Domestic Violence Victoria

Peak body for domestic violence services for women & children

Specialist Family Violence Services: The Heart of an Effective System

Domestic Violence Victoria Submission to the Victorian Royal Commission into Family Violence

19 June 2015

Acknowledgements

DV Vic would like to acknowledge the many women in Victoria who have experienced family violence, and whose courage and determination should be honoured. Enhancing the rights of these women and their children is at the heart of DV Vic's advocacy for an effective family violence system. DV Vic would also like to acknowledge the work of specialist family violence practitioners, and our members in particular. DV Vic members have been extremely generous in sharing their vast experience and thoughtful insights, all of which have informed our submissions and recommendations.

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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 with the media, through the former EVA media awards and the development of a framework for reporting on violence against women.

DV Vic represents the Victorian family violence sector on the current Ministerial Advisory Group on Family Violence and the Statewide Violence against Women and Children Forum; and has sat on numerous other advisory mechanisms with oversight of responses to family violence, violence against women, homelessness and community services of the state and federal governments over the past ten years.

List of Recommendations

Recommendation 1

That the skills, knowledge and practice framework of family violence specialists should inform every aspect of the family violence system for it to be fully effective in increasing safety and wellbeing and reducing harm to women and children. This is critical to service delivery and agency responses across the sector, informing policy, service delivery, multi-agency collaboration and governance arrangements.

Recommendation 2

That the family violence system is funded through a designated, guaranteed, recurrent Commonwealth Prevention of Violence against Women budget stream. The funding must reflect the level of demand across the system from crisis responses, early intervention, post-crisis recovery and primary prevention. Funding for family violence should protected in legislation from changing governments and policy agendas at commonwealth and state levels.

Recommendation 3

That the Royal Commission commissions modelling to determine a recurrent budget for family violence services that appropriately reflects demands and outputs of service delivery, and additional funding associated with building and retaining the family violence workforce.

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That to be effective in tackling family violence, the work of both primary prevention and responses are critically and equally important and this must be reinforced with each having distinct and separate policy platforms.

Recommendation 5

That the specialised skills, knowledge and expertise that informs best practice in family violence service delivery is recognised as essential to driving an effective family violence system, and this specialist knowledge and practice framework should central to all components of the system.

Recommendation 6

That the family violence system is resourced to provide specialised age appropriate and culturally specific support services to meet the needs of women from diverse groups across the community. This should be both through dedicated services and through specifically trained, culturally sensitive, specialist workers in family violence services.

Recommendation 7

That post-crisis and recovery responses to mitigate the longer term impacts of family violence on women and children are integrated into the family violence system with appropriate resourcing.

Recommendation 8

That measures required to evaluate the effectiveness of the family violence system are developed in consultation with the sector to ensure they are appropriately targeted with matching data systems capability. This will require funding to address the current lack of data and incompatibility of data collection systems.

Recommendation 9

That a comprehensive review of the Victorian family violence crisis accommodation system is urgently undertaken to ensure that it is resourced for infrastructure and staffing to provide a range of accommodation options appropriate to the needs of the diverse client base, and in line with contemporary expectations.

Recommendation 10

Supporting women and children to remain safely in their own home has many obvious advantages. To maximise these benefits, a standards and quality assurance framework should be developed to establish consistent standards for the design and implementation of Safe at Home programs across the state taking into account the different models required in metropolitan and regional settings.

Recommendation 11

That a statewide strategic framework is developed to support early intervention efforts across the family violence system that includes piloting test projects across the state in a range of different sites, with Regional Integration Committees resourced to provide oversight for project implementation.

Recommendation 12

That an implementation strategy for early intervention includes building capacity in early intervention approaches including gender literacy and the social model of health across the sector, including within relevant government departments.

Recommendation 13

That the Common Risk Assessment and Risk Management Framework (CRAF) is revised to explicitly strengthen early intervention capacity to ensure a co-ordinated and consistent response across multiple agencies.

Recommendation 14

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 15

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.

Recommendation 16

That a statewide model for family violence system integration should incorporate best practice models of multi-agency co-location, embedded family violence workers and family violence specialist women's advocates.

Recommendation 17

That an urgent review of all legislation pertinent to the family violence sector is undertaken to ensure that information sharing between agencies and Courts is legal, consistent and timely, and that amendments are made to relevant legislation accordingly.

Recommendation 18

That the important role of peak bodies for the family violence sector, including Domestic Violence Victoria (DV Vic), to drive best practice and policy innovation, is recognised by committed, recurrent funding.

Recommendation 19

That a comprehensive quality assurance framework is developed to establish minimum standards and accreditation processes for family violence services across the state. The quality framework should cover service delivery, organisational process and workforce standards.

Recommendation 20

That the establishment of an independent statutory authorising body responsible for oversight of the family violence system, with a function for regulation, including service accreditation.

Recommendation 21

That DV Victoria 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.

Recommendation 22

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

Recommendation 23

That units on understanding violence against women and family violence are mandatory the core curriculum undergraduate courses, including social work, psychology, education, nursing, medicine and other relevant degrees for social work, psychology, education, nursing and other relevant degrees.

Recommendation 24

That funding is reinstated for DV Vic to play an ongoing role in sector development, including developing and implementing a revised Code of Practice for Specialist Family Violence services.

Introduction

DV Vic welcomes the opportunity created by the Royal Commission into Family Violence to interrogate and strengthen the family violence system in Victoria. We believe that a stronger, more effective system will improve the safety and well-being of women and children experiencing family violence and reduce the incidence of serious harm through more effective and earlier interventions. It would also address the social and structural causes of violence against women through community prevention and policy and legislative reforms for gender inequality.

There is little doubt that a comprehensive review of the Victorian family violence sector is urgently required. Notwithstanding the well-acknowledged and serious limitations on accurate family violence data, the available statistics paint a dire picture of the prevalence of family violence in Victoria. There were 68,134 police incident reports in 2014, an increase of 82.2 per cent since 2010.[1] Over 25,104 women and children sought help from homelessness services in 2013-14 as a result of family violence.[2] Contacts to family violence services report dramatic increases, community legal services are unable to meet the increasing demand for family violence-related matters, and the national referral and counselling service is unable to meet demand, reporting over 18,000 calls going unanswered this year. And this is a very partial reflection of the true extent of family violence. It does not capture self-referrals to family violence services, women who do not require homelessness services nor the numbers of women who haven't been in contact with any services about family violence.

Unsurprisingly, the family violence system – specialist family violence services, legal services, the police, the courts, corrections, child protection – is struggling to cope under the weight of this unprecedented and growing demand. As community awareness about family violence increases, so do the pressures on the system to provide safety and future security for those experiencing it. There is reasonable community expectation that the family violence system is able to provide timely and effective responses but the evidence is overwhelming to show that it currently cannot.

DV Vic does not believe that this is evidence of a system that is 'broken', rather it reflects a system that has evolved and adapted over decades in response to the growing and changing needs of women and children experiencing family violence, in the absence of a coherent and consistent policy platform and appropriate funding. Despite this, the family violence sector has achieved some significant reforms and built capacity in skills and practice to meet the increasing demand for services which should not be disregarded by the Commission.

That said, DV Vic is acutely aware of gaps, barriers and concerns about the ways the family violence system responds to the safety and long-term well-being of women and children. In particular we recognise that there is a gaping hole in relation to perpetrator accountability across the system. However, we argue that the important and innovative sectoral reforms developed through the comprehensive and collaborative processes from 2002-2010 under the previous Labor government are not disregarded. These reforms were not fully implemented, being sidelined a by the incoming Coalition government. In our view, it is critical that these reforms are used as the basis to build future reforms of the system. That reform process involved a collaborative critical examination of the system and generated a variety of strategies to address identified gaps and barriers. DV Vic believes that these strategies remain highly pertinent to the work of the Royal Commission.

[1] 'Family incidents' Crime Statistics Agency, http://www.crimestatistics.vic.gov.au/home/crime+statistics/year+ending+31+december+2014/family+incidents

[2] AIHW, 2014 Specialist Homelessness Services:2013-14, Victorian Supplementary Tables, Cat. No: HOU 276. AIHW, Canberra

This submission focuses exclusively on the nature and role of family violence specialist services within the system. It makes the case that to be fully effective, the skills, knowledge and practice framework of family violence specialists should inform every aspect of the family violence system. This is critical to service delivery and agency responses across the sector. It should be built on evidence-based best practice and consistency through a quality standards framework across service delivery, governance arrangements and policy.

This submission is one of four submissions which focus on the key areas identified by DV Vic members. These include 1) *Considerations for Governance of Family Violence in Victoria; 2) The interface between Family Violence services and Police; 3) Working with Children.* Our submissions are informed by consultation with DV Vic member organisations, including specific topic-based focus groups and a series of roundtable meetings.

While we limit our recommendations to these specific areas, DV Vic refers the Commission to submissions by other members of the No More Deaths Alliance, which address other critical components of the family violence system including: the legal system (Women's Legal Service Victoria and the Federation of Community Legal Centres), perpetrator accountability (No To Violence) and the specific issues facing women from culturally and linguistically diverse communities (InTouch Multicultural Centre Against Family Violence), women from Aboriginal and Torres Strait Islander communities (Aboriginal Family Violence Prevention and Legal Service) and women with disabilities (Women with Disabilities Victoria). We also refer the Commission to *Principles Framework for Family Violence System Reforms*, a joint statement of the No More Deaths Alliance (Attachment A).

Part 1: Preventing Violence against Women Funding Model and Primary Prevention – Essential elements for a better family violence system

Two key elements underpin DV Vic's contribution to the Royal Commission:

1. the fundamental importance of addressing the societal causes of violence against women through primary prevention; and
2. the urgent need for funding reform to ensure effectiveness, accountability and transparency in family violence services.

1.1 Prevention of violence against women

Building a stronger and more responsive family violence service system is the focus of DV Vic's four submissions, however, it is important to state that until the underlying causes of violence against women are addressed the response system will continue to be overwhelmed by demand. The critical work of primary prevention includes community-based programs which challenge violence-supporting attitudes, values and norms that devalue women, as well as governments leading by changing policies and laws that entrench gender inequality across society. Evidence shows social structures that reinforce the unequal distribution of power and resources between men and women are drivers for violence against women and an effective response to family violence must therefore be underpinned by this understanding and a commitment to social change.[3]

For family violence to be addressed effectively, it must be tackled at its primary causes and in responses to the women and children who are experiencing it. Both prevention and response work must be recognised as equally important in addressing the national epidemic of family violence. Victoria's highly commended plan to prevent violence against women *The Right to Respect* in 2009 set out a policy platform to 2020 for primary prevention work. This plan was disregarded and replaced by the incoming Coalition government, but it staked important claims. It established the need for distinct and separate policy platforms for primary prevention and responses to family violence. DV Vic believes it is critical to maintain this distinction in order to ensure that investment in each part of the system is prioritised in its own right and to avoid competition between frontline services and primary prevention initiatives. We reiterate the point that prevention and responses are of equal importance in the battle to end violence against women, and both aspects of this work should be appropriately and securely funded.

1.2 Funding reform 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 in order to meet the growing demand and understanding of the problem 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 has resulted in unprecedented demand on the system without commensurate investment in the service system to meet the escalating demand.

[3] Wall, L. 2014 Gender equality and violence against women: What's the connection? ACSSA, Melbourne http://www.aifs.gov.au/acssa/pubs/researchsummary/ressum7/ressum7.pdf

This legacy of fragmentation continues to be reflected in a number of critical 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 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. Community legal services providing vital services to those experiencing in family violence are continually (and presently) fighting against funding cuts.

The family violence system is chronically under-resourced and unable to meet growing demand. Just one example of this is the woefully inadequate funding for family violence services that receive police L17 referrals as part of Victoria Police's family violence incident report. Currently DHHS funds agencies to meet set targets for L17s that are unrealistic and do not reflect the nature and extent of family violence. On average, agencies are funded for around 70 L17 referrals per year. Services report that they are receiving approximately 160 referrals per month. Clearly the costs of administration and service provision for each referral are being carried by already under-funded agencies. This diminishes service capacity to meet the support needs of women and children experiencing family violence. This issue is covered in detail in the DV Vic submission on *The interface between Family Violence services and Police.*

Inevitably, the combination of growing demand and under-resourcing of services inevitably impacts on capacity and the quality of service delivery. Family violence services are in constant competition over scarce resources as the demand increases exponentially. Much of the time of peak bodies, such as DV Vic, is diverted into the struggle to maintain current funding levels rather than the critical work of policy development, building service capacity, advocating for women and children to build a better system.

Notably, these inadequate funding arrangements create a range of problems which undermine the family violence system:

- 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 crisis 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 outputs – and therefore, most importantly, collected data – does not match the 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. This is point is addressed in DV Vic's *Working with Children* submission. 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 tenders and philanthropy.

- Programs are often short-term and project-based with insufficient time for proper evaluation or the capacity of successful programs to be continued, frustrating and demoralising both clients and workers.

- Limits workforce development, recruitment and retention. This funding environment means that the family violence workforce is insecure and the sector generally, is poorly paid.

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Recommendation 4

That to be effective in tackling family violence, the work of both primary prevention and responses are *critically and* equally important and this must be reinforced with each having distinct and separate policy platforms.

Part 2: Understanding family violence: Women's lived experience

Understanding the lived experiences of women and children who experience family violence must be at the centre of any system responses and reforms. This knowledge and understanding underpins the specialist work of family violence services and informs specialist family violence practice, described in Part 3. The safety and well-being of women and children can be seriously comprised when responses are not informed by this approach or this knowledge and understanding is disregarded. For this reason, DV Vic has included this section in our submission to reinforce to the Commission this fundamental proposition: the family violence system must be understood from women's and children's perspective.

The specialised practice of family violence services within the sector is informed by a comprehensive understanding of the dynamics, nature and impact of family violence. DV Vic argues that this expert knowledge and practice should be at the centre of the family violence system: in direct service delivery, in partnerships with other agencies, such as police, courts and child protection and in collaboration with universal services including health, education and social support to facilitate early intervention opportunities.

Specialist knowledge of family violence is built on the following understandings:

2.1 The characteristics, dynamics and impact of family violence

- While every woman's experience is unique, for the majority of women experiencing family violence, it involves an escalating spiral of violence, rather than a one-off incident.

- Violence is a choice. Men choose to use coercive controlling behaviours and violence out of a privilege-based sense of entitlement, believing that his partner is responsible for meeting all his needs and expectations, their feelings of anger, jealousy, frustration and (paradoxically) powerlessness.

- Women may experience a range of different types of violence but emotional and psychological abuse is the common thread with most women reporting verbal abused, constant put downs and being blamed for the violence they experience.

- Family violence include a range of behaviours including physical and sexual violence, as well as psychological, emotional and financial abuse designed to intimidate, undermine, isolate and control. This can include violence and /or threats of violence against children, other family members and pets.

- Family violence often starts with an intimate partner's apparent love and involvement transforming into jealous and controlling behaviour that isolates the woman from friends and family. Physical violence often does not occur until the relationship is well established, and for many women, remains a terrifying threat.

- Coercive control involves a range of controlling tactics and behaviours in which the perpetrator creates a world in which the victim is constantly monitored and criticized; every move is measured against an

unpredictable, ever-changing and unknowable 'rule book'.[4] It can include forced isolation, degradation and monitoring and regulating everyday activities such as phone calls, social interaction and dress. Surveillance continues when the perpetrator is not present, and is facilitated by new forms of technology.[5]

- Pregnancy is a risk factor for family violence. Women often experience their first assault during pregnancy, or experience an increase in the form or intensity of violence.[6] This is a time when women are more vulnerable because they are less able to leave and are more likely to be financially and otherwise dependent upon their partner.

- Abuse experienced during pregnancy is the point where family violence also becomes an attack on the mother-child relationship. The undermining of women's relationships with their children both directly (through undermining her parenting and modelling abusive and disrespectful behaviour towards her in front of the children) and indirectly (through physically or emotionally disabling her so that she is unable to be available to mother her children) are also damaging characteristics of family violence.

2.2 Barriers to leaving violent relationships

Leaving a violent relationship is difficult. Generally, women will attempt to leave an abusive relationship a number of times before a final separation. Women do not report or leave violent partners for a range of reasons[7]:

- Fear for their safety. Violence escalates when a woman leaves, with increased risk of assault, stalking and even murder post-separation.
- Many women don't have faith that the system will protect them and their children.
- Lack of safe and affordable housing options.
- Financial concerns – many women who have experienced financial abuse will have no access to money or other resources. If a woman has to be relocated for her own safety, she may be required to leave her job.
- Concerns about disrupting her children' lives, education, links to community and family.
- She may feel ashamed about the violence or believe that it is her fault. It is a common tactic for perpetrators to blame victims for the violence perpetrated against them. If she is not experiencing physical abuse, she may not recognise herself to be in an abusive relationship.
- Isolation from friends and family, and exhaustion, low self-esteem, loss of confidence in decision-making decisions and her own judgement. Many women question their own reality when her partner blames her for causing him to be violent toward her, and those messages are echoed or tolerated in the community.
- Victim-blaming messages from the community and the media.

[4] See for example, Stark, E. 2007 Coercive control: How men entrap women in personal life. Oxford University Press, Oxford.

[5] DVRCV & WLSV, 2013, Serious Invasions of Privacy in the Digital Era, Submission to the Australian Law Reform Commission Review
http://www.alrc.gov.au/sites/default/files/subs/48._org__womens_legal_service_victoria_wlsv_and_domestic_violence_resource_centre_victoria_dvrcv.pdf

[6] Taft, A. 2002, Violence against women in pregnancy and after childbirth: Current knowledge and issues in health care responses Issues Paper: 6 Australian Domestic & Family Violence Clearinghouse, UNSW, Sydney
http://www.adfvc.unsw.edu.au/PDF%20files/Issuespaper6.pdf

[7] Barrett Meyering, I. 2012 Staying/leaving: Barriers to ending violent relationships Fast Facts:7 Australian Domestic & Family Violence Clearinghouse The University of New South Wales, Sydney
http://www.adfvc.unsw.edu.au/PDF%20files/Fast_Facts_7.pdf

- She may still care for her partner and hope that they will change (many women don't necessarily want to leave the relationship; they just want the violence to stop).
- Women with disabilities may lose their care packages or specially adapted homes.
- Women from Aboriginal communities may lose their relationship with their kinship and family networks as well as the relationship with their land.
- Other women may lose their entitlements to residency.
- The belief that it is in her children's best interests to stay (e.g. wanting a father for her children, financial security, avoiding the stigma associated with being a single parent).

2.3 The impact of family violence on children and young people

DV Vic's submission on *Working with children* addresses this issue in detail. In the context of outlining the specialist family violence knowledge base, some key issues will be briefly covered.

The Family Violence Protection Act 2008 recognises that children are adversely affected by family violence if they "hear, witness or otherwise [are] exposed to the effects". The impact of family violence on children, and on women, is cumulative. Children are living in most homes where family violence is present, with 61 per cent of women having children in their care when the violence occurred and 48 per cent of those children having witnessed the violence.

Children who are exposed to family violence experience a range of psychological and behavioural impacts including: depression, anxiety, trauma symptoms such as presence of pervasive fear, increased aggression and anti-social behaviour, lower social competence, low self-esteem, school difficulties, peer conflict, impaired cognitive functioning and increased likelihood of substance abuse. Eating disorders, teenage pregnancy, leaving school early and suicide attempts are also cited effects. Consequently, this means that young people who have had this experience often have poor education outcomes that affect employment prospects and lifelong socio-economic security. It also affects their intimate relationships in later life, with research showing that boys who have been exposed to family violence are more likely to become perpetrators themselves, while girls may be either more accepting or highly intolerant of intimate partner violence.[8]

The relationship and attachment between the parent who is the victim of family violence (usually the mother) and their children can also be adversely impacted by family violence. As Humphreys et al. state, 'the mother-child bond after family violence needs to be strengthened as the perpetrator's abusive tactics involve the undermining of the mother–child relationship'.[9] This requires specialist therapeutic interventions, working with mother and child together and individually to deal with the trauma they have experienced.

[8] Flood, M. & Fergus, L. 2008 An Assault on Our Future: The impact of violence on young people and their relationships, White Ribbon Foundation, Sydney http://www.whiteribbon.org.au/uploads/media/Research_series/An_assault_on_our_future_FULL_Flood__Fergus_2010.pdf; Richards K 2011 Children's exposure to domestic violence in Australia, Australian Institute of Criminology, Trends & Issues in Crime and Criminal Justice No: 419, June http://aic.gov.au/publications/current%20series/tandi/401-420/tandi419.html

[9] Humphreys, R Thiara & A Skamballis *Readiness to change: Mother-Child Relationship and Domestic Violence Intervention*, British Journal of Social Work, vol. 44, (2010) p.167

2.4 First response: What women need when they first disclose or seek support to leave a violent relationship

As outlined above, the dynamics of family violence are complex and multidimensional. This highlights the critical importance of first responses when women contact services or disclose family violence. Evidence shows that when women's first contacts, whether it is with friends or family or services, are met by an uninformed response, they can be reluctant to seek support again, significantly increasing their risk of harm.[10]

It is now widely recognised that first responses to women and children should ensure that:

- She will be believed and her experiences taken seriously
- Her rights will be upheld and her safety protected
- She will have accessible options and will be supported to make safe changes for herself and her children
- She will not be judged or experience any disadvantage if she chooses to return to her violent relationship
- She will have timely access to resources and support they will need to leave safely which may include: money, housing, help with moving, transport, access to legal assistance and ongoing police protection, legal, income and emotional support.

The quality of the support a woman receives when she reaches out is likely to have a significant influence on her decision-making. Sometimes women will make several attempts to leave before they actually leave permanently and safely. Regardless of her decision, it is important that the support a woman receives enables her to increase her and her children's safety irrespective of the choices she makes about her relationship to the abuser.

It is important to note that access to culturally specific or specialised support is required for women from culturally and linguistically diverse communities, Aboriginal and Torres Strait Islander women, lesbians, disabled women, refugees, asylum seekers and women with an insecure immigration status and young women. These women may face a range of additional barriers to seeking help, including cultural beliefs and experiences, physical barriers, language, poverty and discrimination.

[10] For example, Bagshaw, D. Chung, D. Couch, M. Lilburn, S & Wadham, B. 2000 *Reshaping Responses to Domestic Violence: Final Report*, University of South Australia, Adelaide http://wesnet.org.au/wp-content/uploads/2012/07/PADV-Reshaping-responses.pdf, pp 33-36

Part 3: Specialist family violence services

This part of the submission details the skills, knowledge and expert practice of family violence specialist services. These specialist skills have developed over time in response to advances in evidence-based practice and integration of new and emerging theoretical models, informed by a framework of principles, all underpinned by an understanding and approach to family violence. DV Vic argues that family violence specialist services are the heart of the family violence system, but too often this expertise is minimised or sidelined by many decision-makers. The historical context of this may lie in the marginality of family violence as an issue and the under-valuing of 'women's work' in general. However, DV Vic, as the peak body for specialist women and children's family violence services, believes it is important for our submission to the Royal Commission to detail what is meant by 'specialisation' in family violence service delivery. What follows is not a description of what is happening uniformly across the sector, rather it outlines the key elements of best practice in specialist family violence service delivery. Part 4 of this submission discusses where there are gaps and problems in service delivery and makes recommendations to strengthen current practice so better meet the needs of women and children.

Dedicated, specialist family violence services provide front line support for women and children in dangerous and abusive family situations – their key focus is women and children's safety. These services provide the safe spaces that allow women and their children to seek safety and support for the physical, sexual, emotional, financial and psychological violence they endure at the hands of their partners and families.

When women and children experiencing family violence contact specialist services they require support, information and advocacy to help them navigate the complex systems they must go through to re-establish a life free from violence. Specialist services place the needs of women and children at the centre of their practice. Three key principles underpin the practice of specialist family violence services, and the family violence system broadly: prioritising the safety of women and children, women and children's agency and perpetrator accountability.

DV Vic members are family violence specialist services with extensive expertise in recognising and responding to the signs of violence, the associated risk factors and the dynamics of violence. Response to risk is a critical aspect of this work. When a woman makes the decision to report, the first response to her disclosure is critical because it may be the only time she reaches out for help. On the other hand, women may also reach out numerous times, so the consistency of the response she receives is vital. Women and children can be put at greater risk if they seek support and are failed therefore the service to which a woman discloses must hold expertise to protect her safety and that of her children, conduct a full risk assessment, and build trust that her disclosure is taken seriously.

Using their specialist expertise in identifying risk and preparing safety plans with women, family violence services work collaboratively with police and other services to manage that risk. Working directly to support women and their children in situations of violence and to address their concomitant issues, family violence practitioners tailor responses to clients' specific needs and assist them to achieve identified outcomes.

There are a diverse range of specialist family violence services in Victoria including small stand-alone women's services, medium sized specialist services offering a suite of responses, and specialist services located within large community support agencies.

Support provided by specialist family violence services includes:

- Information on options and safety planning for women who are thinking of leaving or have recently left a violent relationship
- Responding to referrals from Victoria Police (L17s)
- Crisis responses in collaboration with Victoria Police
- Case management for women and their children
- Crisis accommodation for women and children seeking refuge from violent perpetrators
- Telephone support lines including after-hours services
- Tailoring responses for women with disabilities
- Culturally appropriate service provision for women from culturally and linguistically diverse backgrounds and for Aboriginal women
- Attendance at court and support to access legal assistance
- Assistance to find safe and affordable housing and re-locate, including private rental brokerage assistance
- Assistance to find employment, education and training
- Therapeutic programs including individual and group counselling
- assistance to remain safely in the family home and have the perpetrator removed
- Therapeutic and practical support for children affected by family violence
- Shelter for pets affected by family violence
- Support for women whose partners are attending Men's Behaviour Change Programs ('partner support')
- Assistance for women transitioning out of prison.
- Advocacy for women as they navigate institutional barriers to their safety in a complex legal and service system that is often insufficiently sensitive to the dynamics of family violence.

Specialist family violence services practice in Victoria is informed by the 2006 Domestic Violence Victoria Code of Practice for Specialist Family Violence Services for Women and Children.

Although the Code of Practice continues to provide a valuable framework for guiding specialist service delivery and practice, and is written into departmental funding and service agreements, it is now a decade since it was developed. There is an obvious need to update the Code of Practice in line with contemporary practice, policy and legislation. This, and the need for complementary Codes of Practice across the sector to build system integration, is addressed in detail in Part 4 of this submission.

This section provides a detailed outline of specialist family violence service practice. Specifically, it discusses the following key elements:

1. Expert understanding of family violence
2. Risk assessment and management
3. Trauma-informed practice
4. Family violence specialist workers as women's advocates
5. Responding to diversity
6. Early intervention
7. Post crisis and recovery

3.1 Practice informed by expert knowledge and understanding of family violence

Human rights and gendered lens

Specialist family violence practice works through a human rights and gendered lens. Women are overwhelming the victims of intimate partner violence at the hands of male perpetrators[11] and issues of power and control are its drivers. This evidence-based approach understands the underlying gendered causes of violence against women embedded in a complex web of social, cultural and economic factors.[12] The unequal distribution of power and resources between men and women is recognised as a key determinant of family violence. This is reflected in structural inequalities such as the gender pay gap, rigid gender stereotypes that devalue women and the work they do and privilege the role and work of men. These attitudes and beliefs foster a broader culture of violence and violence-supporting behaviours. Specialist women's services have a long and influential history of advocating women's rights; promoting the status of women; challenging sexism and community attitudes that support violence against women and children, on the basis that it is human right to live free from violence. Understanding power and control in the context of family violence informs specialist practice across diverse settings – between same-sex couples, people with disabilities and their carers, older people and their abusers.

The impacts of coercive control and violence on victims

As outlined in Part 2, specialist family violence services work from the position of understanding of the dynamics, context, underlying structural causes and the consequences of family violence. This is more than a practice philosophy, it is critical to quality service delivery as it provides a framework for women to have their experiences validated, their strengths recognised and their needs met. Family violence specialist practitioners have specific skills to elicit women's trust to disclose their experience of violence. They are trained to 'have the conversation' with women, who may be fearful, ashamed or unaware that they are experiencing family violence and work with her to navigate the process of separation and rebuilding her life. This is often a lengthy and difficult process for women, often in traumatic and dangerous circumstances. Specialist workers recognise the inherently disempowering experience of victims of violence and work with women and their children to redress the loss of personal power by prioritising her agency in decision-making, restoring self-respect and confidence to build their own future. This perspective assumes that the woman is the best judge of her situation and provides her with support and information on her options.

Systems knowledge

Their comprehensive understanding of family violence enables specialists to work with women through the process of separation and rebuilding. Their work includes intervening and supporting women and children experiencing or at risk of violence, preventing or minimising the impacts of violence, such as homelessness, job loss, disrupted schooling, and damage to mental and physical health and the re-occurrence of violence. Specialist services have expert knowledge across systems and are able to support women through liaison with police, the court process and other legal needs as well as dealing with government agencies such as Centrelink, Immigration, DHSCS (the former child support agency) and the effects of financial abuse.

[11] ANROWS 2014 Violence against women key statistics citing 2012 ABS Personal Safety Survey
http://www.anrows.org.au/sites/default/files/Violence-Against-Australian-Women-Key-Statistics.pdf

[12] Wall, L. 2014 Gender equality and violence against women: What's the connection? ACSSA, Melbourne
http://www.aifs.gov.au/acssa/pubs/researchsummary/ressum7/ressum7.pdf

3.2 Specialised risk assessment and risk management

Specialist family violence services offer women and their children services underpinned at every point by ongoing risk assessment and management. In a family violence context, risk management is a dynamic process. Risks change over time, can shift suddenly and are usually outside the woman's control. This means her journey through the service system is unlikely to be linear. Specialist family violence services provide a continuous process of ongoing risk assessment, safety planning and risk management so that services are responsive to the woman's and her children's safety needs at any point in the process.

A core function of the specialist family violence sector is to undertake sophisticated risk assessment and management for which they are uniquely trained. This approach is embedded in the Family Violence Risk Assessment and Risk Management Framework (known as CRAF) which is based on three pillars:

1. Evidence based individual risk factors.
2. The victim's own assessment of the level of risk to herself and other family members.
3. Practitioner's judgement based on a sophisticated understanding of the context and dynamics of family violence.

More than a practice tool, the CRAF was initially intended also as a tool for integration across the various sectors of the family violence system in Victoria. The use of CRAF was intended to establish a shared understanding and approach, not only to risk assessment and risk management, but also to responses to family violence in general. . It is a key driver of an effective family violence system, supporting women and children's safety and violent men to be held accountable. Participants in our consultation process identified the need for the CRAF to be reviewed and updated to ensure it remains an effective tool for common use, as well as providing a sufficiently comprehensive approach for specialist family violence services. We refer the Commission to the detailed analysis of the CRAF is covered in the submission of NMD Alliance member organisation the Domestic Violence Resource Centre Victoria (DVRCV).

While awareness of CRAF has been notably effective in improving the response to family violence in many non-specialist services that formally had a haphazard approach, the use of CRAF and its application within and across sectors is inconsistent. Clear direction and operational advice is required to ensure that CRAF is truly a tool for integration and that women receive an equitable and safe service.

Risk assessment and risk management processes conducted by specialist services demand a particularly sophisticated understanding of family violence, and its dynamics and impact. Many women come to realise the extent of the risk they face only through the process of risk assessment as it is conducted by a highly skilled specialist.

A key component of the CRAF risk assessment is the woman's own assessment of her level of risk, and the evidence shows that this is critical to accurately assessing risk. However, women at the highest levels of risk often face the greatest barriers to recognising and disclosing their level of risk. A woman will not disclose her experience of violence, or end the relationship, unless she is confident that the system will keep her safe. Women in violent relationships often minimise or excuse violence as a coping mechanism, through self-blame, or as a way of managing their own fears and perceptions of risk. Specialists work with women to understand how the perpetrator blames the victim for his violence, as an expression of his own violence-supporting narratives and justification for controlling her actions or punishing her is essential to ensure appropriate risk assessments can be made. Specialists

are attuned to the presentation of women who are reluctant or feel unable to make full disclosures, and are skilled at assisting those women to explore and understand their level of risk and the options available to them.

DV Vic strenuously argues that this specialised risk assessment and risk management process for women and children whose safety is in question is critical. It cannot be left to the 'best efforts' of non-specialist agencies. High risk and crisis situations are not the same but can easily be confused. Women may seek housing or financial support, as symptoms of their undisclosed family violence. Though their exposure to family violence may be detected through an initial needs assessment, women at high risk are unlikely to be identified at this point as most are reluctant or unable to disclose the extent of their risk to a service provider who lacks the specialist skills and knowledge to recognise and respond to the complexity of their situation.

For women at high risk of experiencing severe or repeated family violence at the hands of dangerous men, consistently proscribed and monitored risk assessment and management practices must be in place throughout the state, with each level of service provision clearly articulated. Specialist family violence case workers are far more effective when supported by regional integrated and agreed systems and processes. Negotiating individual arrangements on a case by case basis at an individual worker level is unsafe and reasonable. The Risk Assessment Management Panels (RAMP) model, based on Multi Agency Risk Assessment Committees (MARAC) in the United Kingdom, is currently being rolled out across Victoria in response to women at serious and imminent risk. Consistent use of a shared risk assessment tool by services throughout Victoria will be critical to determining eligibility of cases to be considered by RAMPs and for consistency in the approach to the management of high risk cases.

A fundamental element of risk assessment and management for women and children is the need to monitor, disrupt and manage the perpetrator's behaviours. This is not the principal work of family violence specialist services, and will not be addressed in the submission. However, DV Vic notes the fundamental need for the service systems to 'keep the perpetrator in view' and held to account for their behaviours. We refer the Commission to the submission of NMD Alliance member organisation, No to Violence, and to The Centre for Innovative Justice report, *Opportunities for Early Intervention: Bringing Perpetrators of family violence into view*[13], along with the submissions of other experts in this area.

3.3 Trauma Informed Practice

A key element of specialist family violence service delivery is trauma-informed practice. Kezelman describes trauma-informed practice in the following way: "Just as traumatic experiences have potentially negative impacts on brain development, structure and functioning, so too, new and positive experiences can aid recovery. As the original trauma occurred in the context of relationships, the types of relationships encountered in systems of care are pivotal. While negative relational experiences, including those with services, compound emotional and psychological problems, positive relational experiences have great healing potential and enable integration within the brain".[14]

This is a strengths-based approach to understanding and responding to the impact of trauma on women and children. It draws on an understanding of the neurological effects of trauma and the range of adaptive responses

[13] CIJ 2015 http://mams.rmit.edu.au/r3qx75qh2913.pdf

[14] Kezelman, C. 2013 "Trauma-informed practice: how important is this for domestic violence services" Newsletter 52, Autumn, Australian Domestic and Family Violence Clearinghouse, UNSW, Sydney http://www.adfvc.unsw.edu.au/documents/Newsletter_52.pdf pp3-5

and patterns, conscious and unconscious, developed to cope. The need for physical, psychological and emotional safety of women and children is prioritised along with their need to establish a sense of control in their lives.

In summary, the key elements of trauma-informed specialist family violence practice are:

- A safe environment
- A strengths-based framework that creates opportunities to rebuild a sense of power and control
- Taking time to build trust through information sharing and mutually agreed boundaries; and
- An understanding of the impact and responsiveness to the impact of family violence-related trauma, which means that women and children who have experienced violence are not blamed or pathologised for the ways that they manage their traumatic stress. It supports women and children to understand why they behave in certain ways.

This practice model is built on the premise that services can replicate the power and control experienced in abuse relationships, thereby re-traumatising those in the process of seeking support so the practice extends to organisational culture of the services that deliver it. This means recognising and responding to the effects of vicarious (or work-induced) trauma experienced by many workers in the family violence sector.

3.4 Family violence specialist workers as women's advocates

Comprehensive case coordination and active advocacy for the woman are the key element of family violence specialist work. Workers support women to navigate complex systems which may include child protection, liaison with police, courts, immigration and income support. They may also provide advocacy support for women in dealing with the health, education, employment and housing and systems.

Assertive advocacy is an intrinsic part of case-management in managing risks 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 bad 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. Next to 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. Currently, the system does not allow for women's advocates to work at this level and there is a significantly 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 specialist, with appropriate resourcing, creates opportunities to improve women's experiences of the family violence system at an individual level as well as building a more effective and better integrated system overall. A mechanism within the system to enable a formal feedback loop would generate a self-correcting process, leading to better responses and outcomes for women and children more quickly.

3.5 Responding better to women's diversity

The Terms of Reference identify the importance of the family violence system being sensitive and responsive to the diversity of women experiencing family violence and the specific needs of different groups. This includes Aboriginal women, women with disabilities, women from culturally and linguistically diverse communities, including asylum seekers and refugees, women living in rural and remote areas, young and older women and LGBTI people. It is well recognised that there is a range of additional cultural, geographical, language and access issues, as well as factors such as visa status and poverty, which create barriers to services.

DV Vic believes that it is essential for the family violence sector to offer specialised and culturally specific support services to meet the needs of women in these groups. This should be both through dedicated services and through specifically trained, culturally competent specialist workers in family violence services. Rather than provide a detailed analysis in this submission, we refer you to the submissions of specialist organisations and place-based organisations which specifically address these issues in expert detail.

Recommendation 5
That the specialised skills, knowledge and expertise that informs best practice in family violence service delivery is recognised as essential to driving an effective family violence system, and this specialist knowledge and practice framework should central to all components of the system.

Recommendation 6
That the family violence system is resourced to provide specialised age appropriate and culturally specific support services to meet the needs of women from diverse groups across the community. This should be both through dedicated services and through specifically trained, culturally sensitive, specialist workers in family violence services.

3.6 Early intervention with women and children

Family violence specialist services work across the spectrum of responses from crisis support to early intervention of violence against women. Early intervention responses should be an important component of this work, offering significant opportunities to intervene effectively when violence is first identified, avoiding an escalation into crisis. However, there is currently no policy platform or clear articulation of a definition of early intervention practice in the family violence context, and it is contested terrain within the sector. This is largely a result of demand pressures which keeps services necessarily focused on crisis responses.

To build early intervention into the core the business of specialist family violence services across the state requires a capacity for services to partner with 'first to see' professionals and agencies, such as GPs, schools and early child education and child care agencies in a context that authorises that collaboration and supports the sharing of specialist knowledge. There are clearly cost benefits and other advantages of resourcing and formalising early intervention work with mainstream and family violence services are manifest: mitigation of the risks of harm through escalating violence; avoiding the psychological and economic costs of homelessness and associated

disadvantages as well as avoiding the higher costs of crisis responses. Early intervention approaches with children experiencing family violence are covered specifically in the DV Vic *Working with Children* submission.

Early intervention in the family violence context

Early intervention means different things for different sectors – for child protection, it means keeping children out of the child protection system; for homelessness services, it means preventing people becoming homeless, for family violence services, it means earlier identification and mitigation of the effects of violence as well as stopping men from continuing to use violence. For the women and children experiencing family violence, it means being safe or safer than they would have been, averting crisis situations, and having access to supports so they can live their lives in safety and with dignity.

For the family violence sector, early intervention means 'widening the net' for people to report and access support; involving more people, sectors and communities to be able to effectively intervene when they know or suspect a woman or her children are in danger from a family member. There are a wide range of professionals who come into contact with women and children experiencing, or at risk of family violence routinely in their work and there are many settings where women and their children experiencing family violence can be engaged before they reach crisis points. For example, research indicates that women experiencing family violence visit health services with their children more frequently than other women.[15] There is a strong case for building 'upstream' interventions.

Like members of broader society, people who work in service delivery agencies, including health professionals, educational institutions and child care facilities commonly have little understanding of the nature and impact of living with family violence. For this reason, the key signals and indicators of family violence are often not recognised by people working outside the family violence sector. Given that many women who are experiencing family violence do not identify themselves as experiencing violence, they are unlikely to raise concerns about what is happening in their relationship with service providers, family violence is often invisible in mainstream settings.

Additionally, workers in mainstream agencies may share many of views about violence against women and children that are not based on fact and take a simplistic and uninformed approach to the issue. In seeking support from mainstream and other services, women often encounter the attitudes that reflect these views. These include attitudes that blame women for the violence they experience, blame her for leaving, blame her for returning, blame her for not protecting her children, blame her for trying to protect children from contact arrangements where they may experience re-abuse, blame her for moving away from schools or communities. Women can be unintentionally re-traumatised by their interactions with services and stop seeking their support to live a safer life. For these reasons it is critical that there is a shared understanding and risk assessment between all agencies involved in early identification and management of family violence.

Early intervention partnerships – collaboration with mainstream services

There is a strong case for building capacity for 'upstream' intervention, however to date there has been little work to develop a systematic approach to early intervention for family violence within universal services. Settings such as schools, general practice, hospitals, maternal and child health and child care centres, Centrelink, financial institutions, gambling support, alcohol and other drug programs and generalist community services, create opportunities to screen for and identify family violence, provide information and make appropriate referrals. These opportunities have been largely under-utilised for a range of reasons, including:

[15] Rivara FP, Anderson ML, Fishman P, Bonomi AE, Reid RJ, Carrell D, Thompson RS. Healthcare Utilization and Costs for Women with a History of Intimate Partner Violence. American Journal of Preventive Medicine. 2007; 32(2):89–96.

- lack of support, resources and family violence training result in mainstream services feeling overwhelmed and unwilling to be responsible for 'another' issue
- lack of capacity in specialist family violence services to develop partnerships with mainstream services
- the resourcing and time commitment to build family violence competency in mainstream services; and
- the need for an authorising environment that acknowledges the specialist skills and knowledge of family violence services. For example, while different professional groups have developed resources to assist their workforce to identify and intervene with clients/patients affected by family violence, the interventions will be less effective without collaborative partnerships with specialists. While there is a gradual recognition of the need for collaboration with family violence specialists in the development of materials - for example, DV Vic will be collaborating with the Victorian AMA to develop new materials for their membership – this has to be reinforced across all sectors.

Consequently, early intervention requires a whole of government and multi-sectoral approach. However, there is still much work to do to build vision and strategy encompassing early intervention. We do know that better integrated and strengthened early intervention efforts are essential if there is to be any long term, sustainable reduction of family violence in our communities. Recommendations for a co-ordinated and consistent approach to early interventions for family violence are outlined in Part 4 of this submission.

3.7 Supporting women in post crisis and recovery

While support needs for women and children experiencing family violence are most intensive in the crisis phase when they leave, there is strong evidence that, for many women, effective support in the post-crisis and recovery stage after the major crisis period has passed, is equally important to their longer-term stability. There is a notable lack of capacity to provide post crisis support for women and children and yet, it is well recognised that the impact and trauma of family violence can impact on women and children for years after they leave the violent situation. The adverse consequences can include lifelong financial insecurity and poverty, housing instability and homelessness and long term physical and mental health outcomes. The rationale for the family violence system to provide timely and targeted support as required in the recovery period can reduce the longer term effects on women and children.

The long term support needs of women and children who have experienced family violence are well recognised in Aboriginal and Torres Strait Islander community responses. The *Strong Culture, Strong Peoples, Strong Families: Towards a safer future for Indigenous families and communities, 10 year plan* includes specific actions around system responses that link 'Indigenous women and children… to a range of longer term supports and services including counselling' and strategies to ensure that strategies to ensure that Healing and Time Out Services are part of a continuum of support that includes crisis responses, access to counselling and longer term healing opportunities.'[16] This approach is built into responses, according to feedback from Aboriginal services, where women are routinely provided with intensive case management for two years after the initial crisis period. Women work in closed groups to assist with their emotional recovery and their connection with community. This approach to the longer term needs and recovery of women and children has potential to enhance system responses across the sector.

[16] Aboriginal Affairs Victoria, Department of Planning and Community Development (2008) Strong Culture, Strong Peoples, Strong Families: Towards a safer future for Indigenous families and communities, 10 year plan (Second Edition) http://www.dhs.vic.gov.au/__data/assets/pdf_file/0012/620202/Final_10_Year_Plan_Oct08_2nd_Edition.pdf

As a member of the project reference group, DV Vic strongly supports the post-crisis service model (Integrated Post Crisis Response Service (IPCRS)) developed in 2011 by Good Shepherd Youth and Family Services and McAuley Community Services for Women in consultation with key service providers and stakeholders. DV Vic commends this report[17] to the Commission (see footnote), and therefore outlines the model only briefly here. This model defines the objective of post-crisis support as 'to prevent women from returning to violent relationships and environments due to lack of support/assistance and to prevent their re-entry back into the crisis homelessness and/or family violence service system'. It identifies the need for systemic support for some women and children, who will need a 'support safeguard', that is, support 'where it is needed for as long as it is needed.' Noting that the intensity of assistance is likely to lessen over the support period, the model specifically refers to support to:

- maintain stable housing
- overcome financial hardship
- find avenues of on-going emotional support
- re-connect with family and community
- build resilience and self-determination
- address mental health and physical wellbeing issues; and
- increase social and economic participation.

The IPCRS is designed to complement family violence outreach services, provide a range of flexible service packages to eligible women and children and work collaboratively with other agencies and organisations to support the family as needed. It recommends dedicated post crisis case management support for up to two years to be delivered as needed, when needed (ie. multiple support periods over time); brokerage funds to provide flexible packages, peer and group work. Eligibility for IPCRS is based on women having experienced family violence in the past 12 months but the crisis period has passed; who are not living in a violent situation and whose safety requirements can be met in their current housing situation. In other words, women and children who are on the way to re-establishing their lives.

Flexible brokerage

A key element of this model is flexible brokerage which focuses on the provision of timely financial assistance when no other resources are available. For example, brokerage dollars are also used to purchase additional and specialist supports and services to meet the unique needs of women and children. Key tasks of this component include assistance to:

- meet rent or mortgage arrears to avert the threat of eviction, followed by the development of a practical plan and budget built on maintaining suitable housing and which incorporates regular arrears repayments where needed
- access asset building services and ensuring income maximisation
- meet arrears for debts to utility companies to avert 'cut-off's' and negotiating a further repayment schedule to fit the family budget
- to move house and urgent home repairs/maintenance
- support children and young people to remain at school or to participate in community recreational and personal development activities; and

[17] Desmond, K. 2011 Filling the Gap: Service Model Integrated post crisis response for women and children who have experienced family violence Good Shepherd Youth & Family Service and McAuley Community Services for Women, Collingwood http://www.goodshepvic.org.au/Assets/Files/FTG%20Service%20Model%20FINAL%20PP%20_26-03-11__cp_edit_FINAL.pdf

- access specialist supports and services (for women and their children) such as parenting programs, specialist counselling services.

DV Vic is highly supportive of this model of flexible brokerage. Women and children currently have few options for financial assistance to cover the range of needs that might arise in this context. For example, the yet to be implemented DHHS *Family Violence Flexible Support Packages*, which provide 1000 individual packages up to $7,000 (an average amount of $3,000) to eligible women, are directed to transition from crisis rather than the longer term focus of flexible packages in the IPCRS. Service providers report that the Victims of Crime compensation can be hard to access due to very restrictive eligibility criteria, that it is time-limited and is a relatively small amount.

Recommendation 7

That post-crisis and recovery responses to mitigate the longer term impacts of family violence on women and children are integrated into the family violence system with appropriate resourcing.

Part 4: Strengthening the family violence system

The purpose of the family violence system is to protect the safety, reduce the risks of harm and increase the well-being of women and children experiencing family violence. To do this effectively requires high quality service delivery from specialist family violence services, resourcing that ensures that all agencies across the sector, specialist services, police, community legal services, courts, child protection and family services, meet the needs of women and children in a timely, flexible and responsive way. In a fully effective system, perpetrators will be held accountable: the system will keep them in view, monitor their behaviours and invoke appropriate penalties, when breaches occur. The system will facilitate transparency and information sharing to ensure that women and children can move through the system smoothly and speedily. This system will have the capacity to respond appropriately and sensitively to the needs of diverse client groups.

As argued in the introduction to this submission, DV Vic does not support the proposition that the family violence system is broken, rather we argue that the system demonstrably has flaws and weaknesses which undermine and limit its ability to fulfil its core function: maximising the safety and well-being of women and children experiencing family violence and minimises harm. To this end, this section sets out a number of areas with recommendations to strengthen the Victorian family violence system, build on existing practice where it is working and identify innovative approaches.

This section covers the following key areas:

1. Measuring a fully functioning, integrated and effective family violence system
2. Safe, accessible and appropriate housing options from crisis accommodation to safe at home
3. Early intervention – a statewide approach to collaborative partnerships with mainstream services
4. Models for system integration and information sharing
5. A robust and effective peak body
6. A system-wide quality assurance framework: minimum standards, regulation and accreditation
7. Workforce issues in family violence services

4.1. Measuring a fully functioning, integrated and effective family violence system

How will we know if the Victorian family violence system is working to maximum effectiveness? There are many measures which could be used to test this, and some have been identified in the Government's proposed Family Violence Index. DV Vic believes it is critical that measures are developed in consultation with the family violence sector to ensure that they are appropriately targeted and matched by data systems capability. DV Vic's consultation identified the following key indicators to be included:

- A reduction in the numbers of women and children having to leave home
- A reduction in the numbers of women and children in refuge
- An increase in women and children's feelings of safety – about choosing to leave and when they do leave
- A reduction of the numbers of children going into out of home care
- Reduction of family violence related deaths of women and children
- Increased numbers of women who are satisfied with parenting arrangements

- Reduction of children required to change schools or have their education disrupted; and
- Reduced demand across the system as the incidence of violence reduced due to effective early intervention and primary prevention work.

Recommendation 8

That measures required to evaluate the effectiveness of the family violence system are developed in consultation with the sector to ensure they are appropriately targeted with matching data systems capability. This will require funding to address the current lack of data and incompatibility of data collection systems.

4.2 Safe, accessible and appropriate housing options from crisis accommodation to safe at home

Preserving the safety of women and children while they are living with and/or leaving family violence is the fundamental work of the family violence service system. Ensuring there are safe accommodation options is a vital part of this work. Many women require immediate crisis accommodation, with short and longer term accommodation needs, and others might need support and safety procedures to keep her safe in her own home or community. Providing safe and appropriate housing options, from crisis accommodation to transitional housing to longer term affordable housing is increasingly difficult. The growth in demand for public housing far outstrips availability and the private rental market is unaffordable for the majority of women.[18] As the Council for Homeless Persons (CHP) argue in their submission, homelessness is a major consequence of family violence for women and children, and young people. We refer the Commission to the CHP and Justice Connect recommendations to expand availability of affordable housing options for women and children experiencing family violence. However, DV Vic maintains that while it is critical to providing appropriate housing support for women and children experiencing family violence, it is not only about addressing homelessness. There has been a significant shift in response more recently towards supporting women and children to stay in their homes when it safe to do so, while perpetrators seek alternative accommodation with an exclusion order in place.

4.2.1 The historical legacy of women's shelters – funding and services

Family violence services are currently able to provide limited crisis accommodation options for women, children and young people who have no choice but to leave their family violence situation – refuges and short term motel accommodation. Family violence refuge accommodation has been a central platform of the Victorian family violence system since the first responses to family violence were partially funded by the state government in the early 1980s. Although significant changes have occurred over the past 15 years, the legacy of the original refuge/women's shelter model continues to influence contemporary models. Workers in many refuges continue to provide support for women through court processes, counselling, and assistance to transition to permanent housing. Historically, removing women from their own region and maintaining the secrecy of the refuge location was the only way in which the safety of women and children could be preserved. This meant that strict rules to maintain secrecy of

[18] http://www.theage.com.au/victoria/women-fleeing-violence-only-able-to-afford-one-suburb-in-melbourne-melton-20150429-1mubm4.html

refuge locations were applied to clients, many of which remain in place today. There was little flexibility in the system to adapt to the needs and circumstances of individual women.

Funding for family crisis accommodation reflects another historical legacy. The emergence of women's shelters was the result of community action, not funded by government until the shelters were well-established, and then funding was partial, ad hoc and inadequate. The community groups were able to secure housing from councils, churches and through real estate agents, where houses were available for short-term lease or due for demolition. Government funding primarily covered the rent and salaries of case workers and part time administration but there was no funding for service management, asset replacement, property maintenance or worker entitlements such as long service leave. When properties were purchased the rental component of the funding was used for maintenance purposes although it was highly inadequate. For a brief period, one- of grants were available to replace white goods, for vehicles and car seats but this was discontinued in the 1990's. Notably, operational funds for refuges covered the women only, their children were 'looked after' but were not considered to be clients themselves. Despite an increase in salary for one case worker to a management role in the 2000's, this is funding model for refuges continues today, with no effective increase to base funding other than CPI adjustments.

Refuge services have sought to innovate and adapt to the changing needs of their clients, notwithstanding the failure to increase base funding or adapt the funding model in line with contemporary needs and approaches. Refuge services also face the challenges of increasing demand and technological advances. While this model of high-security supported accommodation may remain necessary for some women and children at high risk, there is a need for a range of accommodation options that meets the diverse needs of women seeking crisis support.

4.2.2 Issues affecting the effectiveness of the family violence crisis accommodation system

DV Vic's consultations identified concerns about inconsistent practices across refuge services; lack of accessibility and constraints on the capacity of workers to provide the support needs of women and their children, due to their increasingly complex needs and inadequate funding. Broadly, DV Vic members raised concerns about how effectively the refuge model as it currently operates is able to meet the diverse needs of their current client base.

The following issues have been specifically raised by DV Vic members:

- There is a general lack of family violence crisis accommodation facilities across the state. The number of refuges across the state – 6 in the Eastern Region; 4 in the North; 4 in the South East and 2 in the West – has remained static for years. The location of refuges reflects the historical need to relocate women and children out of their home location, rather than on local need. Our consultations identified concerns about the lack of refuge beds and in particular, that there are insufficient refuge places where the population, and consequently, demand is growing, for example in the western metropolitan region. There is a strong argument for capital works spending for 'bricks and mortar' for new crisis accommodation facilities to meet this demand. It is worth noting that $44m of capital expenditure, earmarked for refuges, was cut from the federal homelessness budget in 2014 (within the National Partnership Agreement on Homelessness) and has not been reinstated.

- Many Victorian crisis refuges are not accessible for families with disabilities.

- Lack of affordable housing means that it is increasingly difficult to support women and children to move forward and 'exit' refuge. Waiting lists for public and social housing can be years-long and, despite prioritising women and children experiencing family violence, create a 'bottleneck' in the system. Service providers say that the average stay is now between 4 – 6 months, although the model is set up and funded for stays of 4 – 6 weeks.

- It is now common practice to provide women with emergency accommodation in motels because of lack of access to refuges, due to lack of places and failure to meet eligibility criteria. Women may have to stay in motels for weeks or move between a number of motels as they wait for refuge places or longer term housing to become available. While services do their best to support women in motels, it is clear that this is a significantly sub-optimal response. For example, it is difficult to maintain normality for children by cooking meals; she may feel isolated and vulnerable with only outreach support available; and motel staff and other guests may inadvertently increase her risks. All these factors could increase her risk of returning to her abuser.

- Inadequate funding and increasing demand has forced services to tighten the eligibility criteria for crisis accommodation to focus on those at highest risk, and there is an over-emphasis on homelessness as the trigger point. This creates a perverse incentive where women, who have no other options, are forced to stay in violent relationships until the violence escalates to crisis point. In many cases, women in this situation are able to access outreach support, but failing to provide a woman with an appropriate response when she makes first contact can result in reluctance to seek help again.

- The communal model of many refuges combined with limited funding means that refuges may not have the flexibility to respond to the range of needs of women and children. For example, accommodating women with large families, adolescent sons, or complex behaviours caused by mental illness and alcohol and other drug use. Similarly the communal model is not suitable for young women, older women and many women from culturally and linguistically diverse backgrounds.

- Refuges are constantly trying to balance the tensions between security, communality and individuals' rights to privacy and confidentiality and ensuring that every woman is supported to assume agency and autonomy in her and her children's lives. At times, this can result in women and children being excluded from refuges or choosing not to take up refuge places themselves.

- There is evidence that in some cases, the rules and restrictions governing clients in refuge accommodation, intended for safety and risk managements, result in women feeling that their autonomy is compromised and their own and their children's lives are disrupted more than necessary.

- Refuge services are not funded directly to work with children which means that children in this stressful, confusing and crisis situation are not receiving any child-specific therapeutic care. This is another lasting legacy from the early years of the refuge model. (This is addressed in the DV Vic *Working with Children* submission).

Notwithstanding the problems associated with the communal refuge model of crisis accommodation, the fundamental barrier for existing services to adapt and innovate to respond to their clients' needs is the funding

model, which continues to frame family violence as an ad hoc, incidental and temporary experience that is primarily about avoiding homelessness. Until this is addressed, existing services will be unable to be responsive to the diverse, complex and ongoing needs of women and children experiencing family violence.

It is also important to stress that in a fully integrated and effective family violence system, women and children's safety would not need to be protected by rigid location secrecy and restrictions on their autonomy. Rather the system would focus on monitoring and continuous assessment of perpetrators, with commensurate resourcing to ensure the risks were avoided at the cause.

4.2.3 Alternative accommodation models – cluster housing and dispersed housing

DV Vic believes that the crisis accommodation system should provide women with a range of options to meet their needs. In some cases, the communal model proves to be very beneficial for women who may have previously been isolated. There is evidence that the cluster housing model, where women have their own private space as well as shared communal spaces, meets the needs of most clients.

Models of dispersed and cluster housing have been operating as alternatives to communal refuge in Victoria since the early 2000's. For example, in recognition that the communal model was not meeting clients' needs, Brenda House developed a model that included separate living spaces in one location with communal meeting areas. It reflected the view that women and children should be able to, and had a right to, be safe in their own communities, a shift away from secrecy to community accountability. In this model, women were supported to assess their own risks and develop personal safety plans. Brenda House further expanded this model into dispersed crisis accommodation across four properties with an external office from which outreach support was provided. This model proved the value of clients taking control of their own situations, accessing support of other clients if they chose, without having to juggle communal living. It was as much a change of thinking as a changed accommodation model, according to those involved in its development.[19]

There is widespread recognition that these alternative models can better meet women and children's needs, offering the option of peer support with private space. There are innovative examples of this accommodation model in Victoria, including units with shared kitchen and communal spaces. In South Australia, the "core and cluster" model has completely replaced traditional refuges. In Victoria, the funding model has not adjusted to innovation and this continues to be the major barrier to changing models for crisis accommodation to a uniformly responsive system.

The South Australian crisis accommodation system provides some useful insights for Victoria:

- They offer 90 accommodation places, including transitional and supportive accommodation for women with longer term, complex needs, who have difficulty accessing private accommodation, accepting the public housing is no longer a viable exit option.
- There are no rules to restrict women's movements however expectations around behaviour are enforced around alcohol and drug use; there is zero tolerance for intimidating and violent behaviour and women will be assisted to find other accommodation if this occurs.
- There are no age restrictions but each family is individually assessed.

[19] Wendy Austin, former Manager of Brenda House (now incorporated into the Safe Futures Foundation Personal communication 8 June 2015. See Attachment B for an historical account of family violence crisis accommodation in Victoria.

More flexible and responsive accommodations options should include purpose built independent units on new or existing crisis accommodation properties, designed to be modified for a range of family groupings from single clients to large families. Additionally, the model that provides mainstream services on site, for example, Centrelink, health, legal, cultural and education support as a link to future outcomes, as obvious benefits for women and children.

4.2.4 Safe at Home Models

Safe at Home is an innovative accommodation option, initially offered as a legal and practical response to women and children wanting to safely maintain their own housing with an Intervention Order that excluded the perpetrator. The Commonwealth Government's 2008 Homelessness White Paper heralded a shift to supporting women and their children to remaining safely in their homes as a key 'turning off the tap' strategy to prevent homelessness in Australia. However, similar to other family violence accommodation options, the funding for *Safe at Home* programs has been ad hoc, subject to competitive tendering and inadequate to fully implement the model across the state. *Safe at Home* Programs are currently funded through the National Partnership Agreement on Homelessness, which is due to expire in 2017 and has been subject to funding insecurity since its inception in 2008.

Currently the brokerage monies attached to these programs can fund whatever interventions are required to keep women and children at home such as changing locks, installing security cameras, paying arrears generated through financial abuse, covering rent or mortgage payments temporarily until she is in a position to do so. To be effective, *Safe at Home* programs must be supported by a strong and well-resourced family violence support system that is linked to justice responses. Without this, the program is potentially reduced to technological fixes which in themselves cannot provide women with the security they need to remain in their homes. To date the experience of *Safe at Home* programs is that that they are working when the service system response is well-coordinated and cooperative. The most important element, without which women are not able to exercise their right to remain safely at home, is guaranteed legal and police protection, particularly in relation to the power to exclude perpetrators from the home, and this again, is an issue of adequate police resources. Once protection orders are in place, police need to act swiftly when breaches occur and followed by appropriate penalties. To be an effective accommodation option across the state, this model must be supported by co-operative partnerships with police, and importantly, service capacity from specialist services and police. Beyond mitigating the immediate safety risks to women and children in this setting, ongoing case management is essential to ensure that broader supports are accessed as needed. Other elements necessary for the success of these programs include the provision of services to those men who are excluded from the family home such as supported accommodation options and effective perpetrator programs.

Safe at Home models have to date been established in Victoria on an inconsistent basis and without reference to program standards. Approaches to *Safe at Home* programs vary greatly in design and implementation and there is a lack of information sharing which would help to develop best practice around this option. Some *Safe at Home* programs have generated significant interest in the media and broader community. This can be problematic without reference to common underpinning principles and guidelines as certain models gain popular traction which don't necessarily have applicability to the broader integrated family violence system.

DV Vic believes that all family violence crisis accommodation services should be part of a broader system of response to family violence that acknowledges but is not solely focussed on housing issues. All accommodation services should be underpinned by the following principles:

- Women's rights are recognised

- Women are provided safety and security, with freedom of movement and to live self-determined lives
- They able to choose from a range of housing options, with her safety assessment sitting with the woman herself, allowing her to determine the level of secrecy she requires
- They are able to maintain their existing support networks (family and friends) to minimise the disruption to their lives
- Women's independence is supported, for example, by remaining in employment
- Women and children are provided with a range of therapeutic and other services.

Recommendation 9

That a comprehensive review of the Victorian family violence crisis accommodation system is urgently undertaken to ensure that it is resourced for infrastructure and staffing to provide a range of accommodation options appropriate to the needs of the diverse client base, and in line with contemporary expectations.

Recommendation 10

Supporting women and children to remain safely in their own home has many obvious advantages. To maximise these benefits, a standards and quality assurance framework should be developed to establish consistent standards for the design and implementation of Safe at Home programs across the state taking into account the different models required in metropolitan and regional settings.

4.3 Early intervention – a statewide approach to collaborative partnerships with mainstream services

As outlined in Part 3, early intervention in the family violence context is identified as an area with significant potential to reduce the risk of harm to women and children. DV Vic members view their role in leading early intervention partnerships as a critical component of an effective family violence system. Although references are routinely made about early intervention, in fact, the work in this area has been limited and DV Vic believes there is a strong argument to build the evidence base.

4.3.1 First steps for building systemic approach to early intervention

There have been Initial steps towards a systemic response to early intervention taken as part of sectoral reforms and there are pockets of innovation across Victoria. However, to date, the approach to early intervention responses has been fragmented and ad hoc. Successful, ongoing examples of early interventions include the work with Maternal and Child Health nurses to embed family violence risk assessment into their health check processes.[20] The *Families@Home* program at Kildonan Uniting Care, originally funded through the Victorian Innovation Action Projects in 2011, is another early intervention project developing collaborative partnerships to support women and

[20] http://www.latrobe.edu.au/jlc/research/reducing-violence-against-women-and-children

children to remain safely at home. The positive evaluations of this project have resulted in a commitment for ongoing funding in the recent State Budget..[21]

DV Vic's consultation with our member organisations raised the following issues from the specialist family violence services perspective:

- The need for a clear, shared definition of early intervention in the family violence context, guidelines and Code of Practice to ensure a consistent comprehensive approach.

- Early intervention is a whole of community responsibility. The first step is to prioritise 'first to know' agencies.

- Capacity within specialist family violence services, in terms of staffing, resources and time, is required to embed skills and tools for mainstream frontline workers to identify family violence earlier. It was noted that any expansion of early intervention would have to be accompanied by significant growth in funding for specialist agencies, as the existing capacity constraints in the family violence sector would preclude agencies from being able to accept additional referrals coming in from mainstream agencies.

- The framework and strategies for early intervention must be underpinned by the CRAF. Comprehensive training across the community sector will be a fundamental to this first step. Specialist family violence services have a key role in sharing and passing on that knowledge to broader service system, given their level of expertise.

- Early interventions in the pre-natal and post-natal period should be expanded upon. This juncture in a woman's life is ideal for early interventions because of the evidence about first instances of violence often occurring in pregnancy and soon after birth.[22] This period can also be the first time in a woman's life that she has consistent contact with a health care provider (through pre-natal care and the Maternal and Child Health system), providing an ideal point of opportunistic intervention.

- Partnering with Centrelink has been trialled by a number of family violence agencies with family violence workers regularly visiting in Centrelink offices. Anecdotal reports indicate that this is highly effective site for early intervention, as women may be in the early stages of attempting to leave a violent situation when they seek Centrelink information or support. Given the role that decisions about finances play in a woman's decision about leaving a violent relationship, Centrelink may be her first attempt to seek support.

[21] Families at Home – Kildonan UnitingCare and partner agencies Salvation Army Crossroads and HomeGround. This project focuses on the safety of women and children with an emphasis on early intervention to enable more women and children to remain safely at home. The project identifies and targets families where there are escalating signs of risk associated with family violence through a collaborative network approach of partner providers including health services, Maternal and Child Health services, mental health, drug and alcohol services and courts. https://www.kildonan.org.au/programs-and-services/child-youth-and-family-support/family-violence/families-at-home/

[22] Taft, A. 2002 Violence against women in pregnancy and after childbirth: Current knowledge and issues in health care responses, Australian Domestic and Family Violence Clearinghouse Issues Paper 6, UNSW, Sydney http://www.adfvc.unsw.edu.au/PDF%20files/Issuespaper6.pdf

– While it is important that mainstream services increase their expertise and capacity to assess and manage risk to intervene earlier, this must not be at the expense of dedicated specialist family violence services. Dedicated services are fundamentally important to find a safe spaces for women.

4.3.2 A statewide framework for early intervention approaches

It is clear that early intervention in family violence has great potential to enhance the work of specialist family violence services and mainstream agencies already occurring. As with all responses to family violence across the system, early intervention approaches must be co-ordinated to ensure consistency and quality assurance in practice. A strategic framework is needed to drive early intervention work across the state. Given the limited work in this area to date, in the initial phase it would be useful to conduct a series of broadly based pilots in selected, high priority areas to inform the development of the best practice framework. Through these projects, partnerships guidelines with relevant agencies, family violence risk assessment training and protocols and other referral and practice issues could be developed and tested. Short and longer term project evaluation will be important as the effectiveness of early intervention will only become apparent over time and will require improved collection and data analysis of data across all relevant sectors.

Existing governance mechanisms within the family violence service system can be used to support early intervention work. Statewide and regional governance arrangements typically include a diverse range of agencies, a number of which also work to prevent men's violence against women and children. For early intervention work, these committees could be augmented to include mainstream agencies, including representation from schools, health care agencies and others as appropriate.

In the United Kingdom, early intervention approaches are further progressed. In England and Wales for example, the Common Assessment Framework (CAF) is used as an early intervention assessment tool for children 'where there are concerns' but who do not meet the child protection threshold. The CAF is described as 'an interagency mechanism for assessing risk at a lower level' although it draws on the same elements used to assess higher level assessments.[23] The CAF is shared between education professionals, community nurses and voluntary sector staff. A similar assessment framework could be used to drive a co-ordinated and consistent approach to early intervention in family violence in Victoria.

DV Vic, as the peak body, is well placed to drive the development the statewide strategic framework for family violence services in early intervention practice. Specialist family violence agencies play a key role in moving their service provision 'upstream' and working with mainstream agencies to identify family violence. This work would complement and integrate wider early intervention efforts across the Victorian human service system, and build on the work of the family violence reforms as a launch pad. Approaching early intervention in a strategic and coordinated way, the efficiency and effectiveness work can be maximised. This will in effect, expand the integrated family violence system.

[23] Cited in Stanley, N & Humphreys, C. 2014 'Multi-agency risk assessment and management for children and families experiencing domestic violence', *Children and Youth Services Review* 47:1:78-85 pp82

Recommendation 11

That a statewide strategic framework is developed to support early intervention efforts across the family violence system that includes piloting test projects across the state in a range of different sites, with Regional Integration Committees resourced to provide oversight for project implementation.

Recommendation 12

That an implementation strategy for early intervention includes building capacity in early intervention approaches including gender literacy and the social model of health across the sector, including within relevant government departments.

Recommendation 13

That the Common Risk Assessment and Risk Management Framework (CRAF) is revised to explicitly strengthen early intervention capacity to ensure a co-ordinated and consistent response across multiple agencies.

4.4 Models for system integration and information sharing

A fully integrated family violence system requires multi-agency collaboration, information sharing and a collective understanding of purpose, process and outcomes at the level of statewide governance and at the service delivery level. DV Vic's submission, *Consideration for Governance of Family Violence in Victoria* provides detailed recommendations for regional and statewide governance arrangements for the optimum functioning of the system. This section outlines integrated models to enhance service delivery through effective information sharing and collaborative decision-making. These models are designed to streamline responses but also, importantly to break down barriers in agencies' purpose, practice protocols and conceptual frameworks, leading to better outcomes for women and children.[24]

It is important to note that the extensive sectoral reform processes conducted under the Labor government, resulting in the 2005 report, *Reforming the Family Violence System in Victoria*[25], identified key points for multi-agency collaboration and information sharing essential for a fully integrated family violence system. Although the incoming Coalition Government effectively sidelined the recommended reforms, the essential elements required to strengthen shared understandings and practice approaches and information sharing identified through that reform process remain unchanged, awaiting the attention and commitment from government to bring them into action.

The advantages of greater integration are well established: better information sharing leads to speedier and more accurate assessment and management of risks, streamlining processes, timely and appropriate support, and continuous systems evaluation. The challenges to integration across the family violence system are significant. They include: the complex range of agencies and services involved, the different and, at times, conflicting professional approaches, which can be informed by different statutory frameworks, organisational culture, protocols and

[24] For example, Stanley, N & Humphreys, C. 2014 'Multi-agency risk assessment and management for children and families experiencing domestic violence', *Children and Youth Services Review* 47:1:78-85

[25] http://www.dhs.vic.gov.au/__data/assets/pdf_file/0020/643124/reforming_family_violence.pdf

practices; diverse objectives and timeframes; access to and collation of different data-sets and legislative requirements around privacy and confidentiality.

In the absence of a government-driven, structured, statewide approach to multi-agency integration, family violence services have adopted a range of different collaborative working arrangements with different agencies to strengthen their work with clients. DV Vic's consultations have identified successful working relationships with police, child protection and courts in different locations, however these processes are largely build on positive relationships between individuals which have to be re-created when staff leave or are rotated into new positions. Because of this fragmented and localised approach, there is limited evaluation and information sharing about programs making it difficult to develop system-wide best practice processes and procedures. Our consultation processes have canvassed three service delivery integration models: multi-agency co-location; embedded workers and women's advocates. We make the case that all three approaches are needed to facilitate effective integration across the system and maximise the positive outcomes for women and children.

4.4.1 The CRAF – risk assessment, risk management and interagency collaboration – a tool for integration

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. The need for this consistent approach and understanding of family violence is highlighted by the following quote:

"…[t]he extent to which different organisations draw on differently constructed and constituted forms of information is often under-recognised in practice." Although referring to risk assessments in context of child protection, Stanley and Humphreys highlight the critical point in relation to multi-agency collaboration. They further identify the value of 'institutional empathy', which they describe as "an appreciation of the context shaping the work of another agency – in other words, an understanding of professional and agency difference. Professionals need to spend time together working on joint tasks in order to understand the nature of these differences and bridge them."

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 DVRCV's submission, 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

Recommendation 14

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 15

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.

4.4.2 Multi-agency co-location models

Co-location of multiple agencies is one option for integration of the family violence system. Currently, different agencies are co-locating in various locations and settings, including projects which trial co-location with family violence services and community legal services, but there are few established, long term evaluated examples of this model in Australia. One long term and successful example of co-location is the Neighbourhood Justice Centre (NJC) in the City of Yarra. Established in 2007, it remains the only community justice centre in Australia. The NJC includes a variety of agencies providing a legal assistance, family violence support services, mental health and alcohol and other drug services and counselling, as well as a multijurisdictional court that sits as a Magistrates' Court, Children's Court, Victorian Civil and Administrative Tribunal (VCAT) and a Victims of Crime Assistance Tribunal (VOCAT). In co-locating support services and community initiatives, the NJC focuses on addressing the underlying causes of harmful behaviours and social disadvantage. Community engagement is central to the work of the Centre, which includes a café and community art gallery and hosts a range of community activities in the City of Yarra. Agencies such as Berry Street provide family violence support services at the NJC. Evaluation of the Centre indicate positive results in a reduction of re-offending, increased offender compliance and community work and better administration of justice.[26]

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

The advantages of multi-agency colocation include the accessibility of a range of services and the relative ease of communication between agencies, enabling the provision of wrap-around services for women and children. Co-location increases opportunities for agencies to gain greater understanding of each other conceptual and practice framework. From the workers' perspective the convenience of proximity can increase productively and timely service delivery. However, the co-location of agencies in the context of family violence can be a disincentive for many of the women and children who use the services.

The concept of multi-agency co-location was canvassed with DV Vic members in our consultation process, drawing a mixed response. While members were positive about the advantages of service co-location to create 'institutional empathy' (which they considered to be critical for child protection and family violence workers), and timely information sharing, they raised concerns that co-locating family violence services with these agencies could deter many women and children from accessing services. They noted in particular that Aboriginal and Torres Strait Islander women and many women who were refugees or asylum seekers, would be unlikely to seek services in a

[26] http://library.bsl.org.au/jspui/bitstream/1/3713/1/njc_evaluation_main_document.pdf

setting that included police and child protection agencies. And in general, many women making their first contact with family violence services for information or initial support may be fearful of inadvertently bringing their situation to the attention of police or child protection.

There are examples where the co-location of family violence and child protection services have produced very positive outcomes and these are linked to stringent interagency training programs. For example, David Mandel's *'Safe & Together'* model based in the US provides intensive training with certification for the co-located family violence and child protection workers to change their approaches to risk in families experiencing family violence. The training 'pivots' the focus to the source of the risk to both mothers and children, that is, the behaviour patterns of the perpetrator. This shifts the responsibility to the role of perpetrator, altering the way the both sets of practitioners work with the mother. This approach has resulted in a 50 per cent reduction of children in out of home care.[27]

When the focus of co-location shifts from improving agency interactions to the perspective of the women and children using the services, the agencies co-locating are different. Positive examples of agency co-location include family violence services within health and homelessness services, where early intervention opportunities through risk identification by GPs and other service providers facilitate contacts with specialist services, such as the Salvation Army Crisis Centre in St Kilda. Because women are generally safe to visit doctors for themselves and their children, they are more likely to respond well to co-location within these settings.

DV Vic believes that when the perspectives and needs of women and children experiencing family violence are the primary consideration of multi-agency co-location models, the types of services and agencies includes will be different from a rationale with the primary consideration of interagency communication and accessibility.

4.4.3 Embedded practitioner model

There are a number of examples of improved integration in service delivery where a family violence worker is 'embedded' in other agencies. Berry Street, for example, has family violence workers based in the Neighbourhood Justice Centre and the Ballarat Magistrates Court as well as outreach workers in other universal services, such as community centres, Centrelink, hospitals and the Hume Communities for Children. A Berry Street family violence worker is also involved in the Yarra and Whittlesea Police Partnership Project.

Another project trialling the embedded practitioner model is Taskforce Alexis in the Southern Metro Region. This project brings together a multi-agency team of workers from Victoria Police Family Violence Unit based in Moorabbin, specialist mental health (Monash Health) and specialist family violence services (Salvation Army Family Violence Outreach in St Kilda). The Taskforce provides an integrated response to family violence and is focused on high risk and recidivist cases, defined as addresses at which police have attended three or more family incidents in the last twelve months.

There are a number of elements to the Taskforce Alexis model that are critical to its effectiveness. These highlight the advantages of the embedded model over co-location:

- The worker is fully accepted as a member of (and not separate to) the team

[27] http://endingviolence.com/wp-content/uploads/2014/12/2014-Safe-and-Together-Model-Advocacy-Institute-Report-FINAL-12-9-14.pdf; http://www.noviolence.com.au/public/seminarpapers/davidmandel/davidmandel.pdf

- Decisions are made jointly prior to taking action, and with full information
- Client management systems are accessible, and
- Information can be shared.

Specifically, the family violence worker is fully embedded within the Police; her permanent work base is there, she has a designated desk, attends staff meetings and is included as a full member of the team. She works in partnership with the police officer to review and triage the daily L17 cases, with full access to the Police LEAP database and, in consultation with the family violence service and police, she provides joined-up assertive outreach for early intervention.

Equally important to the effectiveness of the Taskforce Alexis model is the governance structure supporting the work. The daily operations of the Taskforce are supported by a Coordination Team and Executive Group, which meet monthly and quarterly, respectively. These comprise full and associate members who are senior members of their organisations, with authority to make resourcing decisions and a collective commitment to the process.

4.4.4 Women's advocates as integrative agents

As outlined in Part 3, women's advocacy is an important component of the specialist family violence workforce skill set, involving comprehensive case coordination and active advocacy for the woman and her children. The women's advocate model has the advantage of flexibility, as they can be 'activated' as needed by the woman herself or agency at different times and stages through the process. Importantly, through assertive advocacy in managing risks for the woman through her interactions with the system, the woman advocate also drives the integration process and facilitates continuous quality improvement of the systems. This role of women's advocates is described as "An advocate can play an essential role in getting the system to provide what the victim needs in the way she needs it. Advocates not only help victims but also assist the system to be both efficient and effective."[28]

DV Vic believes that valuing, formalising and funding women's advocate positions is another useful tool in strengthening the family violence system, in combination with multi-agency co-location and embedded workers in particular settings, such as child protection and police.

In order for specialist family violence services to effectively deliver individual and systemic advocacy services, this role and its interface with other core services in the integrated family violence system must be articulated and authorised by the Victorian Government within funding and service agreements and within interagency agreements between the integrated services. Specialist services would require resourcing to provide enhanced advocacy services and to establish internal data gathering and analysis processes to monitor the system response.

Recommendation 16

That a statewide model for family violence system integration should incorporate best practice models of multi-agency co-location, embedded family violence workers and family violence specialist women's advocates.

[28] Davies, JM & Lyon, E. 2014 Domestic Violence Advocacy: Complex Lives/Difficult Choices Second Edition, Sage Publications, London

4.4.5 Interagency Information sharing

The fundamental component driving integration is full, timely and appropriate information sharing between agencies. There are some significant barriers to this which undermine all efforts for a fully integrated system. These include agencies using different data collection methods and incompatible data systems, confidentiality embedded in codes of practice, including therapeutic care and importantly, restrictions imposed by privacy legislation. Legislative change to exclude family violence where there is a risk of serious and imminent harm, and family violence exemptions across professional codes of practice, protocols and practice frameworks is urgently needed.

The current legislative framework in Victoria creates serious barriers to information sharing across agencies, which must be addressed for innovative and effective approaches to risk management to succeed. One example where legislated privacy provisions are hampering program implementation is the establishment of seventeen Risk Assessment and Risk Management Panels (RAMPs), to identify and manage family violence cases where the risk is serious and imminent. Based on the Multi Agency Risk Assessment Committees (MARACs) model in the United Kingdom, this approach has been piloted in two sites and funded for roll out across the state since late 2014. Staff have been appointed and training materials developed and tested, but the program has been on hold for months because of privacy constraints over information sharing, which is obviously fundamental to this process. There are concerns that these issues have significant implications for information sharing across the family violence system and DV Vic is urging the Victorian government to immediately amend the relevant legislation, including the *Family Violence Protection Act 2008* and the *Privacy and Data Protection Act 2014*, and any other Acts which inform the sector to address this problem. This issue highlights the need for consistency and explicit family violence clauses, if necessary, across the full family violence system legislative framework.

Recommendation 17

That an urgent review of all legislation pertinent to the family violence sector is undertaken to ensure that information sharing between agencies and Courts is legal, consistent and timely, and that amendments are made to relevant legislation accordingly.

4.5 A robust and independent peak body

The value and role of the specialist family violence services system is supported by having an independent and sector-specific peak body. Since its formal incorporation in 2004, DV Vic has provided leadership to the Victorian family violence sector, representing the interests of women and children experiencing family violence and the services they use to the Victorian Government. The family violence sector has been through significant reform during this period and the presence of a peak body – free from vested interest in service delivery – has enabled a continued focus on keeping the best interests of women and children experiencing family violence central to decision-making.

DV Vic plays a central role in the integrated family violence system and its governance structures. Informed by regular consultation with our membership body, we provide policy advice to government and an 'ear to the ground' in regards to the functioning of the family violence system. We also act as a sounding board for the government of the day and its respective ministers in regards to new legislative and policy developments, the implementation of

various programs and initiatives, and emerging trends and issues in the field. A fundamental aspect of our role, as the peak body, is our ability to advocate at all levels of government, bureaucracy and the broader community across the range of family violence-related issues. As a strong and credible voice, a robust peak body can be most effective in challenging and promoting ideas in the interests of women and children affected by family violence and preventing violence against women. Robust and effective advocacy is essential to a functioning democracy and improves the outcomes across the whole community.

DV Vic has been very successful in elevating the profile of family violence in the media recent years. We are frequently called upon to speak on behalf of the family violence sector in the media and have broad support from our membership in this role. This increased media profile has not developed by accident, but over years of concerted work with journalists and media outlets to improve the quality and consistency of reporting on violence against women.

DV Vic works in collaboration with a number of allied peak and statewide agencies with a stake in Victoria's family violence system. We routinely undertake joint-advocacy where initiatives of relevance to the integrated family violence system and the legal system are under consultation. These collaborative endeavours not only create efficiencies, but provide Governments with robust, evidence-based and comprehensive advice. Through undertaking future joint-strategic planning, our collaborative work with partner agencies will benefit from identifying and working towards shared objectives, which recognize the respective and unique roles of the members of particular alliances, but which establish collective positions on important issues.

Recommendation 18

That the important role of peak bodies for the family violence sector, including Domestic Violence Victoria (DV Vic), to drive best practice and policy innovation, is recognised by committed, recurrent funding.

4.6 A system-wide quality assurance framework: minimum standards, regulation and accreditation

The need for a statewide family violence system quality assurance framework with established standards, regulation and a system-wide accreditation process was strongly endorsed by DV Vic member agencies. Members believe that a quality framework, that encompasses service delivery, organisational processes and workforce standards, is essential to ensuring that women and children affected by family violence are provided with the best services possible to achieve optimal outcomes.

As this submission has documented, the family violence system has evolved in an ad hoc, responsive and un-coordinated way, as services and governments sought to respond to crisis issues as they have arisen. This has resulted in a system that provides localised, at times idiosyncratic and inconsistent responses across the state. While all agencies endeavour to provide the best service they can, there is no doubt, that service delivery can be described as patchy. Importantly, the opportunity to share information and learn from each other is largely unavailable. It is worth noting that from 2007 to 2013 DV Vic was funded for a position to support sector development, including building workforce capacity and strengthening practice, but without the additional funding the organisation has

been unable to continue this critical work. As the peak body, DV Vic is ideally placed to drive the consultation and development of a quality assurance framework for family violence services.

Currently family violence agencies funded through the Department of Health and Human Services are required to be accredited under the Human Services Standards and undertake an accreditation review every three years. These standards replaced the previous program-specific Homelessness Assistance Services Standards (HASS) to under which family violence agencies had operated since 2008. The current accreditation scheme, in place since 2012, was implemented in order to reduce red tape and streamline processes. Where the previous HASS standards required adherence to the DV Vic Code of Practice, the new standards do not.

The current standards are set and gazetted by government. The Human Services Standards promote a generic approach to human service delivery that aims to ensure that people experience the same quality of service no matter which service provider they access. While acknowledging the principles that underpin this approach, DV Vic believes that there is scope for a quality framework specifically required for best practice in specialist family violence service delivery which reflects the particular skills and competencies required for family violence work, as outlined in previous sections of this submission. For example, the DV Vic Code of Practice, discussed in more detail below, was developed in 2006 to this end and involved an extensive research and consultation process with the specialist family violence sector to develop agreed best practice standards. The document is very much 'owned' by the specialist sector because of the participatory nature of its development.

In addition to enhancing the standards and accreditation schemes detailed above, further elements of a quality assurance framework for family violence services should include:

- A consumer charter to set out the rights and responsibilities of clients in the family violence system.

- A service charter – a public statement about the services that are provided by specialist family violence services and what clients can expect from that service.

- A complaints management system is an integral part of any quality framework which assesses, manages and responds to client complaints and concerns and which is an important part of contributing to improving quality service provision. At present family violence clients are referred to the Council to Homeless Person's Homelessness Assistance Service (HAS) which acts as a complaints mechanism for specialist homelessness services system-funded agencies (and thus includes most family violence agencies). This system does not facilitate feedback on the wider range of services offered by family violence services beyond crisis accommodation. Clients can also make complaints about Government funded programs through the Victorian Ombudsman's Office. Neither of these complaint mechanisms are widely known or understood by clients in the family violence system and there is a lack of information about where they can take any concerns or complaints.

- Standards which sit above the generic human service standards and describe the expected outcomes, processes and performance. Standards should cover operational issues including all aspects of an organisation's business and service delivery as well organisational management and governance practices. Established standards for the sector not only clarifies consumers' expectations around family violence service delivery but standardises service delivery across the state, building consistency of practice and quality of performance.

- **Quality assurance** (or minimum quality) is a critically important process of determining whether family violence services meet expectations. This process identifies the requirements for service delivery and organisational processes and verifies that those requirements have been met. Combined with the process of Continuous quality improvement (CQI) there is an ongoing cyclical process of self-assessment, performance improvement and review.

- **Consumer/client participation** – women who have been clients of family violence services have critical insights and knowledge of service and system gaps as well as evidence of best practice from their experiences. Their participation in quality assurance processes, as well as decision-making and policy development is invaluable and formal participation opportunities should be built into quality framework at every level.

Under the current limited scheme, the accreditation process is outsourced to a number of different independent quality assurance review bodies. In our submission on governance for the family violence sector, DV Vic is recommending consideration of an independent statutory authorising body responsible for oversight of the system. It is feasible that one of the functions of the body would be regulatory, with responsibility for undertaking statewide family violence service accreditation. This approach would build coherence and consistency across the system. The DV Vic submission on system governance structures elaborates on this point.

Recommendation 19
That a comprehensive quality assurance framework is developed to establish minimum standards and accreditation processes for family violence services across the state. The quality framework should cover service delivery, organisational process and workforce standards.

Recommendation 20
That the establishment of an independent statutory authorising body responsible for oversight of the family violence system, with a function for regulation, including service accreditation.

4.6.1 Code of Practice for Specialist Family Violence Services for Women and Children

In its broadest sense the Code of Practice 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 to receive when accessing family violence services. Further, the development of interlinked and complementary Codes of Practice across all family violence sector agencies would create a system framework of accountability for system integration.

The DV Vic Code of Practice for Specialist Family Violence Services for Women and Children (CoP) 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 CoP is referred to in a number of departmental policies and frameworks such as funding and service agreements for DHHS funded family violence services, the Family Violence Common Risk Assessment and Risk Management Framework and Practice Guidelines: Women's and Children's Family Violence Counselling and Support Programs and the draft Risk Assessment and Risk Management Panel Guidelines. It is worth noting as well that the CoP has been translated to Korean and is used in family violence services in South Korea. As the first document of its kind it has been used as a model Code by other jurisdictions in Australia and internationally.

Since 2006 there have been major changes in policy and legislation in Victoria and many new programs and practice-approaches developed; revision and update of the Code of Practice is now urgently required. The Code 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. A revision of the Code would also enable new areas of practice to be included, such as cultural competency; early intervention; post-crisis support; disability accessibility; reference to new and emerging programmatic responses, such as a section on 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 and to philanthropic donors from 2009 onwards seeking funding to enable the revision and re-publication of the Code, we have been unsuccessful. Without revision the Code of Practice risks obsolescence.

The Royal Commission into Family Violence provides an ideal opportunity to review the purpose of the Code of Practice for Specialist Family Violence services and to reaffirm the Code's role in supporting best practice in family violence service delivery in Victoria.

Recommendation 21

That DV Victoria 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.

4.7 Workforce issues in specialist family violence service

The family violence sector in Victoria has always operated in an environment of extremely constrained and uncertain funding arrangements. This has had a significant impact on the breadth and flexibility of services that can be offered, but also on the capacity of agencies to offer staff adequate employment packages, professional development and career pathways. While the Equal Remuneration Order pertaining to the social services sector is a positive step, there remains significant cause for concern about the long-term sustainability of the sector's workforce.

4.7.1 Profile of specialist family violence workforce

Low pay and few opportunities for professional development are not the only challenges facing the specialist family violence workforce. There are significant concerns around recruitment and retention. In 2007 the Department of Human Services commissioned KPMG to undertake a survey of the Victorian community-managed housing and support workforce capacity.[29] By disaggregating the results by sub-sector this survey found that workers in the family violence sector are:

- ageing (the average age of women in the sector is between 45 and 54 years)
- almost exclusively female (most family violence services have EEO exemptions to employ only women)
- predominantly employed part-time (fewer than half are employed on a permanent full time basis)
- undertake significant amounts of unpaid overtime; and
- 26 per cent indicated they would be leaving the sector in the subsequent two years.

We have a largely highly skilled and professional workforce that has adapted to the increased expectations of the Victorian family violence and a range of other interrelated reforms. The integration of the family violence system has placed increased expectation on family violence workers to perform duties beyond the scope of their positions with little or no additional funding to support this activity. Examples of the skills required for family violence service provision include the ability to: assess and manage significant risk; appropriately respond to clients who are traumatised; work with children who have witnessed and / or experienced violence; participate in regional integration and referral pathways; engage and develop formal protocols with a broad range of relevant stakeholders outside the sector ie the health care system, courts, police; network and work collaboratively with partner agencies including providing secondary consultation; support women through the court system with a working knowledge of relevant legislation and judicial processes and provide evidence in court. Each of these responsibilities requires particular skill sets and expertise, and there is little recognition of this in both remuneration levels and recognition of skills. Staff in the family violence sector require highly developed skills in order to meet the range of client complexity they encounter. As discussed in detail in Section 2, this includes areas that are less tangible than those listed above including building trust relationships, emotional support, and respect afforded to clients.

4.7.2 Recruitment and retention of staff

Family violence work is by nature stressful, emotional and fatiguing work. Family violence workers can experience burn-out, vicarious trauma, understaffing and high workloads. The challenges of their core work involve difficulty accessing services and resources for clients, difficulty responding to the complexities of client need, lack of time to complete these tasks (most work part-time) and limited access to supervision. The majority of people working in this sector do so because of their personal commitment to address violence against women and this increases their personal investment in the work they do with individual women. This increases the risk of vicarious trauma for specialist family violence workers and the need for organisational support and professional supervision.

Consultations with DV Vic members indicate that agencies are having increasing difficulty recruiting and retaining staff. Services across the state indicate that they are now considering candidates for positions who would not have been deemed appropriately qualified or skilled as recently as three years ago. Concerns were expressed that new social work graduates are inadequately prepared for work in the sector and that managers taking on new staff are

[29] KPMG 2008, Department of Human Services Survey of the Community Managed Housing and Support Workforce: Summary Report, KPMG, Melbourne

required to invest significant amounts of time providing them with training and supporting them with considerable supervision and support when they begin work.

Member agencies also report that staff at all levels are indicating their intentions to leave the family violence field. We are facing a situation of significant loss of corporate knowledge and practice wisdom from the sector. Without the capacity to provide fair and appropriate employment packages, succession planning, and the corresponding intake of skilled staff to replace these positions, is an increasingly challenging task.

4.7.3 Family Violence Workforce Development Strategy

As the peak body for family violence services, DV Vic has a 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.

Elements to include in a workforce development strategy:

- Professional development – education and training,
- Employment packages that ensure fair and adequate remuneration for workers and flexible working conditions.
- Mandatory units on understanding violence against women and family violence as part of the core curriculum for social work, psychology, education, nursing and other relevant degrees.
- Attraction and recruitment of suitably qualified graduates and identifying strategies to ensure that working in the family violence sector is seen as a desirable career choice. Provision of student field work placements and establishment of relationships with tertiary institutions will be considerations here.
- Retention of experienced practitioners.
- Worker competencies, skills and training – including a focus on the multidisciplinary skills required to meet the demands of clients with complex needs. For example, the possibility of transferring existing professional development and training courses, such as Introduction to Domestic Violence offered by DVRC, to meet Certificate, Diploma and Bachelor level qualification requirements must be given attention.
- Opportunities for continuing and relevant professional development.
- Career pathways within and across sectors.
- Supervision and other staff support mechanisms
- Provision for management structures to be built into organisations where this has not historically been funded. Peer support and mentoring structures and opportunities for women in managerial positions would strengthen the support and skills of these women in the sector and contribute to their decisions to remain in the sector.
- Ensuring robust organisations via strengthened governance arrangements and clear and articulated strategic planning processes.
- Built in evaluation to assess the impact of workforce development strategies on work practice and service outcomes.

Recommendation 22

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

Recommendation 23

That units on understanding violence against women and family violence are mandatory the core curriculum undergraduate courses, including social work, psychology, education, nursing, medicine and other relevant degrees for social work, psychology, education, nursing and other relevant degrees.

Recommendation 24

That funding is reinstated for DV Vic to play an ongoing role in sector development, including developing and implementing a revised Code of Practice for Specialist Family Violence services.

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Attachment A – *No More Deaths Alliance*: Principles Framework

PRINCIPLES FRAMEWORK FOR FAMILY VIOLENCE SYSTEM REFORMS

The No More Death Alliance organisations believe that the Victorian Family Violence system should be built on these fundamental principles:

1. Freedom from violence is a basic human right and women and children have a right to live self-determined lives and reach their full potential.

2. Family violence is gendered - it is most frequently and most severely perpetrated by men against women and children.

3. The primary cause of family violence is structural gender inequality and the unequal distribution of power and resources between men and women.

4. The use of violence is a choice.

5. Violence is preventable.

6. Family violence services and systems are informed by and responsive to the lived experiences of women in all their diversity.

7. The system delivers effective responses to family violence across the continuum from primary prevention and early intervention to crisis responses and post-crisis recovery.

8. The needs of women and children and ensuring their safety and well-being underpins all aspects of the family violence system.

9. Effective responses for women and children from groups and communities at highest risk of family violence are led with those groups and communities. For example, Aboriginal and Torres Strait Islander women, women from culturally and linguistically diverse communities, women with disabilities and women in rural and regional areas and other marginalised groups.

10. The family violence system is fully integrated and barrier free across sectors.

11. The family violence system is safe, respectful, responsive, consistent, affordable, efficient and tailored to individual needs. It maintains a consistent standard of service quality and a skilled and professional specialised workforce.

12. All aspects of society including governments at all levels, communities, systems, services and perpetrators are responsible and accountable for ensuring that women and children's lives are free from violence.

13. The family violence system, particularly the justice system, keeps perpetrators in view and holds them responsible for their behaviour.

14. Family violence is not incidental or temporary; it is an ongoing, serious and pervasive societal problem. Policies and funding models must reflect this.

Architecture needed for a family violence system built on these principles include:

1. Commonwealth and state government funding arrangements that reflect the serious, complex, cross-sectoral and endemic nature of family violence. This requires a dedicated, guaranteed and recurrent family violence funding stream through Commonwealth and state governments that is protected by legislation, for services across the family violence continuum – crisis support, early intervention, post-crisis recovery and prevention.

2. Minimum standards that apply across every aspect of the family violence system tied to funding and accreditation. These should be informed by best practice across operations, policy, tools, training, governance, cultural competency, disability access, data collection and evaluation.

3. A family violence workforce with specialist skills and expertise which meet recognised standards of certification and continuous workforce development; and generalist services that meet minimum standards for responding to family violence.

4. A Common Risk Assessment and Risk Management Framework for responding to family violence, used consistently across sectors and settings in Victoria.

5. Family violence and risk assessment training, including cross-cultural competency and disability access, for all staff working in services and systems across the sector, including mainstream services and intersecting systems, such as, family services, child protection, health and education.

6. Statewide and regional governance structures and processes based on collaboration, evidence, sustainability and longevity.

7. Structures within government, community agencies and the justice system and dedicated funding to support women who have experienced family violence to formally participate in decision-making in an ongoing way.

8. A legal system that includes access to independent, specialist, free legal advice; family violence specialist support at every point; and courts and court processes that are responsive to the dynamics, impacts and risks of family violence.

9. Effective, transparent family violence death review processes, to inform continuous improvement in systems responses.

10. Consistent, relevant data collection, research and program evaluation to inform continuous improvement of the family violence system.

11. Long term, comprehensive primary prevention work across the community that is evidence-based and appropriately resourced, complemented by whole of government policies to address structural gender inequality.

Attachment B – Sequence of development of Refuges

This attachment is a personal communication received by DV Vic and prepared by Wendy Austin. Wendy has 36 years' experience in the family violence sector in Victoria, including as former Manager of Brenda House. Wendy is an authority on working with women and children experiencing family violence, particularly through the provision of refuge, having worked continuously in this sector since the inception of high security crisis accommodation in the 1970s through to the reforms of recent years.

Mid 1970s-1980s: Statewide high security crisis accommodation focus

- At this time women and children living with violence had no choice but to flee their homes in order to be safe; there was no adequate police or legal response; family violence was 'shameful' and personal and no-one left until it was critical; many stayed;
- Refuges offering crisis accommodation to women and children were community based, started individually by grass-roots groups that saw the need and met it – community agencies, church groups, feminist groups, political activists etc.; it was not a government program in any sense;
- Housing was secured (read 'scrounged') from councils, churches, real estate agents, community groups, usually houses that were due to be demolished shortly or others that were on a very short-term lease; no-one wanted a refuge next door;
- In the early stages there was no government funding at all supporting these initiatives;
- As refuges emerged across the state their location was very ad hoc, simply based on local groups; due to socio-economic circumstances at the time and the general secrecy and shame of family violence, women with access to financial assets often funded their own removal while others needed assistance;
- For this reason and because women and children needed to be removed from their situations in order to keep them safe (highly patriarchal society, men had 'ownership' rights), more refuges emerged in the eastern region (6) than other metro regions (2-3) and others emerged sporadically in rural areas; it was never based on local need across the state and these general locations largely remain the same today;
- Intake for all these services was statewide and refuges did not accept clients from their own regions because they could not guarantee client and worker safety with the legal system of the day;
- In order to meet this need and support clients, plus the equal need for broad advocacy and political impact, services from across the state gathered in a very disparate statewide network from the late 1970's in a bid to secure government funding – the glue was the focus on women and kids living with violence;
- At the time all services were largely voluntary and relied on locally secured housing – ordinary 3-4 bedroom houses, one family to each room, were the norm;
- Some just had a group of volunteer workers, others had a loose committee structure, all contributed as they were able;
- A broad framework was agreed, statewide network discussion occurred with government (not regions) and services applied individually (and in competition) for base funding, a maximum of 12 months at that stage;
- By their own admission (in the 1990's when agencies went back to government for long service leave funds) the state government did not expect family violence services to last; when funding submissions went in, the need was hard to deny and minimal funding was provided one by one with annually leftover health, homelessness and child welfare funds – it was cobbled, not planned, and FV was not an issue in its own right;

- Due to safety issues the address of services was not revealed to government and there were basically no realistic checks and balances in place (other than the DHS address holder protocol); refuges largely operated in isolation from their local areas and the funding body;
- The model funded in the early 1980's was based on collectivity at the demand of the emerging sector – women walking equally with women, redressing the imbalance of lives lived with violence;
- Some individual statewide resource services were developed by the network and received some funding at this time – focus on today's crisis referral services (now Safe Steps), DVIRC (now DVRCV), Refuge Ethnic Workers Program (now InTouch), WIRE and statewide women's housing;
- Crisis accommodation funding was initially for 3.5 case workers, 1.0 children's worker (child minding focus) and 0.5 case management admin; there was no funding for service management, asset replacement, long service leave, property maintenance etc; at this time premises were largely rented and services moved often; a rent component ($6000 pa then) was provided and this became a maintenance component when refuges were purchased from the late 1980's, highly inadequate;
- The funded model was for a high security communal setting, with one client family per room; funding was for a four to six-week crisis period with the intention that public housing would then be available, which it was initially but not for long; services often had 4-5 women and up to 20 children on site at any one time; operational funds covered the women only, the kids were 'looked after' but were not clients themselves;
- One–off grants (end of year surplus funds) were made available for white good replacements, vehicles, car seats, etc but this was stopped in the mid 1990's with no additional base funds to compensate;
- This remains the funding base today!! One of the case management salaries has been enhanced and called management (early 2000's) but there has been no effective increase to base funds, other than CPI, for the last 15 years;
- Current property maintenance funding is still based on $6-8000 per annum with services given the opportunity to be reimbursed, with approval, for major one-off maintenance expenses. The maintenance required for a property of the age of the most refuge sites, and subject to a regular turnover of crisis clients, is far greater than available funds; titles are mainly in the name of services so regular responsive maintenance is not provided by DHHS (as for a DHHS owned and managed asset) and it has been very difficult to secure refurbishment funds;
- Over the years refuge / crisis accommodation services have achieved charity and Deductible Gift Recipient (DGR) status and use this to secure community support, philanthropic grants, have council rates waived etc; as family violence has become better recognised, many have also applied for pilot or short-term funding for new programs;
- To keep women and kids safe in a communal environment in an era where community and legal support was minimal and stay in refuge was largely short (max 6 weeks prior to public housing allocation), refuges imposed rules to keep their addresses secret that included women and kids leaving their region of origin, kids changing schools with no trace to the previous school, women needing to take a leave of absence from work and education, boys not accepted from puberty onwards (12-13 y.o.). There were no funded security measures, safety /risk was managed by establishing geographical, on the ground distance;
- Over this period escaping violence was to hide from violence, then seek to reestablish safely in another place;
- The communal nature of living was both supportive to those who were previously isolated and was/is a delicate balance of need that resulted in rules around behaviour and interaction. Further comment in next section.

Late 1980's – 2000 – emergence of family violence outreach, transitional housing and regional support

- By the late 1980's 30+ refuges had emerged across the state and services, all funded centrally by the forerunner to DHHS, kept in touch and advocated together from monthly network meetings; these services shared practice developments and broader policy advocacy;
- During this period the complexity of clients accessing refuge services escalated, commensurate with a growing awareness and visibility of family violence, the development of Australia as a multi-cultural country (70s-80s we first saw Eastern European clients, 1990's we first saw Asian clients and 2000+ we first saw African women and kids) and the reduction and lack of structured support for those living with disability, mental health and / or drug and alcohol addiction. In a model of a heavily populated and often-changing communal environment, away from the area with which clients were familiar and with a focus on safety, risk management and client self-determination, services found it necessary to impose some rules around rights, responsibilities and behaviour; these were often difficulty to juggle on a daily basis when the focus was on individual case management; this will remain an issue while the communal funded model is in place;
- Lack of affordable public and private housing also became a major issue over this period, together with client complexity and a growing evidence base that women and kids needed a longer support period than the 4-6 week funded model provided. To address this issue individual services submitted for individual DHS houses to use as ¾ houses – the next step on from crisis refuge with continued transitional support on an outreach basis, (workers were not on site as in refuge); these houses were the forerunner of the Transitional Housing Management (THM) Services that emerged in the mid-1990s. Refuges continued to support clients in their ¾ houses with no increase in funds. DHS houses allocated for this purpose were often shared between families; some had separate units on the block (eg. bedsit for singles, house for families); because they were not run by a DHS program directly, these houses fell through the cracks when it came to property maintenance, again supported by services with no extra funds – services ran on the smell of an oily rag and lots on voluntary ingenuity (partners with paintbrushes etc);
- Comprehensive individual supports were provided on the ground with some excellent outcomes but which were 'band aids' in the overall fight against family violence; the political and community battle occurred largely through the voluntary statewide network, the forerunner of today's DV Vic – a 15+ year effort by on the ground services until peak body funding was first allocated on a 0.8 EFT one year project base in 2003; government largely were not ready to address this bigger picture or the gendered analysis of violence and the need to hold perpetrators accountable;
- The network self-imposed accountabilities and service standards (written by the sector and later adopted by the department); all this was possible while services had a full view of family violence across the state and were considered to offer a statewide response;
- Recognising that women and children deserved to be supported in their own areas without leaving home, the network / refuge system applied for funds for an outreach response from the late 1980's. Many services sourced workers from their midst and developed and supported regional outreach services. For example, in the East, Inner East Outreach was begun by Brenda House (BH) and Outer East Outreach by Maroondah Halfway House (MHWH). These outreach services later combined to become today's Eastern Domestic Violence Outreach Service (EDVOS). This growth was replicated in other regions across the 1990's;
- Through the late 80's and early 90's government introduced greater accounting and reporting standards and undertook individual services reviews that were to be repeated on a three-year basis. There was no

commensurate increase in funds, still based in homelessness as 'one of the causes of homelessness', rather than a crime and a power and control issue in its own right;

- DHS was well aware of the cobbled nature of funding and started three reviews of the base funding model over this period – the writer was a sector representative on all of these. As it became obvious that the injection of funds required to properly fund an accommodated crisis response to family violence was well beyond budget capacity, each of the reviews was halted. Therefore, later reform, largely funded only on a pilot basis, was added to a funding base that had a seriously flawed foundation;
- A funding requirement added at this time was the establishment of Wider Collectives i.e. community based management groups that took responsibility for DHS funds accountability; this role was largely taken on by the worker groups until this time, reflecting the ad hoc nature of funding development and often based on service provision rather than service management. Wider Collectives were a halfway point to boards, recognising the flat structure of women's services;
- In the mid-1990's DHS effectively watered down the influence of the statewide network by a) reviewing all refuge funding to the point of closing services – crisis accommodation was deemed to be the 'Rolls Royce' funding option (DHS words) due to the capital costs and potential asset maintenance of buildings, and b) allocating funding for the statewide refuge system to be administered by DHS regions. This had the effect of increasing the invisibility of statewide services in regions since they were not providing services to the women of the region in which they were located, and also did not benefit from local community support (more likely to be shunned than supported at that stage as those benefitting were not from the local region). Refuges achieved a lot over this period, but often in isolation. There was also tension between the statewide crisis accommodation model and the more visible regional outreach model – outreach was also much cheaper than providing accommodation and this became quite contentious;
- Some of the sector achievements of this period, largely unfunded, was the ad hoc and limited trial of providing a regional crisis accommodation response to women and children needing to escape from violence and wanting to stay in their area. Some outreach services accessed units to temporarily house regional women needing safe accommodation but deemed to be at a lower level of risk; these addresses were also confidential. However a regional response to full crisis need was not in place, except in some rural areas. One example in the writer's experience of a metro response was applications by Brenda House for two houses over this period, one with separate living areas front and back and the other stand alone. With the complexity of communal refuges growing it was also clear that women and kids deserved their own space while dealing with their crisis but that access to other families on the same property in similar situations had advantages (units, separate areas);
- Because of the additional ¾ house and 2 regional support house initiatives, Brenda House worked with a mix of communal (refuge property with a 3BR house and a 2BR unit on site = 5 client families) and more separate spaces (3BR unshared house and one single bedsit on ¾ house site; 2 families in separate living areas in one regional property and largely unshared 3BR house on the other). This was achieved with base communal model funding, philanthropic support and small charges to clients in receipt of income to cover additional utilities. This overall model meant BH could accept larger families and clients with high complexity and needing longer-term support; it soon became apparent that clients both deserved and achieved their goals better with privacy but with accessibility to mutual support if they wished. The model developed was directed by client need, and was less of an imposed system. While properties were physically secure, and property address security was still required, largely the safety of the woman depended on her analysis of need and her own safety plan developed and adjusted through case management processes;
- Over the latter part of this period the statewide network (crisis, outreach, statewide resource services) was less active politically as most services were simply struggling to survive, were reacting to government

changes and were in emerging competition with each other (crisis v outreach due to cost factors) and emerging mainstream responses such as transitional housing services. The base funding issue was never addressed.

2000 - 2006

- This broader sector reactivity and crisis and outreach struggle to cope with increasing demand and client complexity broadly continued in the early 2000s;
- As noted earlier, the many years of advocacy for secretariat / peak family violence funding finally bore fruit in ~2003 with a 12-month funded 0.8 EFT policy position, the beginning of what is now DV Vic. This was very welcome but in itself added the complexity of the sector needing to 'give over' bit by bit some of the control of the very active voluntary network to an employed worker. Then that role required a management component, which was provided by a Coordinating Collective (non-official board) that was drawn from membership. This was also unfunded and added another layer and a degree of competition between services (see Jacqui Theobald thesis);
- On the ground services were coping in their own way and reacting to the demands / focus of regional DHS management and options. Responses to the ever-escalating demand for family violence support across the state, the increasing visibility and awareness of family violence by government and the community and the ever-increasing complexity of clients were dependent on the on-the-ground strategic thinking of community management groups and staff and sheer physical capacity with no additional funds. Services were increasingly seeing the need and being required to operate as small businesses and to be accountable to business practices and reporting. This was undertaken with the same funding limitations, including the lack of a management role. On this basis there was no choice but to seek outside support and/or reduce case management positions to fund management;
- The writer can provide personal experience of the example of the BH response at this time. BH was certainly not alone in looking outside the square but this was one of the more innovative ones; many services did not develop / have the capacity, vision or drive to broaden their responses, providing even greater disparity on the ground. Many were / are severely limited by the historical communal model;
- The ability of BH to respond was definitely assisted by access to multiple houses (see previous section) and reflected a view that women and kids should be able to, and had the right to, be safe in their own communities. It was less about secrecy and more about community accountability. It happened as follows:
    - By 2000 it was clear that the communal, sharing model did not serve the breadth of experience and flexible options deserved by women and children living with violence and the emerging community acknowledgement of all aspects of family violence;
    - The journey of the BH expanded model had proved that crisis accomm in separate living spaces on one block, with common areas available to meet or run groups, affords a better response;
    - It also showed that many women could be safe in their own communities (not homes at this stage) with crisis property security and tailored personal safety plans;
    - It also placed a higher emphasis on the needs of children living with violence, as they were more visible in their own right and not just part of a large bunch of kids;
    - In late 1999 regional DHS asked BH to provide financial services to another refuge, with their agreement. This emerged as a five-year agreement (later ten) with a charge to the other service;
    - This change provided the opportunity to vary the BH model fully from communal to dispersed crisis accommodation across the four properties and to create an external office that included public outreach support;
    - BH absorbed the work of the extra financial management, used the funds gained to rent external office space (together with the other agency), moved the service management to this space and

began an outreach service and a lesbian support focus. The previous office space at the communal refuge was changed to a bedsit;

- The four properties therefore provided crisis support to statewide and regional women as follows – previous communal refuge had one large house (could accommodate up to 6 kids), the bed sit and a 2BR unit; the ¾ house had a large 3BR house (6 kids) and a bedsit; the regional house with separate living spaces was divided to two 2BR units; the other house was a standalone 3BR (6 kids) that worked for women that wished to be alone and/or highly complex families where sharing was a problem. It was cobbled but offered 8 separate crisis living spaces over four properties that accommodated a wide variety of family configurations. It meant BH could offer support to 8 families while funded for 4-5. The next step on from refuge was then the transitional houses (3 month stay) provided by the THM program established in the mid 1990's – also fraught as longer support was always needed and affordable public / private housing post THM was very slow;
- Workers attended the houses by appointment or at time of need, based on the clients requirements. Clients drove their outcomes through the case management process; workers and the service provided systems based options, resources, networks etc.;
- The model proved the value of clients taking control of their own situations, accessing support of other clients if they chose, without having to juggle communal living. It was as much a change of thinking and focus as a changed accommodation model;

– In 2005 – 2006 BH could see the systemic inadequacy of poorly funded crisis accommodation services into the future and the lack of ability to plan a sustainable future. At this time BH approached the other FV services located in Eastern Metro with a suggestion to create a Joint Venture and reduce back office duplications but this was not supported at that time – potential job losses, losing past history etc. It was to be examined further after accreditation.

2006 – today – reform period

– FV was becoming a government reform focus and involved a whole of government approach; integration of services and regional partnerships was deemed to be the key to offering a better response to violence; the lack of consistency of response and the inability to meet demand across the state was recognised but the systemic flawed funding and model platform was not acknowledged;
– Regional family violence partnerships were developed via funded RICs (Regional Integration Coordinators) based in auspice agencies. FV crisis services were required to participate as well as provide a statewide response; there was no funding for services to participate in the extensive demands of partnership, especially where partnership grew to include other services over time – health, housing, police, courts, disability, legal services, corrections, MBC, children's services, family services etc;
– The major flaw in this process was the lack of a statewide template / structure to inform / guide regional development. The RFV Partnership configuration in every region was different and there was very limited consistency across regions achieved. DV Vic stepped in to help RICs at this time but the system did not improve until a full governance review took place a few years ago. This was not the first time – a crisis support framework was loosely introduced around 2003 to work toward FV consistency but again, there was no central framework and it failed;
– This era also bought increased accountability through first time accreditation for FV services. In 2006 outreach services were basically defunded and had to apply for funds on a more consistent model basis; refuges were not able to be included as there were major legal impediments attached to their 'ownership' on refuge titles (DHS funds provided to purchase crisis accommodation services in name of agencies in late 1980's; a caveat was applied to recognise DHS interest but all DHS records were not made public when DHS

offices moved so no evidence was at hand); government openly suggested that refuges might give up funding or merge rather than small services meet accreditation standards but this largely did no occur;

- Accreditation occurred over time, sometimes with services working together in group projects, and was largely completed in 2009; an ongoing condition of funding was accreditation and also a management, rather than collective, structure. Many services moved to a formal management role with a board at that time. However, transition is still occurring as services were largely community based with an operational as well as management focus and it was difficult for agencies to transfer to a truly governance model with the Board managing the CEO and being formally responsible for strategic direction, risk, financial management etc. Again, no financial support was available to assist this transition;
- On the ground there were no major changes to existing crisis accommodation models but there escalating community demand and client complexity as FV awareness grew;
- A number of short-term pilot options were made available through various state and federal Govt initiatives. Some examples are the initial Intensive Case Management roles, auspiced by housing. These were not intended for FV but BH and MHWH secured a shared role that was funded for two years and was the forerunner of today's ICM roles – it was for longer term support to keep clients safe and out of homelessness and a return to the system. Others were A Place to Call Home (APTCH), intended to keep women and kids in the transitional house they were occupying long-term with a change of status to public housing – good idea but major maintenance and standards issues and the FV houses were rarely replaced as transitional houses; and Safe at Home;
- Safe at Home was initially offered as a legal and practical response to women and kids wanting to safely maintain their own housing with an Intervention Order that excluded the perpetrator. Funding was for a two week period that addressed the legal processes and practicalities like lock changes, security lights etc. Again, a step in the right direction but no case management was attached. Funding was for 2EFT per region and $16000 brokerage over 4 years; it was never going to be adequate. In the East BH and MHWH partnered with EDVOS for this funding;
- In time BH and MHWH worked separately to create another SaH model, with the agreement of DHS. It was premised on the increasing need to offer support to women and kids to remain safely in their own homes or communities, rather than go through the crisis accommodation system; it also recognised that many other services were 'first to know' and were in a position to identify violence at a much earlier stage in a client's experience. For this reason we partnered with Centrelink in the East and provided training to Centrelink social workers to be aware of more subtle forms of family violence – financial, social, cultural – and to offer clients a connection with our service. This was amazingly successful and resulted in women and kids accessing intensive FV support at a much earlier stage;
- As this emerged there was investigation and great interest from maternal and child health, ambulance services, maternity units etc. for this sort of support i.e. the many 'first to notice' services that connect with families at a point of change or crisis and may notice overt or subtle family violence but have nowhere to go with it; this included the police;
- BH also took a number of steps over this period to enhance and broaden the accommodation and support options available to clients:
    - After 15 years of application DHS finally found funds to knock down the previous ¾ house and replace with units built to disability standards. The building process was complicated and took some time but for the first time we could offer crisis housing to women and kids also living with a disability;
    - Again acknowledging the probable lack of sustainability of the existing model and the need to offer improved breadth to regional and statewide clients, the discussion about formal collaboration of services continued. This resulted in a formal merger in 2012 that cobbled the

innovations of both BH and MHWH to provide a much broader physical and service delivery base that ranged from early intervention (SaH), a cluster model of short term intensive assessment and support with a school on-site, a dispersed model of secure crisis accommodation, support of transitional houses and longer term intensive case management for some clients. The support options increased when two other family violence services became a part of this model.