoria's work to prevent violence against women, particularly in our work engaging with the media in primary prevention efforts and the development of a framework for reporting on violence against women.

Critical elements for a stronger family violence system

DV Vic believes that two elements are critical for a sustainable, effective and responsive integrated family violence system:

1. Dedicated specialist family violence services with capacity to provide a sustainable and effective highly specialised crisis response, support and advocacy to meet the specific and complex needs of women, children and communities impacted by family and domestic violence.
2. Secure, sustainable and appropriate funding for frontline specialist family violence services through a national partnership between the Commonwealth and state/territory governments for the prevention of violence against women.

1. The case for a specialist family violence service system

This budget process occurs in a context of a series of proposed structural reforms that could impact significantly on women and children experiencing family violence. The Services Connect model of community services provision introduced and piloted by the former Government is to be replaced with the Integrated Community Care (ICC) model now promoted by the Department of Health and Human Services (DHHS).

DV Vic has a number of apprehensions with such an approach. Broadly, we are concerned that such reforms would downgrade, if not negate, the significant steps taken over the past decade to build an integrated family violence system. There has been scant evidence to the Royal Commission that such models would be effective in improving the safety of women and children at risk and the accountability of men who use violence. This view is supported by the Coroner's findings and recommendations from the inquest into Luke Batty's death that highlight the need for an improved and dedicated, specialist family violence system. DV Vic supports a greater focus on family violence within a broader ICC model of community service provision – so that family violence risk is identified and acted upon wherever it manifests - but it is critical that this is not at the expense of a dedicated, specialist system. The recent [independent review](#) of the 'recommissioned' mental health and drug treatment services provides a timely and cautionary example of the potential risks associated with reforms that transfer responsibility for highly specialised work away from those with necessary expertise.

Family violence is a unique social problem

Family violence is unlike any of the range of other complex issues and problems experienced by individuals and families, in part because it is a gendered issue that occurs in the context of intimate partner and other familial relationships. People experiencing family violence face highly specific safety risks and critically, these risks are external; that is, the danger – which can be fatal – is posed by another person, the perpetrator. The perpetrator uses an array of coercive tactics and behaviours of power and control that are highly manipulative, deeply entrenched and very effective.

While those experiencing family violence may also face a variety of compounding problems, such as alcohol and other drugs (AOD), mental health, social disadvantage, homelessness and child protection issues, it is most likely that the family violence is the central driver of these other concerns. For example, evidence demonstrates¹ that it is likely that a woman's mental health needs are directly linked to her experience of violence (e.g. depression and anxiety is very common in women experiencing family violence); her use of alcohol and other drugs may also be directly linked to her experience of family violence (very commonly as a form of 'self-medicating'); her

¹ Vic Health (2004) *The Health Costs of Violence: Measuring the burden of disease caused by intimate partner violence*

need for housing and homelessness support is likewise very likely to be as a result of the family violence. Unlike other social issues, women and children experiencing family violence are often at serious risk of harm; case management approaches therefore also require integration beyond human service providers, to integration with justice agencies. Family violence is the primary cause organising and affecting a woman and her children's needs and as such it can't be 'navigated' on the same level as these other needs (as proposed in the ICC service model).

Working with a woman to understand and respond to these behaviours is a complex and sensitive process. Until the family violence, which is the core issue at the heart of the family's problems, is addressed, it is unlikely that the other presenting problems can be resolved in any lasting way. A system response that attempts to treat the symptoms (alcohol and other drug use, depression and anxiety, homelessness, child protection) but not the cause will result in failure, and repetitive cycling through the service system. This is not only harmful to the service users, it is costly and an inefficient use of resources.

Risk is the central organising principle in responding to family violence clients – who 'holds the risk'

The specific safety risks and the complex interpersonal dynamics posed by family violence mean that it cannot be viewed as one of a range of other complex problems. To do so places women and children at further risk. The underlying family violence must first be recognized and addressed through specialised case management. Dedicated family violence services provide a highly specialised response to those seeking help.

Workers in these frontline services are trained specifically to work with women who experience family violence using a practice model that is informed by sophisticated knowledge and gendered analysis of the dynamics, impacts and long term consequences of family violence including trauma. Frontline workers undertake comprehensive risk assessment and safety planning with the woman. This is a highly skilled and critical process – assessing risk experienced by a woman can be a matter of life and death, particularly at the point of separation. Women are then provided specialist case management through the process as required. Each case will require a specific response depending on the level of risk posed by the perpetrator, the changing nature of risk over time, various support needs and the complexity of the situation.

Specialist family violence service provision involves more than coming in and out of a woman's and family's life to provide some risk assessment here, brokerage of services there, or crisis support in terms of particular incidents or episodes of family violence (as the ICC model assumes). The woman's, and her family's, needs are cumulative, and changing, requiring a specialist response as the 'spine' of the case management and advocacy mix. The experience of family violence cannot be disaggregated from other 'social problems'. Due to the fluid and protracted nature of risk, clients need a comprehensive, risk-informed, response. This approach can only be provided by a dedicated specialist family violence service system due to the expertise required. As outlined above, DV Vic strongly cautions against a generalist system 'navigator' who helps clients to construct a flexible case plan based on a bundle of mobilised and purchased services. For women and children experiencing family violence it is critical that the system 'navigator' is anchored in family violence expertise.

2. The case for a dedicated funding stream for specialist for family violence services

The family violence 'system' has evolved in a broadly ad hoc and fragmented way; the result of responding to crisis points and system gaps as they arose. Specialist women and children's family violence services have worked with key agencies across the sector to adapt, improve and innovate over a period of fifty years since the first government policy response to fund women's refuges in the 1970s. Further, legislative and policy reforms in Victoria from 2002-2010 have resulted in escalating and unprecedented demand on the system without commensurate investment in the service system to meet growing need.

This legacy of fragmentation continues to be reflected in a number of ways. Family violence services, and indeed the system broadly, are funded as though family violence is an individual, incidental and temporary problem — a marginal and private issue — rather than the complex, long-term and widespread social problem that it is. Funding for family violence services comes primarily through state government homelessness programs (the Specialist Homelessness Services System) and through a range of other community services budgets for competitive, project-based funding. This means that family violence funding is insecure, short-term, cyclical and subject to the vagaries of changing governments and policy agendas. This year, for example, family violence services were at risk when the Commonwealth Government threatened significant funding cuts to the National Partnership Agreement on Homelessness (NPAH). Community legal services providing vital services to those experiencing family violence are continually fighting against funding cuts.

Just one example of the gulf between resourcing and demand is the woefully inadequate funding for family violence services that respond to L17 referrals as part of Victoria Police’s practice for family violence. Victoria Police report close to 70,000 family violence incidents this year and yet DV Vic understands that specialist services are funded for only 6,000 outreach targets in the same period. In fact, some services receive and respond to 800 or more referrals per month. Currently DHHS funds agencies to meet set targets for L17s that drastically under-estimate and do not reflect the nature and extent of family violence. In addition, the costs of administration and service provision for each referral are borne by already under-funded agencies. This diminishes service capacity to meet the immediate and longer-term needs of women and children experiencing family violence.

Family violence services are in constant competition over scarce resources as the demand increases exponentially. Inevitably, the combination of growing demand and inadequate funding arrangements impacts on capacity and the quality of service delivery:

- Current funding arrangements ignore the scale of the problem, where already this year, 79 women in Australia have been murdered by men.
- Uncertain, inadequate and short-term funding promotes fragmented, localised service responses rather than a consistent, comprehensive and best practice response that supports statewide system integration.
- Under-funding results in services rationalising limited resources. This creates a perverse incentive in which women are unable to access specialist services until their need is assessed as sufficiently pressing. This process is not only dangerous it is more cost intensive than earlier interventions.
- Funding through budget programs that are not family violence-specific results in funding agreements on selected outputs – and therefore, importantly, collected data – does not match the full complement of work family violence specialist services actually do. Funding and service agreements based on homelessness measure outcomes against preventing women and children from becoming homeless but do not address the range of other resource-intensive service supports women and children experiencing family violence need. Failure to adequately capture this need through the data results in the continuation of inadequate funding and system overload.
- Additionally, because the SHIP database is a homelessness platform and therefore does not capture full and relevant data for family violence, particularly the information relevant to risk, data collected by agencies in this format wildly underrepresents the work that they are doing, and the opportunity to build a body of evidence about demand on the ‘system’ is missed. This makes it impossible to assess the effectiveness of the system in general. In particular, although the SHIP system counts the number of children housed, it does not count children as clients, which means that services are not funded for

the therapeutic and other needs of children. Furthermore, forcing FV into a homelessness framework skews the data on homelessness.

- Funding uncertainty means that services divert limited time and staff resources to chasing funding through one-off tenders and philanthropy.
- Programs are often short-term and project-based with insufficient capacity for proper evaluation or to continue successful programs.
- Limits workforce development, recruitment and retention. This funding environment means that the family violence workforce is insecure and the sector generally, is poorly remunerated considering workers' skills, experience and their essential role in the community.
- The necessary prioritisation of resources into crisis response means that family violence services are unable to undertake community engagement and education work, which provides essential opportunities in terms of primary prevention and early intervention and contributes to workers' wellbeing.
- Limits innovation. The next era of family violence reform must focus on a systemic approach to perpetrator engagement and accountability and integration with child and family services. The experience of specialist family violence services can also be utilized to build the capacity of allied sectors, which cannot be realised through training alone. Investment in the specialist system is critical to building the capacity in a broader range of agencies and sectors to identify and respond to family violence.

Recommendation:

That dedicated funding for the prevention of and response to violence against women is established in both state/territory and Commonwealth Budgets, with goals and targets identified through a national partnership. This dedicated funding stream will:

- provide secure, transparent and accountable funding across the family violence response and prevention sector through an identified budget line
- include line items for frontline response services, including crisis and outreach response, case management and advocacy, and telephone counselling and information lines; responses to perpetrators including men's behaviour change and referral services and primary prevention work as well as formal mechanisms for women's participation (Women's Advisory Groups); and
- ensure, through legislation, sustainability of funding (for example a National Partnership Agreement).

3. Building a stronger family violence system

3.1 Women's Advocates – specialist family violence workers

As outlined above, working with women and children experiencing family violence is a complex, dynamic and sensitive process that requires specialised skills and expertise. The characteristics of women and children living with family violence are unique: they have been living in a situation of fear and anxiety as a result of physical, sexual or psychological abuse by the person they love and who usually purports to love them. They often have been made to feel that they are to blame for the abuse and consequently have little self-confidence. They may feel ashamed and guilty about their situation, and they are commonly very isolated having been cut off from family and friends by the perpetrator. Women from all walks of life, levels of education and employment are equally at risk of experiencing family violence, although women with a disability, Aboriginal and Torres Strait

Islander women, refugee and immigrant women, and women living in regional and remote areas face additional and different risks.

In addition, the Victorian integrated family violence system in its current form is very complex. For these reasons, DV Vic believes in a specialist family violence response service model with women's advocates/case managers at the centre. In this model specialist family violence professionals work with the client woman providing intensive case-management and advocacy, and supporting her to negotiate the family violence system, and engage services as required. The woman is also supported where the family violence system intersects with multiple other complex systems which may include child protection, justice, police, courts, immigration and income support, as well as the health, mental health, AOD, education, employment and housing. Women's advocates hold with integrity the risk profile of the client across the service system so that the woman is not required to repeat her story at each intervention and importantly, the level of risk she is exposed to is not lost, misunderstood or downgraded through lack of expertise.

Assertive advocacy is an intrinsic part of case-management in managing risk for the woman throughout the process and driving integration of the family violence system. Importantly, advocates can facilitate continuous quality improvement of the systems. Through their work with individual women, advocates are uniquely well placed to identify gaps, barriers and poor practice at the systems-level. Specialist family violence case workers are the only professionals within the integrated family violence system whose focus is solely on women and children and their experience of violence. They have a bird's-eye view of the service system as they accompany women through it. Along with the women encountering the service system, specialist family violence workers have arguably the most information about the system response at each point of service provision or response.

The most well-known examples of women's advocacy services in an integrated family violence system is the Duluth Abuse Intervention Program in the USA. This program has been hugely influential over decades and replicated in sites around the world including the Independent Domestic Violence Advisor (IDVA) in the United Kingdom, although in this model, the advocates are located in the justice system. Notably, Coroner Gray recommends the adoption of the advocate model in his inquest reports into Luke Batty's and other family violence deaths. Currently, the Victorian system does not allow for women's advocates to work at this level and this is a missed opportunity to embed this function into the core of the family violence system.

DV Vic believes that strengthening the advocacy role of family violence specialists, with appropriate resourcing and training to up-skill workers as required, will ensure better risk management and a more integrated and efficient family violence system. A mechanism within the system to enable formal feedback loops at agreed junctures would generate a self-correcting process, leading to better responses more quickly across the system and improved outcomes for women and children.

DV Vic has endeavoured to quantify the additional human resources required for an optimal family violence specialist response system, but there are a number of barriers to this process. For example, the lack of transparency around amounts and rationales, as well the necessarily flexible use of funds in creating essential positions. Analysis of data collected from a range of services indicates that:

- There is no consistent approach to how family violence specialist services are funded
- Local context is not taken into consideration when allocating funding, for example, costs associated with travelling large distances to provide services in regional and rural areas
- Many services are forced to rationalize resources and often employ a high proportion of casual and part-time workers, which limits the capacity of workers to walk alongside a woman throughout her journey and safely 'hold' her risk
- Many services do not have adequate funding to provide 'after-hours' response even though most family violence takes place outside of office hours

- Services may rely upon volunteers to undertake essential work
- Many services are compelled to seek funding from external sources to support core positions that are otherwise unfunded.

DV Vic anticipates that the Royal Commission will produce a detailed analysis of current and optimum funding for specialist family violence services that will consider demand, local context and best practice caseloads, as well as the Equal Remuneration Order salary increase and professional development requirements. This important work will provide the foundation for a properly funded family violence system.

Recommendation: DV Vic recommends that the Royal Commission’s analysis is adopted as the basis for funding the urgently needed additional workers in the specialist family violence sector and the necessary training to up-skill family violence case workers to fulfill the role of women’s advocates. In the event that the Royal Commission does not produce this analysis, DV Vic urges the Victorian Government to undertake this critical modelling work.

DV Vic estimates that adequately funding women’s advocates positions across the sector will require an ongoing investment of between \$15 – \$20 million per annum.

3.2 Specialist children’s workers

The specialist support needs of children and young people affected by family violence have been well recognised in submissions and expert testimony to the Royal Commission into Family Violence and the recent [Children’s Rights 2015 report](#) by the National Children’s Commissioner. In general, the system’s response to children as victims in their own right remains limited, inconsistent or in some cases non-existent. Specialist family violence services also recognise the need to provide specialised support for children and young people, but the history of endemic under-funding has meant that this service gap has never been able to be addressed in a coherent and systematic way.

The majority of family violence services are not funded for individual case management, counselling and advocacy for children and young people. Services attempt to address this gap in a variety of ways, including stretching limited resources to create dedicated (though usually part-time) positions, developing projects funded through one-off government and philanthropic grants, and through collaborative partnerships with local government and other organisations. Services report that projects and staff dedicated to working with children are commonly short-term, part-time and at high risk of discontinuation when budgets are stretched by demand.

There is consensus about the limitations of the services they are currently providing for children. Further, because of the ad hoc and localised response to service provision, approaches to working with children experiencing family violence are inconsistent and patchy across the state, with little opportunity to build upon evidence-based best practice. Services want to provide support for children and young people that is consistent, longer-term, specialised for their needs and can be accessed at different stages of the child’s development.

Our consultations with member agencies identified the urgent need for the involvement of child specialists in family violence services to provide therapeutic care, to address the children’s own needs, and to act as advocates to represent the best interests of children and young people across the system. Tailored interventions and long term support for children and mother-child interventions are critically needed. When a family violence service, as the first response, lacks the capacity to provide therapeutic care and support for the children and young people, the effects of their trauma are compounded with every future service that fails to identify and respond appropriately to the impacts of family violence — and they are put at risk of future victimisation or perpetration.

Collaborative work between family violence workers and child specialists would enable the most effective response to both women and children in the crisis phase, when there is an opportunity to address the individual needs and strengthen the relationship between mother and child. Embedding children's specialists in family violence services, including outreach, is one option to build capacity in the specialist family violence workforce through the transfer of knowledge and practice skills and as a resource to colleagues. This will also make the impact of family violence on children and their support needs visible and immediate.

Recommendation: That funding is provided for specialist workers based in family violence services to provide counselling and support for children and young people affected by family violence at a formula of one full time equivalent position per family violence organisation per annum (recurrent).

3.3 Extended RAMP Development Officer position

The establishment of seventeen Risk Assessment and Risk Management Panels (RAMPs) in 2016 is an initiative of the Victorian Government Department of Health and Human Services. Support for the establishment and operation of RAMPS is provided by a consortium of three organisations; DV Vic, the Domestic Violence Resource Centre Victoria (DVRCV) and No To Violence. A two-part training package (Part 1: Understanding Serious and Imminent Risk in Family Violence Cases, and Part 2 'Effective RAMP Implementation') has been developed by DVRCV and No To Violence.

DV Vic's RAMP Development Officer plays a central role in practice development for the RAMPs in providing support and advice with their establishment and operation. This position also works closely with the Victorian Government to ensure implementation of quality multi-agency, high risk family violence programs across Victoria. To date efforts have focused on the pre-operational phase as each of the RAMPs undertakes necessary preparatory work and the broader operational environment is established. With the RAMPs likely to be ready to start hearing cases in the first half of 2016, it is imperative that the RAMP Development Officer position continues to support the establishment of the RAMPs in their first year of operation.

Currently the initial funding for the RAMP Development Officer expires in June 2016. Given the critical importance of the RAMPs in ensuring the safety of women and children in high risk family violence situations, DV Vic proposes that the role is extended for a further twelve months, to enable the program to continue throughout the 2016-2017 financial year.

As the commencement of the RAMPs was delayed through 2015, it is critical that once up and running in 2016 their operations are supported through this role. We anticipate that the first year will be a time of critical need for practice development support as practice is established and complexities and trends in RAMP operations are identified and resolved. This statewide coordination role will be essential to ensuring consistency and quality across the sites.

NB – DV Vic has made a separate submission to DHHS for funding to this role. Please [contact us](#) for a copy of this more detailed proposal.

Recommendation: That DV Vic is funded to continue supporting the establishment of the RAMPS across Victoria over the 2016/2017 year.

Cost: \$129,996.00

3.4 Victorian Women's Family Violence Advisory Group (WVAVAG)

The participation of a select few lay witnesses at the recent Royal Commission into Family Violence public hearings confirmed what has been long known – women are the experts in their own experience and can

provide highly illuminating analysis of the strengths and weaknesses across the family violence system. It is well-established in the health and community sectors, particularly in mental health and disability services, that not only does participation by clients lead to more appropriate, responsive and higher quality services, but the act of participating in decision-making itself improves outcomes for clients.

DV Vic believes that the establishment of a formal women's family violence advisory group (WVAVAG) will provide an ongoing forum for Victorian women who have experienced family violence to make a meaningful and sustainable contribution to policy development, system reform and service delivery. The WVAVAG will provide an ethical process for:

- improved service delivery through continuous evaluation and quality assurance from a user perspective
- better integration of the family violence system
- a more participatory and client-focused family violence system
- monitoring the impacts of reform processes
- the development of skills and capacity of women who have experienced family violence which will assist them to build their lives free from violence.

Research from the UK found that in the absence of client advisory mechanisms or survivor participation projects, agencies and policy-makers rarely felt themselves to be accountable to, or engaged meaningfully in consultation with, women who have interacted with the family violence system. At present there is no platform in Victoria for routine ongoing feedback from women who have experienced family violence and utilised, or attempted to utilise, the family violence system. The development of a formal women's advisory group holds the potential to address this gap, build greater accountability within the family violence system, and develop a culture of meaningful and ethical participatory practice.

The establishment of a WVAVAG would build upon the significant improvements in Victoria's response to family violence made over the last ten years. A formal women's advisory group would identify and address gaps in service delivery and provide advice to key stakeholders in the family violence system, including from Victoria Police, the courts, legal services, child protection, and other relevant agencies. Specialist and non-specialist family violence services could draw from information gathered through the WVAVAG to improve their practice, particularly in relation to integrated service responses. Resourcing DV Vic for this work would facilitate these objectives and also support DV Vic's role as a peak body to model and support best practice amongst our members.

Initial training will be provided including governance processes, advocacy and leadership, background information on the family violence system, facts and statistics on family violence and the policy process. Additional training and support will be provided as required to ensure that all members are appropriately resourced to fulfil their role on the Advisory Group.

As the peak body for family violence services for women and children in Victoria – neither government nor service provider – DV Vic is uniquely well-placed to facilitate the advisory group. That is, women are more likely to speak freely about their experiences of the family violence system without fear of offence. DV Vic will provide the secretariat support for the WVAVAG, including providing venue and organisation of meetings, facilitating training programs; working with members individually to assist in skill development; and any other relevant areas support is required and ensuring counselling and support is available for members if required. DV Vic will also conduct the recruitment and induction of new members for the WVAVAG as the membership is renewed.

Recommendation: That DV Vic is funded on an ongoing basis to provide secretariat and operational support for a WFVAG, including recruitment, training and development and meeting fees and employ one part time (0.4EFT) position to co-ordinate the group.

COST: \$100,250 per annum

3.5 Revised Code of Practice for Specialist Family Violence Services for Women and Children

As the peak body for family violence services, DV Vic has a central role in supporting and providing leadership in practice development and critical best practice in service delivery to women and children experiencing family violence. Processes of reflection and self-assessment in accreditation and continuous quality improvement need to be embedded into family violence organisations. This provides structure and opportunities for organisations to integrate thinking and planning about workforce development needs and goals into their strategic and work plans. As we build on the early work of developing the integrated family violence system post the Royal Commission, this role for the peak will be critical, both in terms of the support it provides to individual agencies, and in the benefits of a sector that unites around quality issues. DV Vic can facilitate a collective approach to workforce planning and development, and our submission to the Royal Commission (*Specialist Family Violence Services: The Heart of an Effective System*) makes recommendations about developing a workforce development strategy. One key way DV Vic can support workforce development is through revision of the Code of Practice for Specialist Family Violence Services for Women and Children and ongoing support for its implementation.

In its broadest sense the Code of Practice (Code) provides the standards by which family violence services should adhere when providing a response to women and also provides external stakeholders with information on what women should expect when accessing family violence services. Interlinked and complementary Codes across all family violence sector agencies would create a system-wide framework of accountability for system integration.

The DV Vic Code of Practice for Specialist Family Violence Services for Women and Children aims to enhance the safety of women and children in Victoria by:

- Providing a model of best practice for services in Victoria which provide a specialist response to women and children experiencing family violence
- Providing a foundation for ongoing reflection about how practice is undertaken and outline an optimum approach to practice
- Ensuring consistent, transparent and accountable practice across services providing specialist family violence support to women and children experiencing family violence
- Providing guidance for effective integration and collaboration with other community service providers and agencies engaged in providing responses to women and their children experiencing family violence.

The Code is currently referred to in a number of departmental policies and frameworks including funding and service agreements for DHHS funded family violence services, the Family Violence Common Risk Assessment and Risk Management Framework (CRAF), Practice Guidelines: Women's and Children's Family Violence Counselling and Support Programs, and the draft RAMP Guidelines. As the first document of its kind in Australia it has been used as a model Code by other jurisdictions in Australia and internationally, including in South Korea (translated into Korean).

However, since 2006 there have been major changes in policy and legislation in Victoria and many new programs and practice-approaches have developed. For example, it predates the Family Violence Protection Act

2008, the Family Violence Risk Assessment and Risk Management Framework, the National Plan to Reduce Violence against Women and their Children and many other key policy and legal documents relevant to family violence service delivery. Revision and update of the Code is now urgently required.

A revision of the Code would also enable additional areas of practice to be included, such as cultural competency; disability accessibility; early intervention; post-crisis support; and reference to new and emerging programmatic responses, such as supporting women and children to remain safely in their own homes. DV Vic has not had the resources to fund an update, and while we have made a number of submissions to the Victorian Government from 2009 onwards seeking funding to enable the revision and re-publication of the Code, we have been unsuccessful to date. Without imminent revision the Code risks obsolescence.

Recommendation: That DV Vic is commissioned to update the Code of Practice for Specialist Family Violence Services for Women and Children in line with contemporary best practice, system reforms, and current policy and legislation.

COST: \$141,395

Recommendation: That a Workforce Development Strategy is developed for the Victorian Family Violence sector.

3.6 Revision of the CRAF – Risk Assessment and Risk Management Framework

The Family Violence Risk Assessment and Risk Management Framework (CRAF) was developed to be the key tool for assessing and responding to family violence risk in Victoria. Its purpose was to provide a foundation and guide for consistent approaches to family violence risk assessment and risk management, as well as to support the development of an integrated family violence system in Victoria through content, implementation and training program.

Since its implementation, the CRAF has played an important role in developing the necessary shared understandings and responses across the system. However, as noted in the Domestic Violence Resource Centre’s submission to the Royal Commission, and supported by DV Vic’s consultation with members, there are inconsistencies in the way that services use CRAF, with many services and agencies reporting that they use a substantially altered CRAF to address gaps and emerging issues. DV Vic believes the CRAF remains an important element of a strong and integrated family violence system, however, it needs to be responsive to changing needs and emerging issues within the sector.

To that end, DV Vic supports DVRCV’s recommendations that CRAF should be regularly reviewed to maintain currency and its use mandated for all core services in the family violence service system. We also note Judge Gray’s recommendations from the Luke Batty inquest this year that call for empirical validation of the CRAF and for its consistent implementation across the integrated family violence system.

Recommendation: That the Victorian Government undertakes a comprehensive review of the Family Violence Risk Assessment and Risk Management Framework (CRAF) to include: mapping current use; addressing content gaps and providing additional guidance; establishment of an effective authorising environment to support consistent implementation.

Recommendation: That the Family Violence Risk Assessment and Risk Management Framework is reviewed regularly to ensure currency and its use mandated for all core services in the family violence service system.