

DOMESTIC  
VIOLENCE  
VICTORIA

Position Paper on the Support and  
Safety Hub Model & Implementation

*2<sup>nd</sup> Edition*

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# Executive Summary

## Background

Support and Safety Hubs (hub/s) are intended to provide an entry point to specialist family violence services for victim-survivors, specialist family violence services for perpetrators, and child and family services. Five hub sites have been implemented, and three more within the second tranche of hub sites are planned for rollout in 2020/2021. While hubs are one integral part of the family violence service delivery system, they are also a significant change to the existing system.

## Purpose

This document is a second edition of the DV Vic Position Paper on the Support and Safety Hub Model & Implementation, published in March 2019. Its purpose is to communicate the position of the specialist family violence sector arising from the implementation of the five establishment hub sites and three incoming sites to government and other key stakeholders, and to be a tool for advocacy at the local, regional, and statewide levels.

## Methodology

This position paper was developed in close partnership between Domestic Violence Victoria (DV Vic) as the peak body for Specialist Family Violence Services (SFVSs) for victim-survivors in Victoria, and SFVS members of the DV Vic Hubs Working Group. This group consists of SFVSs that are involved in the first five implemented hubs sites in Victoria, the second tranche of three incoming hub sites for 2020/2021, relevant statewide SFVSs and the Orange Door Statewide Reference Group members. This paper also draws on a number of documents focused on the performance of hubs, including *The Orange Door 2018 Evaluation Report*<sup>1</sup>, the Third annual report from the Family Violence Reform Implementation Monitor<sup>2</sup>, and the Victorian Auditor-General's Office (VAGO) audit report *Managing Support and Safety Hubs*<sup>3</sup>. The paper is also supported by key system enablers that provide frameworks and guidance for the SFVS response service system, inclusive of the Family Violence Multi-Agency Risk Assessment and Management (MARAM) Framework<sup>4</sup>, details from the *Family Violence Protection Act 2008*<sup>5</sup>, and *The Code of Practice: Principles and Standards for Specialist Family Violence Services for Victim-Survivors: Second Edition (the Code)*<sup>6</sup>.

## Findings

The potential benefits of multi-disciplinary, multi-agency service delivery within hubs can provide a holistic service response to adults, children and young people who are experiencing or have experienced family violence, families who need extra support with the care of children and people who use violence. However, there remain a number of fundamental concerns, including those raised in the first position paper, indicating an absence of progress on the critical issues raised over the last 16-

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<sup>1</sup> PricewaterhouseCoopers Consulting Australia (2019): *The Orange Door 2018 evaluation report prepared for Family Safety Victoria*.

<sup>2</sup> Family Violence reform Implementation Monitor. (2020). *Report of the Family Violence Reform Implementation monitor: As at 1 November 2019*. Melbourne: Office of the family Violence Reform Implementation Monitor.

<sup>3</sup> The Victorian Auditor-General's Office. (2020). *Managing Support and Safety Hubs*. Melbourne: Victorian Auditor-General's Office.

<sup>4</sup> State Government of Victoria. (2019). *Family violence multi-agency risk assessment and management framework*. <https://providers.dhhs.vic.gov.au/family-violence-risk-assessment-and-risk-management-framework>. [26.07.2020]

<sup>5</sup> Family Violence Protection Act 2008 (Vic) s.5.

<sup>6</sup> Domestic Violence Victoria (2020). *Code of Practice: Principles and Standards for Specialist Family Violence Services for Victim-Survivors. 2nd Edition*.

months, exacerbated by gaps in authentic collaboration with key stakeholders by FSV. There remains significant concern that 'FSV cannot yet demonstrate whether the hubs are leading to better outcomes for families.'<sup>7</sup>

The findings of the paper are captured within eight themes, each headlined by DV Vic's position statements. Importantly, each of these themes intersect and have a cumulative impact.

### **1. Identifying, assessing & managing family violence risk must be the priority of the hub model**

There is a lack of clarity regarding the priority for response in the hub model, which has led to a difference in understanding for hub partners, and confusion in service delivery. Family violence has an inevitable impact on child safety and wellbeing, and therefore any work with children where family violence is present needs to be contextualised within a family violence response, and in alignment with the MARAM framework.

### **2. The Support & Safety Hub model must take its place in the SFVS System Architecture**

The Hub model is currently positioned as a standalone entity, separated from the SFVS system, exemplified and exacerbated by the matrix management model at hub sites. The separation of hubs has created a two-tier hierarchy for service delivery that benefits hubs at the expense of the broader SFVS service delivery system, interrupting service delivery workflows and effective practitioner management.

### **3. FSV have an important leadership role that must be underpinned by transparency, accountability and authentic collaboration**

FSV holds a necessary role in leadership of hubs and have undertaken significant work in implementing such a large-scale, complex reform. However, there is concern this leadership role has been implemented in a way that embeds a concerning imbalance of power between FSV and key stakeholders, embedded by issues in governance, communication and authentic engagement with key stakeholders.

### **4. The role, responsibility & expertise of peak bodies must be included in governance, practice development & continuous improvement**

As the hubs model brings together different types of services, there are numerous complexities and intricacies which have emerged in bringing these distinct sectors together in one model. Despite the important role peak bodies hold within each of these sectors as representatives and leaders, there has been missed opportunities for FSV to engage with peak bodies in a meaningful way, exemplified through current governance structures and practice development processes.

### **5. Practitioner specialisation must be unequivocally retained**

DV Vic understands hub 'integrated' service delivery as 'a number of services working together, collaborating and coordinating their support, services and interventions to people seeking, or referred for, help'.<sup>8</sup> However, there is an absence of clarity in this definition due a lack of necessary practical detail and nuanced guidance within key documents, further confused by uneven staff complements in the hub model. Therefore, in practice, some practitioners have been working outside their

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<sup>7</sup> The Victorian Auditor-General's Office. (2020). *Managing Support and Safety Hubs*, p. 11

<sup>8</sup> Victorian Government, 2018, p. 36.

specialisation, despite best practice evidence for specialisation retention and the potential for this to create a dilution of priority focus for family violence risk assessment and management in the hubs.

## **6. There must be a statewide strategic approach**

Hub clients ‘deserve a consistent quality of service regardless of where they live.’<sup>9</sup> While there is a certain level of flexibility needed to reflect local service composition, a core, consistent hub model is necessary to properly evaluate the performance of the hub model within the broader SFVS service sector. Additionally, any variances compromise the ability of the wider system to operate successfully, affecting victim-survivor experience.

## **7. Quality assurance and continuous improvement to be elevated**

As the hubs are a significant systemic change to family violence service delivery, it is critical the hub model is methodically and independently evaluated, to support analysis as to whether or not there are better outcomes for families or if sustained investment in CSO sectors may have led to similar or better outcomes. The usage of key evaluative documents<sup>10</sup> are unknown, and the current CRM system is unable to capture the relevant data, to gauge the hub model impact on victim-survivor experience throughout the SFVS service system.

## **8. Minimum standards for site launches need to move beyond operational capacity only**

Implementation of the initial five sites was problematic, with a rushed rollout to meet the established government deadline.<sup>11</sup> FSV aim to launch the 12 remaining hub sites by the end of 2022, which is a challenging prospect, likely to be further exacerbated by the extraordinary circumstances caused by COVID-19<sup>12</sup>. While there are minimum operational standards that need to be met prior to implementation (e.g. minimum 80% staffing level), future hubs will inevitably be affected by the critical issues identified in the hub model and design.

## Recommendations

A total of 35 recommendations have been made. These cover a range of issues, and DV Vic recognises the complexities in the prioritisation of these recommendations. Therefore, 7 immediate actions have been selected that should be taken prior to the launch of the third tranche of hub sites, and these are listed below:

1. A commitment from FSV to share power and responsibility, and meaningfully engage and collaborate with key stakeholders including peak bodies, shifting from an ‘inform and consult’ to an ‘involve and collaborate’ approach to key stakeholder engagement, underpinned by continuous improvement.
2. FSV to establish, in equal collaboration with sector partners, a clear, formalised strategic governance framework and structure conducive to meaningful engagement and continuous improvement, ensuring FSV ‘holds itself to account for the hubs reform’<sup>13</sup>.
3. Launch of hub sites to be driven by practice and service delivery readiness.

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<sup>9</sup> Family Safety Victoria. (2018). *Support and Safety Hubs: Interim integrated practice framework*, p. 58.

<sup>10</sup> Family Safety Victoria. (2018). *Support and Safety Hubs Evaluation Program Logic*. Melbourne: State of Victoria; and ACIL Allen Consulting. (2018). *Support and Safety Hubs: Framework for Initial Evaluation*.

<sup>11</sup> The Victorian Auditor-General’s Office. (2020). *Managing Support and Safety Hubs*, p. 3.

<sup>12</sup> State Government of Victoria, Department of Health and Human Services, *Coronavirus: Victoria’s restriction levels*. (2020) <https://www.dhhs.vic.gov.au/victorias-restriction-levels-covid-19> [12.06.2020].

<sup>13</sup> The Victorian Auditor-General’s Office. (2020). *Managing Support and Safety Hubs*, p. 17.

4. FSV to partner with peak bodies and other representatives of relevant partner agencies to clarify and formalise the hub model as responding, identifying, assessing and managing family violence risk as a priority, with this embedded in all hubs design and policy, particularly screening and triage.
5. Peak bodies funded to lead and update the existing Integrated Practice Framework, inclusive of clear guidance on the responsibilities of practitioners within the hubs, with consideration to release a well-defined explanation of integrated/collaborative practice prior to the estimated publication date.
6. A full-time SFVS manager to be funded and formally included within the structure of the Support & Safety Hub model.
7. Review of the uneven staff complements in the hub model, inclusive of Advanced Family Violence Practice Leads and practice leads for specialist perpetrator services.

## Conclusion

DV Vic and our members strongly support reforms that strengthen the coordinated, collaborative, multiagency response to family violence, and remain confident that an authentic collaborative approach to hub design and development with the Victorian government will successfully address the issues raised in this position paper.

## About Domestic Violence Victoria

Domestic Violence Victoria (DV Vic) is the peak body for specialist family violence response services for victim-survivors in Victoria. As such, DV Vic is recognised as the statewide voice of Specialist Family Violence Services (SFVSs) responding to victim-survivors. DV Vic is a membership-based organisation and is accountable to its members, who also comprise its Board of Governance. DV Vic's core membership comprises statewide and regional specialist agencies working with victim-survivors of family violence across Victoria. DV Vic is an independent, non-government organisation that leads, organises, advocates for, and acts on behalf of its members utilising an intersectional feminist approach. However, the organisation is ultimately accountable to victim-survivors of family violence and works in their best interests.

DV Vic's work is focused on advocating for, supporting, and building the capacity of specialist family violence practice and service delivery for victim-survivors; system reform; and research, policy development and law reform. DV Vic analyses the views and experiences of member organisations, the evidence on family violence, and the lived experience of victim-survivors, and translates this into innovative and contemporary policy, practice, and advocacy.

DV Vic holds a central position in the Victorian family violence system and its strategic governance and is one of the key agencies with responsibility for providing family violence subject matter expertise, technical assistance, capacity building, and policy and practice advice to the SFVS sector, broader sectors, government, and other partners and stakeholders.

## About the DV Vic Hubs Working Group

Since early 2018, DV Vic has been working with and supporting our members in Support and Safety Hub (hub/s) launch sites. In October 2018, this group was expanded to form the broader DV Vic Hubs Working Group. The group consists of SFVSs who are DV Vic members who fall within one of the groups set out below:

- the existing hub sites: Barwon, Bayside Peninsula (Bayside), Inner Gippsland, Mallee, and North East Melbourne Area (NEMA).
- the second tranche of incoming sites for 2020/2021: Central Highlands, Goulburn, and Loddon.
- Statewide SFVSs.
- the Orange Door Statewide Reference Group.

SFVSs want to constructively contribute to the ongoing development of the hub model in order to be part of a reform that succeeds and thrives. The sector also recognises that the introduction of the hub model is a significant systemic change to family violence service delivery that requires meaningful and iterative reflection and corresponding collaborative development.

The Hubs Working Group is committed to advocating as a collective voice on behalf of the SFVS sector on hubs development, implementation and evaluation. This is despite variable experiences between each hub site. As their peak body, DV Vic represents and advocates for the SFVSs in the hubs at the statewide, strategic level.

## Introduction

This document is a second edition of the DV Vic Position Paper on the Support and Safety Hub model & Implementation, published in March 2019.

This position paper was developed in close partnership and consultation between DV Vic and members of the DV Vic Hubs Working Group and represents the collective voice of the specialist family violence sector in relation to the hub model. Its purpose is to communicate the position of the specialist family violence sector arising from the implementation of the five establishment sites and three incoming sites to government and other key stakeholders, and to be a tool for advocacy at the local, regional, and statewide levels. It has been developed in the spirit of continuous improvement of specialist family violence service delivery, negotiation in good faith to resolve differences, and commitment to working with hub partners to increase the safety of victim-survivors of family violence, both adults and children, alongside improving accountability and behaviour change for perpetrators of family violence. DV Vic recognises the establishment of hubs as a significant, large scale reform and wish to meaningfully contribute to the continuous improvement of its design, development and implementation.

The first edition captured the position of the SFVS sector at a point in time and was intended to be reviewed and updated as developments in the hub model and operations evolved. It was developed having considered the findings and immediate actions emerging from the following:

- *Initial Review of The Orange Door Operations*<sup>14</sup> conducted by Family Safety Victoria (FSV).
- The second annual report from the Family Violence Reform Implementation Monitor<sup>15</sup> which included the hubs as a key thematic area of focus.

This updated edition adds to the first, referencing findings and recommendations in the:

- *The Orange Door 2018 Evaluation Report*<sup>16</sup>
- Third annual report from the Family Violence Reform Implementation Monitor.<sup>17</sup>
- Victorian Auditor-General's Office (VAGO) audit report *Managing Support and Safety Hubs*.<sup>18</sup>

As the VAGO report was published in May 2020, it is particularly central to this position paper due to the recency of its release, and the critical opportunity it provides for transformation. The recommendations within the report reflect advice DV Vic and our members have provided over the preceding three years to Family Safety Victoria (FSV) regarding the model of the Support and Safety Hubs and the difficulties faced in their implementation.

The fundamental concerns raised by DV Vic on behalf of its members in the first edition of the position paper – which was formally presented to and discussed with FSV – remain the same, indicating a lack of progress on the critical issues raised over the last 16-months. DV Vic and the SFVS sector is concerned

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<sup>14</sup> Family Safety Victoria. (2019). *Initial Review of The Orange Door Operations*. Melbourne: State of Victoria.

<sup>15</sup> Family Violence reform Implementation Monitor. (2019). *Report of the Family Violence Reform Implementation monitor: As at 1 November 2018*. Melbourne: Office of the Family Violence Reform Implementation Monitor.

<sup>16</sup> PricewaterhouseCoopers Consulting Australia (2019): *The Orange Door 2018 evaluation report prepared for Family Safety Victoria*.

<sup>17</sup> Family Violence reform Implementation Monitor. (2020). *Report of the Family Violence Reform Implementation monitor: As at 1 November 2019*. Melbourne: Office of the family Violence Reform Implementation Monitor.

<sup>18</sup>The Victorian Auditor-General's Office. (2020). *Managing Support and Safety Hubs*. Melbourne: Victorian Auditor-General's Office.



that such significant matters, have not yet been addressed. This position paper therefore comes at a critical juncture, following the recency of the VAGO report and its recommendations, combined with the time passed since DV Vic’s first position paper and its own recommendations.

This edition builds on the first and will bring to light further examples of how concerns have continued to manifest themselves or evolved since March 2019, alongside any new issues. The issues and positions described in this paper are, in the main high-level, foreseeing discussion of details and complex nuances of service delivery and practice occurring through collaborative efforts to address them.

To ensure the appropriate context for this position paper from the outset, it begins with the inclusion of ‘SFVS System Architecture’, outlining the overarching frameworks of the SFVS sector within which the hubs sit. The rest of this edition has been structured into eight themes, each headlined by DV Vic’s position statements. Importantly, each of these themes intersect, and the interrelationship between all eight themes has a cumulative impact. Finally, each section will conclude with DV Vic’s recommendations.

## SFVS System Architecture

DV Vic welcomed the recommendations of the Royal Commission into Family Violence (the Royal Commission) and recognises systemic change is required to improve the safety of victim-survivors of family violence, both adults and children, including strengthening coordinated and co-located multiagency models of family violence service delivery. DV Vic recognises hubs as one integral part of the family violence service delivery system, as well as a significant change to the existing system.

Hubs provide an entry point to specialist family violence services for victim-survivors, specialist family violence services for perpetrators, and child and family services. Hubs therefore form an integral part of the continuum of service delivery for each partner agency, and crucially, sit within the context of the broader frameworks that underpin, guide, and frame these sectors. It is DV Vic’s position that hubs – and the services delivered by SFVSs within hubs – cannot be segregated from the broader SFVS system architecture.

Having established that hubs, and specialist family violence service delivery in the hubs, are part of the broader SFVS system architecture, this section will provide an overview of the SFVS response system for victim-survivors, and will include a selection of system resources, alongside key definitions and language, that underpin the SFVS sector. Inclusions have been selected based on relevancy to this paper and its contents.<sup>19</sup>

### *System Resources*

These resources are key system enablers to facilitate consistent, safe and high-quality responses to family violence in the community.

**Specialist Family Violence Services (SFVSs):** Specialist family violence services are part of a broader family violence system that includes government departments, statutory agencies and community services working across the spectrum of prevention, early intervention and response. It is important that specialist family violence services play a leadership role in the family violence response system

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<sup>19</sup> For an in-depth guide to the Family Violence response system, foundational frameworks and principles of the SFVS sector, readers are recommended to refer to the *Code of Practice: Principles and Standards for Specialist Family Violence Services for Victim-Survivors. 2nd Edition*. Melbourne: DV Vic.

as their everyday work with victim-survivors, analysis of systemic trends and gaps, and specialist expertise provides a unique vantage point to assess the effectiveness and functioning of the system.

**Code of Practice:** *The Code of Practice: Principles and Standards for Specialist Family Violence Services for Victim-Survivors: Second Edition (the Code)*<sup>20</sup> 'articulates principles and standards to guide consistent quality service provision for victim-survivors accessing specialist family violence services in Victoria'.<sup>21</sup> The *Code* reflects evidence-based best practice approaches for service design and delivery and all aspects of The *Code* should be integrated into the strategy, design and policies of hubs. The *Code* describes a set of ten principles of the SFVS sector, referred to throughout this paper.

**Specialist Family Violence Service Model (Service Model)**<sup>22</sup>: The *Code* informs the Specialist Family Violence Service Model, which is currently under development by FSV in partnership with DV Vic. As SFVSs in the hub remain part of the broader SFVS sector, the Service Model applies.

**Family Violence Multi-Agency Risk Assessment and Management (MARAM) Framework:** Designed to increase the safety and wellbeing of Victorians by supporting relevant services to identify, assess and manage family violence risk effectively.<sup>23</sup> The framework creates the system architecture and accountability mechanisms required to establish a system-wide approach to family violence risk assessment and management, and is a vital mechanism to keep perpetrators in view and hold them accountable for their actions and increase the safety of victim-survivors. All Community Service Organisations (CSOs) involved in the hub model are legislated under MARAM, each with their own responsibilities under the framework dependant on classification.

**Responding to Family Violence Capability Framework:** 'Provides the foundational skill set required to respond to all of forms of family violence [and].. covers four workforce tiers spanning specialist family violence services, core support services and professionals, mainstream/social support services and universal services'.<sup>24</sup> Specialist family violence practitioners are situated within Tier 1 of the Framework as they carry considerable responsibility and leadership in responding to family violence and managing serious levels of risk.

**Family Violence Information Sharing Scheme (FVISS) and the Child Information Sharing Scheme (CISS):** All CSOs involved in the hub model are prescribed as either a Risk Assessment Entity (RAE) and/or Information Sharing Entities (ISE) under Part 5A of the *Family Violence Protection Act 2008* and the *Family Violence Protection (Information Sharing and Risk Management) Regulations 2018*. The FVISS authorises prescribed RAE and/or ISEs to share information for the purpose of a family violence assessment or family violence protection purpose. The CISS authorises prescribed RAEs and ISEs to share information for the purpose of promoting a child or group of children's wellbeing and safety. In the context of family violence, both FVISS and CISS must be used in conjunction with the MARAM Framework.

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<sup>20</sup> Domestic Violence Victoria (2020). *Code of Practice: Principles and Standards for Specialist Family Violence Services for Victim-Survivors. 2nd Edition*.

<sup>21</sup> Ibid. p. 1

<sup>22</sup> The Specialist Family Violence Service Model (*Service Model*) is an interim name for the model and is subject to change.

<sup>23</sup> State Government of Victoria. (2019). *Family violence multi-agency risk assessment and management framework*. <https://providers.dhhs.vic.gov.au/family-violence-risk-assessment-and-risk-management-framework>. [26.07.2020]

<sup>24</sup> Family Safety Victoria. (2017). *Responding to Family Violence Capability Framework*. Melbourne: State of Victoria. p. 8.

**Family Violence Regional Integration Committees:** A vital part of Victoria’s family violence system. These committees are situated across all metropolitan and regional parts of the state, bringing together local representatives from across the family violence prevention, early intervention and response system. Each Regional Integration Committee is supported by a Family Violence Principal Strategic Advisor (PSA). The PSAs work to drive the implementation of family violence reforms in their area, build partnerships and collaborate across sectors, enable workforce development and provide insight into operations, issues, functions and opportunities in their region.

**Children, Youth and Families Act 2005:** The purpose of the *Children, Youth and Families Act 2005* (Vic) is: (a) to provide for community services to support children and families; (b) to provide for the protection of children; (c) to make provision in relation to children who have been charged with, or who have been found guilty of, offences; and (d) to continue the Children’s Court of Victoria as a specialist court dealing with matters relating to children. SFVS should be familiar with the Act and guiding resources, including the *Best Interests Framework for Vulnerable Children and Youth* and the *Best Interests Case Practice Model*. These resources provide guidance on the developmental needs of infants, children and young people; children’s rights to be protected from harm; and thresholds and decision-making for reporting concerns about child protection or wellbeing.<sup>25</sup>

### *Key definitions and language*

These definitions have been drawn from a number of sources, including statewide family violence legislation and other key system enablers of the SFVS system as described above.

**Family violence:** Any behaviour that occurs in family, domestic or intimate relationships that is physically or sexually abusive; emotionally or psychologically abusive; economically abusive; threatening or coercive; or is in any other way controlling, that causes a person to live in fear for their safety or wellbeing or that of another person. Family violence is also defined as behaviour by any person that causes a child to hear or witness or otherwise be exposed to the effects of the above behaviour.<sup>26</sup>

**Victim-survivor:** The person, including adults, infants, children and young people, who has experienced family violence.<sup>27</sup> Adult and child victim-survivors are also sometimes referred to as ‘clients’ of specialist family violence services. The SFVS sector is ultimately accountable to victim-survivors and their best interests.

**Perpetrator:** The person who uses family violence.<sup>28</sup>

**The Orange Door:** Hubs are also commonly referred to as The Orange Door, the branding for hubs. For the purpose of simplicity, this paper uses ‘hub/s’ only.

**Intersectionality (Intersectional Feminism):** A theory developed to examine how multiple forms of power, privilege and oppression overlap, or intersect, in people’s lives in mutually reinforcing ways to produce power hierarchies, structural inequalities and systemic marginalisation.<sup>29</sup> While family

<sup>25</sup> Domestic Violence Victoria (2020). *Code of Practice: Principles and Standards for Specialist Family Violence Services for Victim-Survivors. 2nd Edition.* p. 11.

<sup>26</sup> Family Violence Protection Act 2008 (Vic) s.5.

<sup>27</sup> Domestic Violence Victoria (2020). *Code of Practice: Principles and Standards for Specialist Family Violence Services for Victim-Survivors. 2nd Edition.* p. 85.

<sup>28</sup> Ibid. p. 80.

<sup>29</sup> Crenshaw, K. (1989). *Demarginalizing the intersection of race and sex: A Black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics.* University of Chicago Legal Forum, 1989 (1), Article 8, 139-168.

violence is a predominantly gendered issue, it is also an intersectional problem, driven by complex hierarchies of power, privilege and oppression with far-reaching impacts that reinforce structural disadvantage and marginalisation.<sup>30</sup>

**Community Service Organisations (CSOs):** Particularly refers to the four community partners working in the hubs, alongside FSV and DHHS:

- Specialist family violence services for victim-survivors
- Specialist family violence services for perpetrators
- Aboriginal community controlled organisations
- Child and family services.

The peak bodies that represent these sectors include DV Vic, No to Violence (NTV), the Victorian Aboriginal Community Controlled Health Organisation (VACCHO), and the Centre for Excellence in Child & Family Welfare (CECFW).

**Case management:** Within the SFVS sector case management spans a range of practices including screening and intake, risk assessment, risk management, safety planning, crisis responses, outreach, advocacy, psycho-social needs assessment, goal setting, coordination of services, referrals, exit planning and case closure.<sup>31</sup> As hubs provide an entry point into specialist family violence services, SFVS practitioners within the hubs perform a crisis or non-crisis brief intervention response and therefore hold the following roles and responsibilities in regard to family violence case management:

- Screening, identification and triage.
- Risk assessment and risk management as per MARAM practice guides.
- Providing information, advice and advocacy.
- Monitoring risk for victim-survivors as they transition to longer-term case management.
- Allocating victim-survivors to the most appropriate local SFVS to provide crisis or non-crisis longer-term/intensive case management support.

**Co-location:** Refers to different types of services being located together in the same physical space to increase access to support and enable collaborative and coordinated responses.<sup>32</sup> DV Vic understands the hub model as a co-location model.

**Coordinated response:** A process that involves multiple professionals and services to assess and manage family violence risks and holistic case plan goals for adult and child victim-survivors.<sup>33</sup> A coordinated response retains practitioner specialisation as best practice.

**Collaborative practice:** Part of a coordinated response. Collaborative practice in a coordinated multi-agency system requires that all professionals have a shared understanding of family violence and a commitment to work together for the benefit of adult and child victim-survivors – further enhanced through co-location of key services in the hubs.

**Risk Assessment:** The process of applying the model of Structured Professional Judgement (SPJ), as per the MARAM Framework, to determine the level of family violence risk. SPJ is informed by:

- the victim-survivor's self-assessed level of risk
- evidence-based risk factors (using the relevant assessment tool)

<sup>30</sup> Domestic Violence Victoria (2020). *Code of Practice: Principles and Standards for Specialist Family Violence Services for Victim-Survivors. 2nd Edition.* p. 25.

<sup>31</sup> Ibid. p.73.

<sup>32</sup> Ibid. p. 74.

<sup>33</sup> Ibid. p. 75.

- information sharing with other professionals as legislated<sup>34</sup> and appropriate, to inform decision-making, and
- intersectional analysis to ascertain any issues caused by discrimination and marginalisation.<sup>35</sup>

## 1. Identifying, assessing & managing family violence risk must be the priority of the hub model

The purpose of the Support and Safety Hubs as outlined in the Royal Commission report is to have ‘a single, area-based intake into specialist family violence services (for both victim-survivors and perpetrators) and Integrated Family Services’.<sup>36</sup> The Royal Commission also stated that the central feature of the hubs is as an entry point, providing initial case coordination of family violence referrals coordinated between SFVSs, child and family services and perpetrator services, with a clear focus on assessing and responding to family violence risk. DV Vic agrees that the benefits of multi-disciplinary, multi-agency service delivery within hubs can provide a holistic service response to victim-survivors, children and perpetrators across a range of safety and wellbeing issues, if managed effectively and aligned with the MARAM framework. As raised in the first edition of this position paper however, DV Vic and SFVSs in the hubs have reported confusion and obscurity around the priority response of hubs, with a difference in understanding between hub partners.<sup>37</sup> This inconsistency has created a ‘ripple effect’ that has continued to cause and reinforce issues throughout the hub model.

As one example, some hubs sites report that for individual cases where family violence is identified, a service delivery response that focuses solely on ‘child wellbeing’ (i.e. the calling of schools and maternal health without the recognition or contextualisation of family violence) is prioritised prior to a MARAM family violence risk assessment. First of all, it is critical to recognise that to separate a family violence response from its fundamental impact on child safety and wellbeing is a constructed binary, as recognised in the Child Protection Manual which states, ‘working with the affected parent to address risk... is fundamental in achieving and maintaining safety for the child.’<sup>38</sup> Increased safety and support for the safe and non-offending parent or caregiver is likely to produce a safe, and stable environment for children, whereas any child wellbeing work that does not include a family violence response in these cases ‘may lead to ineffective responses that do not address the underlining cause of the concerns.’<sup>39</sup> Additionally, due to the time-critical and crisis-driven nature of responding to family violence risk, and the significant consequences family violence poses to both adults and children victim-survivors, responses to family violence should take precedence to establish the immediate safety of adult and children victim-survivors, especially those in crisis. Notably, the primacy of child safety is reiterated in

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<sup>34</sup> Family Violence Protection Act 2008 (Vic) s.5, and Family Violence Protection (Information Sharing and Risk Management) Regulations 2018.

<sup>35</sup> Domestic Violence Victoria (2020). *Code of Practice: Principles and Standards for Specialist Family Violence Services for Victim-Survivors. 2nd Edition.* p. 83.

<sup>36</sup> Royal Commission into Family Violence. (2016). *Report and Recommendations, Vol.1, Parl Paper No.132 (2014-16)*, State of Victoria, Melbourne, p. 245.

<sup>37</sup> The Victorian Auditor-General’s Office. (2020). *Managing Support and Safety Hubs*, p. 35.

<sup>38</sup> State Government of Victoria. *Child Protection Manual: Planning for children's safety where there is family violence* (2019). <https://www.cpmanual.vic.gov.au/advice-and-protocols/advice/case-planning/planning-childrens-safety-where-there-family-violence> [26.08.2020]

<sup>39</sup> Ibid.

the Child Protection Manual, which defines safety as the ‘foundational dimension for considering a child’s best interests’<sup>40</sup>.

Children and young people are a critical component of the client base for SFVSs and feature prominently in all family violence risk assessments and consequent delivery of family violence service support. The safety and wellbeing of children and young people affected by family violence has always been at the forefront of specialist family violence service delivery. SFVS in Victoria have for decades developed innovative and thoughtful strategies to engage with and to support children and young people affected by family violence, alongside non-offending caregivers. The MARAM Framework and accompanying practice guidelines (foundational and responsibility-based), provides detailed guidance to practitioners to recognise children as victim-survivors in their own right and to acknowledge their unique experiences, vulnerabilities and needs, including the effects of trauma and cumulative harm arising from family violence, whether they were directly or indirectly exposed to it. Additionally, Child Centred Practice<sup>41</sup> is a key feature of SFVS service delivery. The MARAM Framework builds on the existing good practice in the SFVS sector and complements and enhances best practice approaches to assessing and managing family violence risk to children and young people. Importantly, children’s unique risks and needs are assessed independently, as well as in the context of the needs and risks of the adult victim-survivor and other family members.

The ambiguity of the priority response and the absence of a shared theoretical and practice framework in the hub model has also marginalised the specific empowerment approach that SFVSs bring to their work with survivors of family violence. SFVSs give primacy to victim-survivor agency<sup>42</sup> based on intersectional feminist principles, alongside fundamentally understanding the significant negative impact family violence has on an adult victim-survivors’ attachment to their children and parenting ability.<sup>43</sup> A known barrier to engagement arises when responsibility for parenting and keeping children safe are placed solely on the adult victim-survivor, rather than within the context of a perpetrator’s tactics of abuse<sup>44</sup> or within a framework that identifies perpetrator use of family violence as a parenting choice<sup>45</sup>. Additionally, MARAM best practice calls to ‘strengthen the child-mother/carer bond and parenting confidence and capability that may have been undermined by the perpetrator’s family violence behaviours’.<sup>46</sup> Reframing the violence in this way also ensures the perpetrator remains in view and accountable.<sup>47</sup>

The SFVS sector acknowledges that the priority purpose of hubs is contested between stakeholders. Therefore, it is imperative that the priority response of hubs is clarified and communicated, and that hub policy and practice is aligned.

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<sup>40</sup> State Government of Victoria. *Child Protection Manual: Practice Dictionary*. (2020).

<https://www.cpmanual.vic.gov.au/practice-dictionary> [16.07.2020]

<sup>41</sup> Domestic Violence Victoria. (2020). *Code of Practice: Principles and Standards for Specialist Family Violence Services for Victim-Survivors*. 2nd Edition. p. 46-47.

<sup>42</sup> Ibid. See Principle 2: Person-Centred Empowerment, p. 38-39.

<sup>43</sup> Family Safety Victoria. (2020) *Family Violence Multi Agency Risk Assessment and Management Framework Practice Guides* p. 40

<sup>44</sup> Ibid. p. 139.

<sup>45</sup> Such as the Safe and Together Model™, referenced in Humphreys, C., & Healey, L. (2017). *PATHways and Research Into Collaborative Inter-Agency practice: Collaborative work across the child protection and specialist domestic and family violence interface: Final report*. Sydney: ANROWS.

<sup>46</sup> Family Safety Victoria. (2020) *Family Violence Multi Agency Risk Assessment and Management Framework Practice Guides* p. 139.

<sup>47</sup> Domestic Violence Victoria (2020). *Code of Practice: Principles and Standards for Specialist Family Violence Services for Victim-Survivors*. 2nd Edition. See Principle 5: Perpetrator Accountability, p. 44.

## Recommendation:

- FSV to partner with peak bodies and other representatives of relevant partner agencies to clarify and formalise the hub model as responding, identifying, assessing and managing family violence risk as a priority, with this embedded in all hubs design and policy, particularly screening and triage.
- FSV to develop a process, in collaboration with peak bodies, that provides direction as to how these independent CSO agencies working together in the hub model should prioritise family violence risk in the identification, assessment and management stages, aligned and orientated around the MARAM Framework.

## 2. The Support & Safety Hub model must take its place in the SFVS System Architecture

As conceived in the Royal Commission, the SFVS sector understands the original intention of hubs to be one of a co-located, coordinated, multiagency family violence entry point and brief intervention response, designed to fit within the continuum of specialist family violence service delivery. However, as raised in the first edition of this position paper, DV Vic maintains the hub model has been designed and positioned as a single, standalone service, operating independently to the family violence response sector, and which is owned and managed by FSV rather than the CSOs providing the service delivery.

### The hub model as a standalone service

DV Vic asserts the development and implementation of hubs has created a two-tier hierarchy for service delivery that benefits hubs at the expense of the rest of the service delivery system.

Several elements entrench the idea of hubs as a standalone service developed and delivered independently to the rest of the SFVS response system, including:

- A fragmented approach to resourcing, with investment focus on Support & Safety Hubs, overlooking the crucial role SFVSs continue to deliver in all aspects of SFVS case management.
- FSV's consistent use of language that references 'Hub practitioners' and 'The Orange Door workforce', rather than 'practitioners co-located at Support & Safety Hubs/The Orange Door' or 'SFVS practitioners.'
- The development of plans and strategies that only target hub sites (such as the *Workforce Strategy for The Orange Door* and the *Inclusion Action Plan for The Orange Door*), some which overlap with SFVS service delivery agency policies; complicating policy and practice areas and segregating SFVS practitioners and service delivery from their broader contexts.
- The development of strategies (e.g. the *Demand Management in The Orange Door*) that overlooks the essential connectivity of hubs as a key part of the SFVS sector and undervalues the role all SFVS services play in responding to victim-survivors.
- Original implementation of a regional governance process parallel to the Family Violence Regional Integration Committees and the Principal Strategic Advisors, with continued weak links and missed opportunities for a more purposeful connection to the FSV Service System Navigator roles.
- Underutilisation within the hubs design of the existing evidence-base on family violence responsive, multidisciplinary, co-located or coordinated response models.

- Implementation of a Client Relationship Management (CRM) data system that is available to staff situated in hubs only and not available for use by the broader partner agency SFVS teams, with no current plans for alignment with existing SFVS CRM systems.
- Qualitative and quantitative data which is not collected, analysed or contextualised within the broader SFVS service system, with the majority of this data unavailable to the SFVS sector.
- Limited meaningful involvement of DV Vic (and other peak bodies) in collaborative hub design and policy.
- Utilisation of a matrix management model, which segregates SFVS practitioners from SFVS managers located at SFVS service delivery agency sites and disrupts efficacy for workforce development and support.

These design approaches, which position hubs as independent to the SFVS structural architecture, causes confusion and tension in the model, interrupts SFVS service workflows and negatively impacts service quality and responses to victim-survivors.

Positioning hubs as separate to the continuum of SFVS service delivery overlooks the multiple access points for victim-survivors to the SFVS system, and the ‘no wrong door’ approach for victim-survivors to access family violence support services. SFVS’s person-centred empowerment<sup>48</sup> principle recognises the importance of victim-survivors to decide for themselves what services they need and how they would like to access support, whether via Statewide Family Violence Telephone Services (e.g. Safe Steps), Targeted Family Violence Services (e.g. InTouch, Thorne Harbour Health), Aboriginal Family Violence Services (e.g. Elizabeth Morgan House), direct access to Local Family Violence Support Services, or via the hubs. There will be occasions when victim-survivors will choose not to access the family violence system through a hub because they perceive that it is not the right service for them; may not be a safe place to visit because they may interact with perpetrators of family violence and/or includes statutory child protection services; or because it appears to be a government run facility.

Further, the consequence of the hubs increasingly evolving in the form of a standalone service has muddied and disrupted service workflows, including allocation from hub sites to ongoing case management within partner agencies and referrals to the broader service system. This has led to delays in case ‘closure’ in the hub CRM, with some clients remaining on ‘active hold’. This, in combination with other factors (such as the absence of a practical statewide triage process), has led to the unsustainable accumulation of ‘backlog’ for some hub sites. Significantly, the issue of ‘backlog’ has occurred at a scale that was not experienced prior to the implementation of the hub model. To manage ‘backlog’, FSV released the *Demand Management in The Orange Door*<sup>49</sup> document in early 2020. However, this is a limited strategy to manage demand, focusing on reactive strategies to ‘backlog’ rather than addressing the fundamental causes. One such strategy suggests that certain cases to be diverted to SFVS agencies to complete risk assessments, using the SFVS agencies as an ‘overflow’ service for hub sites. Additionally, ‘backlog’ and other structural timeliness issues have created a loss of confidence for some services to refer to hub sites, instead looking to the broader SFVS system for support, highlighting the critical support role SFVS services continue to provide to victim-survivors.

The focus on hubs as a standalone service ignores the essential role the whole SFVS sector plays in supporting victim-survivors. SFVS agencies continue to provide multiple access points for all victim-survivors (including as ‘overflow’ support for hubs), and longer-term case management support for victim-survivors. Therefore, demand for hubs should be proactively modelled within the context of the

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<sup>48</sup> Domestic Violence Victoria (2020). *Code of Practice: Principles and Standards for Specialist Family Violence Services for Victim-Survivors. 2nd Edition*. See Principle 2: Person-Centred Empowerment, p. 38-39.

<sup>49</sup> Family Safety Victoria (2020). *Demand Management in The Orange Door*. Melbourne: State of Victoria.



SFVS system, recognising the crucial role SFVS services across the spectrum hold. DV Vic understands that work on a Statewide Demand Management Framework is being completed – for this work to be effective, it is crucial hubs are recognised as only one part of the continuum of services designed in accordance with the SFVS system architecture, and the entire SFVS sector is included in demand mapping and is adequately funded to provide support to children, young people and adults affected by family violence.

### The impact of the management model at hub sites

The positioning of hubs as distinctive to the SFVS sector is exemplified and further exacerbated by the matrix management model. This segregates SFVS practitioners from SFVS workplace support (with some SFVS managers working from the CSO home office location) and supports the view of SFVS practitioners as ‘The Orange Door’ workers. As raised in the first edition of the position paper, this model creates ambiguity in decision-making authority and responsibility for line management and supervision, staff professional development and identity, and alignment with key SFVS reforms (e.g. MARAM, Rainbow Tick accreditation<sup>50</sup>).

The matrix management model leaves staff confused about who they report to and are accountable to. As outlined in The Orange Door 2018 evaluation report: ‘practitioners in effect ‘report to’ or receive direction from three ‘managers’... This presents logistical challenges for even basic functions.’<sup>51</sup> The matrix model makes it confusing for practitioners to know from whom they should seek supervision for risk management on a day to day basis and risks diluting oversight of cases. This is not tolerable in SFVS provision as family violence risk assessment and intervention should happen in a rapid and systematic way.

As there is no formal SFVS management representation in hubs, SFVS service delivery agency managers (physically located at the SFVS agency’s office) are responsible for oversight of the SFVS practitioners co-located in hub sites. As a consequence, SFVS managers report constraints in effectively managing practitioners (including provision of direct support and specialist family violence guidance), impacting on staff wellbeing, development, and service quality delivery. This includes the inability to access relevant and detailed information from the CRM database, despite the SFVS service delivery agency managers being part of the same CSO service funded to provide a SFVS response in the hubs. SFVS managers also remain concerned about the impact this organisational and management structure has on their ability to comply with their quality assurance standards and workplace health and safety obligations.<sup>52</sup> Additionally, DV Vic believes co-located SFVS practitioners should be included within the SFVS service delivery agency’s MARAM training and Rainbow Tick accreditation, however this has been confused by the hub model. To respond to these issues, of five existing hub sites, three SFVS core agencies have funded a SFVS manager role which is co-located in local hub sites. Their roles and responsibilities vary, however each site expressed improvements in management functions and practice delivery since their introduction. Regardless of this positive change, all SFVS managers co-located in hubs continue to report feeling their independent management of service delivery and staff has been impinged upon by the FSV Hub Managers, with some actively inserting themselves into family violence service delivery and practice rather than operations. For example, some hub sites have reported pressure from Hub Managers to close cases while risk remains. While the Hubs Manager role

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<sup>50</sup> Recommendation 167 of the Royal Commission into Family Violence: <https://www.vic.gov.au/family-violence-recommendations/all-funded-family-violence-services-achieve-rainbow-tick> [08.08.2020].

<sup>51</sup> PricewaterhouseCoopers Consulting Australia (2019): *The Orange Door 2018 evaluation report prepared for Family Safety Victoria*, p. 31.

<sup>52</sup> Domestic Violence Victoria (2020). *Code of Practice: Principles and Standards for Specialist Family Violence Services for Victim-Survivors. 2nd Edition*. See Principle 9: Capable and Sustainable Workforce. p. 56.

is being implemented differently in each site, the position description intends it as a ‘strategic and operational leadership position’<sup>53</sup> where family violence, child and family services or child protection practice knowledge are not essential selection criteria. DV Vic asserts Hub Managers are therefore unqualified to make service delivery decisions, and users of the hubs will not benefit if SFVS (and CSO practitioner) expertise is underutilised.

Despite the numerous concerns caused by the matrix management model, SFVS service delivery agencies still formally carry the responsibility for client risk and staff safety and accountability for meeting service delivery targets, with little of the control.

As outlined in the first edition of this position paper, DV Vic remain concerned that the hub model has over-complicated the system, and potentially diluted the service offering to victim-survivors. Since hubs are solely one element of the SFVS service system, for the hub model to effectively and efficiently provide high-quality service delivery to adult and children victim-survivors it must be contextualised by, and take its place within, the existing SFVS system architecture.

#### **Recommendations:**

- Recognition and realignment of hubs as a collaborative, interagency model that forms one part of a continuum of service delivery contextualised within the SFVS system architecture and reflect this in all policy and communications.
- Redevelopment of the *Demand Management in The Orange Door* strategy completed with peak bodies.
- Demand management strategies for the hub model to be inclusive of demand forecasting for SFVS, specialist family violence services for perpetrators, child and family services and Aboriginal community controlled organisations, with matched investment to fund and support core services in each area.
- SFVS service delivery agency managers to have full access to relevant data recorded on the CRM to use for their own reporting, workload management, workforce development, recruitment and ongoing case management practice.
- Development of strategic plans for the CRM system to be linked to relevant client management systems used by the SFVS sector, to allow for smooth transition for victim-survivors to SFVS agencies.
- Reassessment and reconsideration of the matrix management model of governance at hub sites.
- A full-time SFVS manager to be funded and formally included within the structure of the Support & Safety Hub model.
- A reassessment and clarification of the Hub Manager role within the hub model.

### **3. FSV have an important leadership role that must be underpinned by transparency, accountability and authentic collaboration**

DV Vic acknowledges the work FSV has undertaken in leading the design and development of the hubs as a significant, large-scale reform with numerous complexities, and recognises the necessary role FSV holds in leading the reforms. However, DV Vic and SFVSs believe this leadership role has been

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<sup>53</sup> State Government of Victoria (2018). *Support and Safety Hub Manager*. Melbourne: Family Safety Victoria. p. 1.

implemented in a way that has minimised the transparency and accountability of FSV's performance in the hubs reform and embedded a concerning imbalance of power between FSV and key stakeholders. This has prohibited authentic collaboration, excluding the contribution of the relevant peak bodies and the services represented at the hubs, and has resulted in significant issues for service delivery. DV Vic asserts FSV has not yet realised the objective of the hubs to 'support collaboration, shared responsibility and mutual accountability by government and non-government agencies'<sup>54</sup>, by sharing power and meaningfully engaging with key stakeholders, including the SFVS sector. More importantly, this practice prevents the hub model from its ultimate aim of achieving better outcomes for victim-survivors, both adults and children; the lack of evidence for this being a key finding of the recent VAGO Report.

Several practices illustrate gaps in governmental transparency and accountability, resulting in a concerning imbalance of power and authority between FSV and key stakeholders:

- An absence of clearly defined goals, responsibilities, reporting requirements and relationships between governance groups, affecting information sharing and reducing the effectiveness of partner involvement.
- Limited meaningful involvement of DV Vic, SFVS service delivery agencies and other CSOs (and their peak bodies) in policy and practice design.
- Issues with transparency over documents, including *The Workforce Strategy for The Orange Door* and *Action Plan 2019* (last feedback provided by CECFW, NTV and DV Vic in May 2019)<sup>55</sup> and the *Inclusion Action Plan for The Orange Door* (last feedback provided by DV Vic in January 2020)<sup>56</sup>.
- A lack of communication to key stakeholders about the rationale for project developments, including prioritisation for these projects and their set timelines.
- Project planning and resources developed in isolation and without consultation with sector. For example, the DHHS and FSV proposed action responses to the VAGO audit.
- Use of the Statewide Reference Group as an information sharing platform and endorsement mechanism for high-level strategic work that holds no meaning for the broad and distal membership.
- An absence of continuous improvement processes for stakeholder feedback, limiting its significance. This was highlighted by VAGO who stated: 'FSV does not consolidate the feedback and recommendations it receives or track its actions to address them'.<sup>57</sup>
- Consistent gaps in information sharing, leaving partners unable to make key decisions. For example, demand information collected from local governance groups is not shared with other relevant governance groups.<sup>58</sup>
- The absence of strategies by FSV to mitigate their inherent power as the funding body for SFVSs and the impact this may have on SFVSs ability to provide valuable feedback.
- An uneven complement of managerial staff in hub sites; independent partner agencies do not have management representation, while FSV (and Child Protection) do.

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<sup>54</sup> State Government of Victoria. *The Objectives of The Orange Door Service Model (2019)*, <https://www.vic.gov.au/orange-door-service-model/objectives-orange-door-service-model> [1 July 2020]

<sup>55</sup> See also *Joint Peak Body Feedback on the Workforce Strategy for The Orange Door and Action Plan 2019*, published jointly between CECFW, NTV and DV Vic.

<sup>56</sup> See also *DV Vic's Feedback on the Inclusion Action Plan for The Orange Door (Version updated as at 29 November 2019): Feedback, January 2020*

<sup>57</sup> The Victorian Auditor-General's Office. (2020). *Managing Support and Safety Hubs*, p. 65.

<sup>58</sup> *Ibid.* p. 51

- Implementation of the ‘flat’ matrix model structure and the hybrid governmental/non-governmental structure at times in practice granting default decision-making powers to FSV Hub Managers if CSOs are unable to align in stance.
- Establishment of the FSV Hub Manager as the only formal conduit between local governance groups (the Hubs Leadership Group (HLG) and Operational Leadership Group (OLG)).
- Gaps in transparency of FSV’s advice to government, which has previously ‘downplayed some risks and overstated FSV’s capacity to manage others’.<sup>59</sup>

The last two listed examples have been expanded on below, to provide further detailed information.

### Hubs local governance

As noted in the first edition of this position paper, in the current model of hubs local governance, the FSV Hub Manager sits on both the Hubs Leadership Group (HLG) and Operational Leadership Group (OLG), develops the agendas, organises papers, and chairs the OLG and (in some sites) Team Leader Meetings, while FSV staff complete the minutes for the meetings. As there are no formal communication mechanisms between the HLG and OLG (for example, sharing of minutes between the groups), the FSV Hub Manager is the only formal conduit between the HLG and OLG. This situation reduces SFVS partner agency confidence in the transparency and accountability of the existing governance structure, and calls into question the flow of relevant, timely and accurate information between groups and therefore how well informed either group is by the other. Therefore, communication between OLG and HLG representatives from partner agencies relies on them having close relationships outside the governance structure. As a result, SFVSs are concerned that their views and experiences may not being accurately conveyed within and between the two groups. While some regions have been able to capitalise on existing strong relationships to create effective and coordinated communication, the success of governance should not be reliant on the extraordinary efforts and advocacy on behalf of partners – instead, it should be underpinned by a clear and effective formalised structure and processes. Significantly, these practices undermine the effectiveness of site governance, and lend further authority to FSV.

### Independent oversight of FSV hub performance

FSV reports to the DHHS’s Audit and Risk Management Committee, which is intended to independently review the performance of hubs.<sup>60</sup> This committee covers a range of services and therefore does not have a determined focus on hub sites. As a result, FSV have proposed to instead establish an ‘internal Quality, Risk and Audit Committee’<sup>61</sup> to assess and escalate issues to DHHS. DV Vic questions this proposed arrangement and draws attention to a finding in the VAGO report – ‘when advising government, FSV overstated its capacity to manage some risks and did not implement all mitigation strategies it recommended’.<sup>62</sup> DV Vic is highly concerned this proposed change could contribute to an even less transparent governance structure and allow DHHS less oversight into FSV’s management of hubs and thus limiting accountability. Instead, to allow for more transparency, the management of FSV’s hub performance should be overseen by an independent group with family violence expertise, to ensure transparency and accountability. Finally, although FSV have proposed to review governance in relation to hubs performance, they plan to ‘work with DHHS to clarify and formalise clear governance

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<sup>59</sup> The Victorian Auditor-General’s Office. (2020). *Managing Support and Safety Hubs*, p. 37.

<sup>60</sup> Ibid. p. 64.

<sup>61</sup> Ibid. p. 71 – Appendix A: *Response provided by the Associate Secretary, DHHS*, response to VAGO Recommendation 9.

<sup>62</sup> Ibid. p. 38.

arrangements<sup>63</sup>, but have not yet outlined the input from other key hub partners in those governance arrangements.

DV Vic remains highly concerned with the current level of authority FSV hold in shaping the hubs reform and believes there are opportunities for FSV to lessen this power and exemplify best practice leadership, inclusive of authentic collaboration. This requires further accountability mechanisms, processes to increase transparency, and sharing power and responsibility for the hubs model with key stakeholders, including SFVSSs and peak bodies.

#### Recommendations:

- FSV to establish, in equal collaboration with sector partners, a clear, formalised strategic governance framework and structure conducive to meaningful engagement and continuous improvement, ensuring FSV 'holds itself to account for the hubs reform'<sup>64</sup>.
- Creation of a published, publicly available model of this governance structure, with clearly defined goals, responsibilities, reporting requirements of, and relationships between, governance groups.
- A transparent process for determining prioritisation of projects and methods for establishing realistic timelines, alongside a published, publicly available 'map' of hub-related projects, including critical interdependencies, timelines, and progression of existing hub-related projects.
- A formalised, systematic and transparent process embedded within the governance structure that allows for the collection, collation, evaluation and prioritisation of issues, concerns, recommendations, and feedback provided to FSV by relevant sector partners from all levels of governance, and from audits.
- Creation of robust information sharing mechanisms, to ensure all key partners are equipped with the necessary information for effective decision-making.
- Reassessment of the Hubs Manager as the sole formal conduit between the HLG and OLG.
- Funding for independent partner agency managerial staff in hub sites.
- Governance of FSV's hub management to be overseen by an independent body with a family violence focus.

## 4. The role, responsibility & expertise of peak bodies must be included in governance, practice development & continuous improvement

DV Vic recognises hubs as a model that bring together *different types of services*, each with different roles, mandates, philosophies and disciplines; that utilise different theories, ethical frameworks, interventions and standards that reflect the type of services they deliver; have distinct temporal dimensions; and have different levels of resourcing. There are numerous complexities and intricacies in bringing these distinct sectors together in one model, and DV Vic recognises the continued efforts of FSV to implement the hubs reform. However, DV Vic asserts there have been continued missed opportunities for meaningful, collaborative and transparent approaches to hubs development in

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<sup>63</sup> The Victorian Auditor-General's Office. (2020). *Managing Support and Safety Hubs*, p. 71 – Appendix A: *Response provided by the Associate Secretary, DHHS*, response to VAGO Recommendation 9.

<sup>64</sup> *Ibid.* p. 17.

partnership with key CSO stakeholders, including peak bodies. This is reflected by the current governance structure, ineffective communication processes and exacerbated by the 'inform and consult' rather than the 'involve and collaborate' approach to key stakeholder engagement<sup>65</sup>. DV Vic firmly believes there are opportunities for FSV to share the decision-making for the development, design and implementation of the hub model, by working in true collaboration and alliance with CSO sector peak bodies as equal partners, respecting and utilising their role as representatives and leaders.

## Governance

Each of CSOs within the hub model has peak body representation, including DV Vic, NTV, CECFW, and VACCHO. Peak bodies are an important part of the broader service sector as they represent, advocate for, and lead members; these functions can foster efficient change management with sector partners. Additionally, the expertise of peak bodies can significantly contribute to the development and implementation of the hubs reform. However, DV Vic asserts there is an absence of recognition for the role, responsibility and technical expertise of peak bodies within hub design, implementation and evaluation. DV Vic strongly encourages FSV to work with peak bodies to create opportunities for improved partnership work particularly within hub governance, practice development and continuous improvement.

As outlined in the first edition of this position paper, the Statewide Reference Group and its broad membership continues to provide little opportunity for DV Vic to engage with and debate emerging hubs policy and developments. The membership dilutes the role and responsibilities of the peak bodies as the statewide strategic representatives of hub service delivery partners, reducing their voice to one of many members.

Following the release of the first position paper, The Orange Door Working Group was created in July 2019 as a sub-group to the Statewide Reference Group, with a smaller membership including DV Vic, NTV, CECFW, Dhelk Dja, and the Victim Survivors' Advisory Council (VSAC) representation, plus members from DHHS and FSV. The role and purpose of the working group is to develop shared solutions and to undertake collaborative early planning in order to resolve concerns with hub reform and implementation. However, the group has had difficulties in achieving this purpose, underpinned by FSV's reluctance to share power and partner more closely with the key peak bodies, alongside process mechanisms suited to an 'inform and consult' approach rather than a greater openness to work more collaboratively. For example, the group is often not involved in concept inception, and is therefore unable to contribute to the suitability of hub developments. Concerns raised by The Orange Door Working Group have consistently been 'rationalised', with FSV providing assurances that future developments will address concerns, despite no opportunities for the group to assess the suitability of, and contribute to, future projects. Additionally, attendance of FSV staff members at The Orange Door Working Group has been on a rotating basis, exacerbating inconsistencies in collection and escalation of feedback within FSV. DV Vic believe a robust reassessment of The Orange Door Working Group's relationship to FSV and an improved, clear connection to hub decision-making functions (the significance of which was outlined in the Third annual report from the Family Violence Reform Implementation Monitor),<sup>66</sup> can improve the contributions of the group to hubs reform.

Separate to establishment of the Orange Door Working Group, DV Vic and peak bodies have been involved in providing individual feedback to FSV on hubs strategy and documentation. Despite the

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<sup>65</sup> For further details on these approaches, please see document: State Government of Victoria, (2019) *Public participation and stakeholder engagement framework*, Melbourne: State of Victoria, p. 1.

<sup>66</sup> Family Violence reform Implementation Monitor. (2020). *Report of the Family Violence Reform Implementation monitor: As at 1 November 2019*. p. 39.

extent of feedback provided, DV Vic is concerned that the critical role peaks play within the established SFVS system architecture is not meaningfully understood and valued. For example, DV Vic is often not involved in the creation and shaping of project developments until near completion, is given relevant documentation at very short notice and is granted limited time to provide meaningful feedback. In addition, following the provision of feedback, there is very little communication from FSV, and the rationale for the inclusion or exclusion of feedback is often not shared. The status of projects remains unclear, and DV Vic has identified instances where documents - on which feedback was provided - appear to have been published without DV Vic's knowledge.<sup>67</sup> Additionally, many hub developments have been created independently from peak bodies, such as the *Demand Management in The Orange Door* strategy<sup>68</sup> despite the consequences they have for DV Vic members and broader SFVS system architecture and practice that DV Vic is developing. A combination of these practices has led to hub developments that are not fit for purpose and has created a sense of confusion for DV Vic and the SFVS sector. This compromises the significant role DV Vic plays in supporting the SFVS response system.

### Practice development groups

There are two statewide groups run by FSV that bring hub sites together with a focus on practice. The first was mentioned in the VAGO report as the practice development reference group, though it is also referred to as the 'statewide practice group' or 'practice reference group'. DV Vic is unclear on the rationale for FSV to convene these groups, and the relevancy for a governmental department to lead practice discussions, especially when DV Vic is funded as a practice development resource in the SFVS sector. The purpose, framework and the Terms of Reference, as well as the reasoning for the group's membership are unknown – despite being the statewide peak body for SFVSs responding to victim-survivors, DV Vic has not been consulted on the establishment of the group. SFVS members report this to be a space for FSV to direct and manage practice, rather than the membership meaningfully contributing to developments. The SFVS sector reflects feeling constrained by an agenda set exclusively by FSV. Despite not having a formal practice role or practice expertise, Hub Managers are also in attendance, further limiting the ability of the membership to speak freely. The VAGO report also noted the prospective benefits of this group have not yet been realised, as its purpose has not been defined, nor has it been trusted with the responsibility of developing guidance from FSV.<sup>69</sup>

The second group is currently unnamed, but DV Vic members report the Advanced Family Violence Practice Leads attend these regular meetings. These meetings have agendas set by FSV, with issues responded to reactively, rather than members having an opportunity to proactively bring concerns to the table. Additionally, the absence of an agenda, minutes or an accessible Terms of Reference for stakeholders affected by any decisions made in these groups adds to the existing lack of transparency and accountability, granting default authority to FSV. DV Vic notes that in the previous edition of this paper, we called for a community of practice to be developed that DV Vic – as the statewide organisation with family violence practice expertise – would facilitate. FSV has not responded to DV Vic in relation to this, nor have they consulted DV Vic in the development of this group that they have established.

SFVS service delivery agency leaders and practitioners feel a high degree of responsibility for responding to and managing family violence risk yet feel that the current balance of power within hubs gives them

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<sup>67</sup> For example, *The Workforce Strategy for The Orange Door*, and the *Inclusion Action Plan for The Orange Door*, both referenced as completed: State Government of Victoria. (2020). *Family Violence Reform Rolling Action Plan 2020- 2023: The Orange Door*. <https://engage.vic.gov.au/family-violence-rolling-action-plan-2020-2023/the-orange-door> [13.08.2020]

<sup>68</sup> Family Safety Victoria (2020). *Demand Management in The Orange Door*. Melbourne: State of Victoria.

<sup>69</sup> The Victorian Auditor-General's Office. (2020). *Managing Support and Safety Hubs*, p. 42.

no control over policy and practice design and implementation. DV Vic submits that if the peak bodies are recognised as an important resource - and are proactively and meaningfully involved in hubs governance, practice development and continuous improvement - this will assist FSV in implementing relevant and effective hubs reform and create greater confidence that risk is being managed effectively.

#### Recommendations:

- A commitment from FSV to share power and responsibility, and meaningfully engage and collaborate with key stakeholders including peak bodies, shifting from an 'inform and consult' to an 'involve and collaborate' approach to key stakeholder engagement, underpinned by continuous improvement.
- A robust reassessment of the processes for CSO peak body engagement, inclusive of governance structures, which allows peak bodies to engage with hubs development, be meaningfully involved in decision-making processes (e.g. consulted prior to the development of hubs projects), and contribute as equal partners to hubs design.
- Reconsideration of the effectiveness of the Statewide Reference Group, and its membership.
- A robust review of the practice development group structures, with DV Vic instead funded to provide statewide coordination to Advanced Family Violence practice leads in hub sites.

## 5. Practitioner specialisation must be unequivocally retained

The SFVS sector understand the hub model to be one of a co-located, coordinated, multiagency entry point for adults, children and young people who are experiencing or have experienced family violence, families who need extra support with the care of children and young people and people who use violence. Practitioners co-located within the hubs provide brief intervention responses, underpinned by the principles of collaboration, information sharing and joint case planning. This aligns with the definition of integrated service delivery featured in the *Support and Safety Hub: Interim Integrated Practice Framework*, which describes hub 'integrated' service delivery as 'a number of services working together, collaborating and coordinating their support, services and interventions to people seeking, or referred for, help'.<sup>70</sup> However, there are diverging views as to whether this is considered an 'integrated' model. Some interpretations of 'integrated practice' instead describe it as the combination or assimilation of services whereby specialist practitioners are required to work across a number of service areas.

Despite the evidence base for retention of specialisation being clearly established, the Third Implementation Monitor's Report noted 'Sector stakeholders... have reported that workers have been working outside their specialisations from time-to-time'.<sup>71</sup> For example, DV Vic have noted continued pressure on SFVS practitioners particularly to undertake the work normally performed by child and family services. Instead, DV Vic asserts this responsibility should remain with child and family service practitioners, as would usually be the case in the broader service system.

Moving away from practitioner specialisation:

- is contrary to the best practice evidence that demonstrates this significantly conflicts with the principles and values of specialist family violence service delivery;

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<sup>70</sup> Victorian Government, 2018, p. 36.

<sup>71</sup> Family Violence Reform Implementation Monitor. (2020). *Report of the Family Violence Reform Implementation monitor: As at 1 November 2019*, p. 37.



- undermines the rights of victim survivors, including children, to their own specialist independent advocacy and support services;
- results in the marginalisation of family violence expertise in the hub model, and causes an inevitable reduction in the standard of specialist family violence service delivery;
- reduces the ability for practitioners retain the specialist discipline and identity attributed to them by their agency of origin;
- ignores and disrespects the unique role, responsibilities and qualifications required to undertake perpetrator intervention, behaviour change and monitoring work, and;
- places expectations on SFVS to undertake child and family service’s statutory responsibilities causing inherent conflict in service delivery for victim-survivors.

Practitioner specialisation within hubs is also impacted by the uneven staff complements between partner agencies. For example, some sites have more than one full-time equivalent Integrated Practice Lead yet only one full-time equivalent Advanced Family Violence Practice Lead (AFVPL). This has led to some SFVS agencies funding another AFVPL in order to effectively resource a family violence expert response. Furthermore, there is no specific practice lead for specialist perpetrator intervention services, which means in practice AFVPLs are asked to respond to perpetrator specialist work. This is despite the work of the specialist perpetrator intervention services being a distinct discipline from work with victim-survivors, requiring its own specific training and qualifications. This loss of specialisation for perpetrator services due to under resourcing of roles within hubs also erodes the purpose of the hub model to better keep perpetrators in view and accountable.<sup>72</sup>

As the hub model has brought together disparate services each with their own sector system architecture, a shared theoretical framework and a clear practice framework is critical. However, the current *Interim Integrated Practice Framework* lacks the practical detail and nuanced guidance needed. This has allowed inconsistencies to develop at the local level, with diverse examples and divergent understandings for service collaboration and delivery. Additionally, the lack of clarity and shared understanding around the meaning of ‘integrated practice’ has inevitably created tension and conflict, and feelings of marginalisation for staff. Although services generally have held good relationships with partner agencies, these are put under strain by weaknesses in the model, interrupting the ability of practitioners to collaborate effectively. Furthermore, DV Vic asserts the use of ‘integrated practice’ is unnecessary, when the term ‘collaborative practice’ has an established, shared definition, and is consistent with language used in MARAM.

Significantly, any move away from practitioner specialisation response poses a threat to a priority focus on the assessment and management of family violence risk in the hub model. This concern with the hub model ‘not being sufficiently informed by specialist family violence knowledge’ was also captured in the Family Violence Reform Implementation Monitor’s second annual report.<sup>73</sup> DV Vic understands the *Interim Integrated Practice Framework* is being updated, with the completion date of December 2021.<sup>74</sup> While this work will understandably take time, DV Vic raises the importance of providing some critical information prior to this date – for example, providing clear advice that ‘integrated practice’ does not equate to a loss of practitioner specialisation. Additionally, DV Vic believes practitioners and

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<sup>72</sup> Family Safety Victoria. (2017). *Support and Safety Hubs: Statewide Concept, July 2017*, State Government of Victoria, Melbourne; Victorian Government. (2018). *Support and Safety Hubs: Interim integrated practice framework*, State of Victoria, Australia, Family Safety Victoria, Melbourne.

<sup>73</sup> Family Violence Reform Implementation Monitor. (2020). *Report of the Family Violence Reform Implementation monitor: As at 1 November 2019*, p. 21.

<sup>74</sup> The Victorian Auditor-General’s Office. (2020). *Managing Support and Safety Hubs*, p. 71 – Appendix A: *Response provided by the Associate Secretary, DHHS, response to VAGO Recommendation 2*.

users of the hubs would benefit from the revision of the *Interim Integrated Practice Framework* being led by the peak bodies as sector experts, and are concerned there has been no involvement with the peak bodies in this work to date.

DV Vic is confident that effective collaborative practice can be achieved while retaining specialisation, especially if services within hubs are equitably resourced to provide the same quality of service delivery and supported by a relevant, appropriate and evidence-based framework CSO partners can orientate around.

#### Recommendations:

- Retention of practitioner specialisation to be maintained as per best practice evidence, with this clarified and published in all relevant documentation. For example, the *Interim Integrated Practice Framework* and position descriptions.
- Peak bodies funded to lead and update the existing Integrated Practice Framework, inclusive of clear guidance on the responsibilities of practitioners within the hubs, with consideration to release a well-defined explanation of integrated/collaborative practice prior to the estimated publication date.
- Review of the uneven staff complements in the hub model, inclusive of Advanced Family Violence Practice Leads and practice leads for specialist perpetrator services.

## 6. There must be a statewide strategic approach

Rather than take a statewide strategic approach, the hub model was instead designed with an emphasis on localisation. As a result, there are inconsistencies in the hub model that impact the broader service system and inexorably affect hub client experience. DV Vic understands that a certain level of flexibility is necessary for hub sites to reflect local service composition, geography and demographics, but argues that this flexibility does not preclude there being an uncompromised core, consistent, statewide hub model linked to the broader SFVS sector, which devolves day-to-day decision-making power to local governance structures (i.e. HLGs).

As outlined in the VAGO report, 'FSV developed high-level guidance but left it to HLGs and OLGs to establish specific processes for each hub after it opened.'<sup>75</sup> This high-level approach can be seen throughout critical documentation (e.g. the *Interim Integrated Practice Framework*) which lacks the detailed operational guidance to direct and align hub partners. Training was highlighted as another underdeveloped area, with *The Orange Door 2018 Evaluation Report*<sup>76</sup> finding induction training did not meet practitioner needs. Although FSV responded with the *Workforce Strategy for The Orange Door* strategy, DV Vic has not yet seen the finalised version of this document, and the concerns with training, as reiterated in the VAGO report, persist.<sup>77</sup> Furthermore, some statewide guidance was delayed in its implementation, which meant it was necessary for hubs to create their own provisional strategies. This includes the *Demand Management in The Orange Door* guidance, which was released nearly two years

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<sup>75</sup> The Victorian Auditor-General's Office. (2020). *Managing Support and Safety Hubs*, p. 37.

<sup>76</sup> PricewaterhouseCoopers Consulting Australia (2019): *The Orange Door 2018 evaluation report prepared for Family Safety Victoria*, p. 76.

<sup>77</sup> The Victorian Auditor-General's Office. (2020). *Managing Support and Safety Hubs*, p. 41.

after the first hub site launched.<sup>78</sup> Notably this delay then added to the workload of hub sites, as already established processes needed to be reassessed and readjusted.

In the absence of published, practical guidance, hubs have necessarily pushed forward with their own strategies and processes, which has resulted in a number of issues. For example, at implementation, hub sites had to create their own standard operating procedures to appropriately respond to referrals. This absence of a practical statewide framework for assessment and triage impacted on demand and 'led to an immediate 'backlog' of referrals that were unable to be processed with the same efficiencies as experienced prior to The Orange Door'.<sup>79</sup> Additionally, without standardised best practice to which CSOs in the hubs could orientate, the likelihood of tension between staff co-located in hubs is heightened.

The lack of a strategic statewide approach also impacts the ability of the hub model to be tracked and assessed reliably, affecting the ability to properly track and manage performance of the model and implement continuous improvement processes to improve hub design and developments. This is despite the intention of the CRM system to gather consistent information on user experience within the hubs.<sup>80</sup> Rather, this data is more likely to track the performance of each individual hub site, which grants insights into those iterative models only. This also ties the responsibility and accountability for hubs performance on CSO partners in hub sites themselves, shifting focus from the central strategic decisions made at a governmental level.

Significantly, as the hub model forms one part of a continuum of services and has its place within the broader service system, any variances will compromise the ability of the wider system to operate successfully. The service sector is working towards standardisation of family violence responses, exemplified by the MARAM framework, and further supported by the *Service Model*<sup>81</sup> work FSV is currently completing. Therefore, standardisation across the state within the hub model is equally critical for service workflows and quality service delivery.

Finally, a statewide strategic approach by FSV is critical, in recognition that 'clients deserve a consistent quality of service regardless of where they live.'<sup>82</sup>

### Recommendations:

- FSV to implement a statewide strategic approach, working with peak bodies to assess guidance that would benefit from added practical detail, and working with peak bodies on their development. This statewide approach should also outline which hub processes are non-negotiable and provide guidance on how to ensure local level issues are incorporated during implementation.
- SFVS sector-led development of specialist induction programs for SFVS staff working in hubs at the statewide level, with peak body participation in the delivery of hub site inductions.

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<sup>78</sup> The Victorian Auditor-General's Office. (2020). *Managing Support and Safety Hubs*, p. 15.

<sup>79</sup> PricewaterhouseCoopers Consulting Australia (2019): *The Orange Door 2018 evaluation report prepared for Family Safety Victoria*, p. 41.

<sup>80</sup> Family Safety Victoria. (2018). *Support and Safety Hubs: Interim integrated practice framework*, p. 16.

<sup>81</sup> The Specialist Family Violence Service Model (Service Model) is an interim name for the model and is subject to change.

<sup>82</sup> Family Safety Victoria. (2018). *Support and Safety Hubs: Interim integrated practice framework*, p. 58.

## 7. Quality assurance and continuous improvement to be elevated

As a significant systemic change to family violence service delivery, it is critical the hub model is methodically analysed and assessed to attain consistent, high-quality outcomes for adults, children and young people who are currently or who have experienced family violence, people requiring support with the care of their children and people who use violence. Currently, due to gaps in data collection, 'FSV cannot yet demonstrate whether the hubs are leading to better outcomes for families.'<sup>83</sup> While there is some anecdotal success in positive outcomes and successful collaborative practice by CSO staff despite structural barriers, robust data should be collected to gauge the hub model impact on victim-survivor experience throughout the SFVS service system. Additionally, any data collected will need to feed into continuous improvement processes, supported by an effective governance structure.

Published in 2018, *The Support and Safety Hubs Evaluation Program Logic*,<sup>84</sup> and *The Support and Safety Hubs: Framework for Initial Evaluation*<sup>85</sup> provided the frameworks for hub model evaluation. Although these are intended to be organic living documents, it is unclear if these documents have been updated since original publication, and/or if they are being used by FSV in the current approach to design, implementation and evaluation of the hub model.

*The Orange Door 2018 Evaluation Report* (published May 2019)<sup>86</sup> was a process evaluation, designed to assess systems and processes during the early stages of hub implementation. FSV have planned for two further evaluations of the hubs, (with the second evaluation likely focused on client experience), though the exact scope of both are currently unknown. It is also unclear whether the second evaluation will occur while the findings and recommendations from the first evaluation have yet to be fully implemented. However, it is important that any future evaluations:

- Recognises the hub model as one part of a spectrum of services in the specialist family violence system architecture and works to contextualise hub model impacts on victim-survivor experience throughout the SFVS service system as a whole.
- Are independent and impartial, without being led or coordinated by FSV or government. For example, during a VAGO audit focus group, the Hub Manager 'hand-picked' staff and FSV were present in the room.
- Ensure recommendations are shared with the sector in a timely manner. For example, while *The Orange Door 2018 Evaluation Report* summary of findings was shared in mid-2019, the report was released to the sector in January 2020.

Currently, FSV is working on a Performance Monitoring Framework for hubs, with this work to be completed in partnership collaboration with sector.<sup>87</sup> DV Vic looks forward to contributing to the framework, and notes the importance of alignment with established hub performance mechanisms including Partnership Agreements, quarterly service delivery reports and CSO Service Agreements with

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<sup>83</sup> The Victorian Auditor-General's Office. (2020). *Managing Support and Safety Hubs*, p. 11

<sup>84</sup> Family Safety Victoria. (2018). *Support and Safety Hubs Evaluation Program Logic*. Melbourne: State of Victoria.

<sup>85</sup> ACIL Allen Consulting. (2018). *Support and Safety Hubs: Framework for Initial Evaluation*

<sup>86</sup> PricewaterhouseCoopers Consulting Australia (2019): *The Orange Door 2018 evaluation report prepared for Family Safety Victoria*. p. 4.

<sup>87</sup> The Victorian Auditor-General's Office. (2020). *Managing Support and Safety Hubs*, p. 70 – Appendix A: *Response provided by the Associate Secretary, DHHS, response to VAGO Recommendation 7*.

DHHS. In particular, there is a lack of clarity between ‘hub performance’ and the attribution or contribution to this performance by the ‘SFVS service delivery agency’, since it is CSOs that provide service delivery within hubs. Additionally, alignment should be sought with other relevant frameworks (including the Family Violence Outcomes Framework, Children and Families Outcomes Framework and the DHHS outcomes framework), which allows consistency in measuring performance across different regions. This may support analysis of whether the introduction of the hub model is leading to better outcomes for victim-survivors across the SFVS service system, or if by way of comparison, sustained investment in CSO sectors may have had similar outcomes.

As has been acknowledged by FSV, the CRM needs urgent attention to capture accurate data. The CRM system is unable to collect a variety of relevant information, including high-risk family violence cases, number of referrals to child and family services, timeliness of assessments, cases on ‘active hold’, reasons for children accessing hubs, and demographic information (due to an absence of mandatory fields). Additionally, as the CRM is not linked to the systems used in the SFVS sector, there is no ability to monitor and evaluate a victim-survivor’s complete experience throughout the SFVS system, inclusive of the SFVS response they receive in the hubs. This is significant, as hubs are only one part of a continuum of service and therefore hold a very particular role in a victim-survivor’s engagement support period. Additionally, the CRM is not ‘user-friendly’, and some sites have funded administrators due to the complexity of dealing with the system, exacerbated by the numerous L17s that require processing. FSV have reported planned upgrades for the CRM system to be completed in June 2022. This distant deadline is concerning, and DV Vic suggest that performance should be consistently measured in the interim, so relevant outcomes for hubs can be tracked.

While understanding client experience is a critical component of monitoring service quality and delivery, it is crucial for any victim-survivor feedback processes to be carefully considered. Currently, client experience of the hubs is collected via paper-based survey, over the phone, or online at a hub site.<sup>88</sup> However, the impact of this on victim-survivor care and high-quality service delivery should be considered, and victim-survivors should not be asked to participate if in crisis as this would not be in line with the person-centred approach outlined in best practice guidance<sup>89</sup>.

Finally, for any collected data to enable continuous improvement, proper processes will need to be designed and implemented to ensure ‘the right people have the information and authority they need to make improvements and manage risks.’<sup>90</sup> This is currently impacted by overlapping governance structures and reporting relationships, inconsistent information sharing mechanisms, and an absence of FSV process to assess information and prioritise responses.

In the absence of quantified, joined-up data, it is difficult to assess the impact of the hub model on a victim-survivor’s experience of the SFVS service system. However, it is notable that some sites after implementation experienced a ‘backlog’ of cases with clients in hubs sometimes waiting months for service. This could mean that victim-survivors, adults and children, have become *less* safe since the establishment of the hubs, despite the substantial efforts of CSO staff to implement the hubs in a timely fashion.

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<sup>88</sup>State Government of Victoria. (2020). *The Orange Door service specifications: Appendix 1: The Orange Door system management function*. <https://www.vic.gov.au/orange-door-service-specifications/appendix-1-orange-door-system-management-function> [18.08.2020]

<sup>89</sup> Domestic Violence Victoria (2020). *Code of Practice: Principles and Standards for Specialist Family Violence Services for Victim-Survivors*. 2nd Edition. See Principle 2: Person-Centred Empowerment, p. 38-39.

<sup>90</sup> The Victorian Auditor-General’s Office. (2020). *Managing Support and Safety Hubs*, p. 63.

## Recommendations:

- Revision of *The Support and Safety Hubs Evaluation Program Logic* and *The Support and Safety Hubs: Framework for Initial Evaluation* for hubs,
  - recognising the function of the hub model as an element of SFVS service delivery; and
  - including reassessment of relevant inputs, activities and outcomes, and the development of a regular review plan for these documents.
- The Performance Monitoring Framework developed with peak bodies, with consistency to established hub performance mechanisms and broader outcome frameworks.
- Reassessment of the implementation of the client experience survey in hubs.
- Continued development of the CRM, with focused areas of work aligned with the prioritisation of other hub developments and projects.

## 8. Minimum standards for site launches need to move beyond operational capacity only

FSV aim to launch the 12 remaining hub sites by the end of 2022. This is a challenging prospect, and it is critical that there is detailed planning for implementation, including the setting of realistic milestones, project mapping and allocation of resources. Fundamentally, the final deadline should be determined conditionally, set by achievements of key milestones, rather than being driven by an unrealistic timeline. Although there are minimum operational commencement standards for sites prior to launch, any future hubs will also be affected by the current issues with the hub model. Therefore, the timing of any future rollouts should also be driven by the resolution of these issues.

The launch of the first five sites was problematic, as outlined in the 2020 *Report of the Family Violence Reform Implementation Monitor*,<sup>91</sup> and reiterated in the recent VAGO report. Notably, the implementation of the first tranche of hub sites was rushed – despite stakeholder concerns – in order to meet the planned government deadline.<sup>92</sup> FSV have since amended implementation plans to include infrastructure and operational targets that have to be met for the launch of a hub site. This includes a minimum 80% staffing level and the establishment of OLGs and HLGs within a certain time period prior to launch. However, while DV Vic acknowledge the refinement of implementation standards as a positive step, the rationale behind each inclusion remains unclear, as does the impact of those changes on the hub implementation process.

Of particular relevance to the implementation process is the impact on the next tranche of hub sites in Goulburn, Loddon and Central Highlands. These areas have faced particular issues and pressure to have hubs sites operational by original deadlines. For example, incoming hub sites have expressed concern that they are ‘starting from scratch’, pointing to the absence of an established implementation plan to follow, exacerbated by the lack of a consistent, core statewide model and practical statewide guidance, confusion over specialisation, and issues in meaningful engagement with FSV staff. This adds to time pressures around deadlines, inflating the time and effort it takes for a site to prepare for opening, and compounds inconsistencies between sites.

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<sup>91</sup> Family Violence Reform Implementation Monitor. (2020). *Report of the Family Violence Reform Implementation monitor: As at 1 November 2019*, p. 35.

<sup>92</sup> The Victorian Auditor-General’s Office. (2020). *Managing Support and Safety Hubs*, p. 3.

It is notable to mention that members have been working under extraordinary circumstances. On 16 March 2020, Victoria declared a State of Emergency in response to COVID-19<sup>93</sup>. Regulations to restrict movement were introduced, leading to immediate changes. SFVS staff began to work from home and engage with victim-survivors remotely, impacting service delivery and staff wellbeing. Significantly, though there have been clear short-term impacts, it is likely there will be long-lasting effects on the SFVS workforce, which will need to be recognised and built into the assessment of service delivery readiness for hubs.

With such a tight timeframe, and in light of little to no progress being made on the critical issues raised by DV Vic and others over the last few years, DV Vic is concerned that the ongoing, unresolved issues identified in the current sites will be further entrenched by the ongoing roll-out of hubs, and that future hub implementation will also struggle to provide positive outcomes for victim-survivors and families. As outlined in the VAGO report, 'the risk remains that FSV will launch hubs that are not fully prepared to support clients.'<sup>94</sup>

### Recommendations:

- Launch of hub sites to be driven by practice and service delivery readiness.
- The creation of a practical, standardised implementation plan for CSOs to use when working toward implementation.
- Reassessment of core minimum commencement standards for hub launches completed in conjunction with the SFVS sector.
- Reconsideration of the rationale behind the hub's final rollout date of December 2022, completed in conjunction with peak bodies.
- Implement the recommendations in the 'Next steps and immediate actions' prior to the launch of the third tranche of hub sites.

## Next steps and immediate actions

DV Vic recognises the range of issues and recommendations outlined in this position paper, and the complexities in the prioritisation of responses. In recognition of this, DV Vic recommends immediate actions are taken prior to the launch of further hub sites including:

- A commitment from FSV to share power and responsibility, and meaningfully engage and collaborate with key stakeholders including peak bodies, shifting from an 'inform and consult' to an 'involve and collaborate' approach to key stakeholder engagement, underpinned by continuous improvement.
- FSV to establish, in equal collaboration with sector partners, a clear, formalised strategic governance framework and structure conducive to meaningful engagement and continuous improvement, ensuring FSV holds itself to account for the hubs reform<sup>95</sup>.
- Launch of hub sites to be driven by practice and service delivery readiness.
- FSV to partner with peak bodies and other representatives of relevant partner agencies to clarify and formalise the hub model as responding, identifying, assessing and managing family

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<sup>93</sup> State Government of Victoria, Department of Health and Human Services, *Coronavirus: Victoria's restriction levels*. (2020) <https://www.dhhs.vic.gov.au/victorias-restriction-levels-covid-19> [12.06.2020].

<sup>94</sup> The Victorian Auditor-General's Office. (2020). *Managing Support and Safety Hubs*, p. 11.

<sup>95</sup> *Ibid.* p. 17.

violence risk as a priority, with this embedded in all hubs design and policy, particularly screening and triage.

- Peak bodies funded to lead and update the existing Integrated Practice Framework, inclusive of clear guidance on the responsibilities of practitioners within the hubs, with consideration to release a well-defined explanation of integrated/collaborative practice prior to the estimated publication date.
- A full-time SFVS manager to be funded and formally included within the structure of the Support & Safety Hub model.
- Review of the uneven staff complements in the hub model, inclusive of Advanced Family Violence Practice Leads and practice leads for specialist perpetrator services.

## Conclusion

DV Vic and our members strongly support reforms that strengthen the coordinated, collaborative, multiagency response to family violence. We remain confident that a collaborative approach to model design and implementation with focus on family violence expertise will successfully address the issues raised in this position paper, to make it easier for people whose lives are affected by family violence to get help, and to intervene to reduce family violence risk and increase safety.

DV Vic is aware that the services in the hubs are working hard to implement best practice responses for victim survivors, for children and young people, and ensure that perpetrators are engaged to take responsibility for their behaviour. Future advocacy must be directly informed by the SFVSs involved in this work day-to-day, and DV Vic looks forward to working with the Victorian Government and other key stakeholders to support and implement actions to address concerns raised in this paper, and aid implementation of its recommendations.