

CHURCHILL FELLOWSHIP REPORT

How multi-agency responses to family/domestic violence can generate positive systemic change

Catherine Plunkett - 2017



About the author

I am the Manager of the Practice Development Unit at Domestic Violence Victoria (DV Vic), the peak body family violence services for women and children in Victoria. The Practice Development Unit works to strengthen and extend specialist family violence practice, as well as responses to family violence in the broader service system.

The Unit coordinates the state-wide operation of the Risk Assessment and Management Panels (RAMPS) for high risk family violence, the Personal Safety Initiative that enables women and their children to remain in their homes through the use of technology and justice system responses. It also coordinates the Family Violence Advisor Capacity Building Program that seeks to build the capacity of the mental health and alcohol and other drugs sectors to respond to family violence, and to develop collaborative case models between those sectors and the family violence services sector.

In 2016 I gave evidence to the Royal Commission into Family Violence in Victoria and today I represent DV Vic on a number of advisory committees to oversee the implementation of its recommendations. The Practice Development Unit is working with the family violence service sector in developing survivor-centred practice frameworks to apply to a reformed family violence response system.



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A group of women at Wearside Women in Need, a refuge in Tyne Wear, gave me the most enduring memories of my Fellowship. They bravely told me their stories one afternoon, and explained that their lives, and those of their children, had been saved by finding this refuge. Their generosity in telling of painful and frightening experiences was borne out of their belief that their stories could make a difference to other women and children, even those on the other side of the world. This is why persistent efforts to improve systems and responses, and to make them accountable to survivors, are fundamental to our work. I hope that this report and the work I do in the future goes some way to repaying their trust in me.

Executive Summary

Introduction

In 2016, the Royal Commission into Family Violence in Victoria made 227 recommendations for reform of the response to family violence. Many of these recommendations concerned the development of greater collaboration between agencies and service sectors, and the establishment of multi-agency and multi-disciplinary responses and programs. This is consistent with a trend in Australia and internationally over the last twenty years towards collaborative and inter-agency responses to family/domestic violence.

Such programs are commonly referred to as community coordinated, integrated, collaborative, interagency, multi-agency and inter-disciplinary responses to family/domestic violence. There is not a consistently applied definition of each of these terms and they are often used interchangeably to describe programs with a range of different features.

Multi-agency and multi-disciplinary programs hold information about the experience of individuals traversing a number of intersecting services that can shine a light on institutional practices and other systemic issues that affect victims/survivors beyond the reach of the program.

Early examples of multi-agency programs (e.g. Community Coordinated Responses) were designed to use this information to review and improve whole system responses to family/domestic violence. The trend in inter-agency work for many years now has been away from systems monitoring and analysis, to models that are concerned with case processing and streamlining the multi-agency response. Similarly, the influence of family/domestic violence services on the operation and objectives of multi-agency programs has also gradually diminished over recent years, as governments and statutory agencies establish and lead many of them.

These changes, and the lack of robust strategic governance structures to enable the reporting, analysis and addressing of systemic issues at different levels of government, have resulted in an explosion in the number of multi-agency and multi-disciplinary programs but far fewer programs enabled to capitalize on their multi-dimensional perspective to inform continuous systemic improvement.

This report is an exploration of what is required to activate the under-utilised potential of multi-agency programs to improve responses, not just to their service users, but to all victims/survivors.

Methodology

I travelled to the USA and the UK to visit a selection of different types of multi-agency and multi-disciplinary programs, encompassing a range of approaches and partnerships. As well as well-known and large criminal justice focused programs, I included examples of practitioners from different agencies and with different roles being located together to provide a service response to family/domestic violence, and health and housing programs that have established a family/domestic violence-specific response thereby creating a multidisciplinary team.

I made contact with multi-agency program managers and auspice agencies, and representatives of partner organisations including community services, police, District Attorneys and prosecutors, government officials and staff, policy advisors, national non-profit organisations, and coalition or peak body organisations.

For the purposes of simplicity in this report, I have brought the programs I considered into three broad groupings:

- Multi-agency programs: these typically include partners from the criminal justice system as well community agencies.
- Multi-disciplinary capacity building programs: these programs involve partnerships between family/domestic violence services and organisations whose core business is not family/domestic violence (universal services) or the establishment of specialist family/domestic violence roles and responses within these universal services. These include programs based in housing and health services, services for children and other universal services. They aim to create change in service system responses.
- Coordinating systems entities: these are programs or multi-agency coordinating structures that sit above the level of service delivery, whose role is to provide strategic oversight and, in some cases, to facilitate monitoring and improvement of the system response to family/domestic violence. Most coordinating entities do not directly deliver services however they are comprised of representatives of key government and non-government service delivery organisations.

Key Findings

- The potential benefits of multi-agency working to collect comprehensive and multi-faceted information and apply it to system enhancement are largely overlooked today. This means that programs with the most information about the system are not positioned to generate continuous improvement of the system.
- There are a small number of programs that have an explicit goal of identifying systemic issues to generate system improvement. These programs are led or largely influenced by family/domestic violence services or have local area or regional coordinating and governance structures that are strategically linked to multi-agency programs and designed to generate systems improvements.

- Few multi-agency or multi-disciplinary programs have mechanisms or processes for system monitoring and continuous system improvement. Of the programs I identified through this research, this was a feature only of programs which are led by family/domestic violence agencies, or where family/domestic violence services have a recognised structural advocacy role and the program is designed and governed to enable this role.

Multi-agency programs

- The principal purposes of multi-agency approaches to family/domestic violence today are generally understood to be:
 - the streamlining of inter-agency processes,
 - information sharing that can provide a more comprehensive assessment of risk and need,
 - making multiple services more accessible for victims/survivors, and
 - making perpetrators accountable for their behaviour.
- A strength of government-led programs (i.e. local, state or federal government or statutory agencies such as police, courts, prosecutions / Office of the District Attorney) is that they have the authority and influence to potentially generate structural changes that improve system responses beyond the scope of the program. However, most do not have formal processes for identifying and analysing issues discovered at the direct service delivery level in a systematic way. If there is not an inter-disciplinary process for the exploration of issues that involve the partner agencies, government loses the intrinsic advantage of a multi-dimensional perspective and there is less incentive for program partners to identify and raise issues.
- If the governance and funding structure do not authorise an intersectional gendered framework the program and system response will not meet the needs of victims/survivors. If it is not embedded in a program's design, objectives, practice approaches and partnership arrangements, an intersectional gendered approach may only prevail due to the efforts of individuals and thus be vulnerable to change. Many successful programs have developed through the work and relationships built by individuals in both community and statutory agencies, however the programs that have sustained success in being responsive to the needs of victims/survivors and generating improvements to the broader system are ones that have embedded policies and processes supporting this approach.
- Funding arrangements and approaches to service planning can lead to a domination of service responses from large providers, including multi-agency programs. This can lead to a gradual homogenization of the service system and a suppression of the influence of advocacy organisations.
- The individual and structural advocacy functions of family/domestic violence services should be recognised in the structure and processes of the program to ensure that it is survivor-centered and enabled to contribute to continuous improvement of the systemic response.

Multi-disciplinary capacity building programs

- Because most capacity building programs are concerned with one sector's response to family/domestic violence, the mechanisms for system change sit largely with government oversight of the sector and with the organisations involved. Individual family/domestic violence practitioners in workplaces where family/domestic violence is not the core business will increase the capacity of some staff to some extent to respond to family/domestic violence. But, as their focus is not on the broader structural and cultural issues within the organization, they generally won't be able to effect significant practice or cultural change.
- The initial capture of information about systemic issues and possible enhancements is largely dependent on the capacity of individuals in roles with responsibility for the family/domestic violence response.
- There is a risk that the advocate/practitioner's specialist family/domestic violence practice framework or approach will be diluted over time due to the overwhelming influence of the host organisation's approach to practice. The family/domestic violence practitioner must retain their professional identity and practice expertise in order to build capacity for a family/domestic violence response in the other service sector.

The role of family/domestic violence services

- Family/domestic violence services are the only agencies whose objectives are concerned solely with meeting the specific needs of, and seeking outcomes for, victims/survivors of family/domestic violence. Their role is unique and central to the effectiveness of any collaborative response.
- There is abundant evidence to show that best practice in family/domestic violence services is an intersectional gendered framework with a trauma informed practice approach and victim/survivor-defined advocacy. This approach to practice can create tensions with program partners from other sectors or disciplines.
- The role of family/domestic violence services includes individual and structural advocacy to improve system responses and outcomes for victims/survivors. This role needs to be recognised in the structure and processes of multi-agency programs in order for the programs to be survivor centred and enabled to contribute to continuous improvement of the systemic response.
- In order to operate effectively in multi-agency and multi-disciplinary programs, family/domestic violence services must be self-reflexive, innovative and accountable for their practice, and have the capacity and capability for effective structural advocacy including technical skills and knowledge.

Recommendations

Multi-agency programs

- Make ongoing systemic review and continuous improvement of the system a goal of the multi-agency program in recognition of its capacity to produce multi dimensional information about the experience of victims/survivors across the systems.
- Establish structures, mechanisms and processes to identify systemic issues and analyse issues from a multi-agency perspective, address issues, and elevate issues when necessary.
- Establish strategic relationships between program partners that enable advocacy and influence beyond the program and to the broader organisational, institutional or sector responses that dictate local practice.
- Ensure that structures and processes for program partner forums are designed with adequate representation of marginalised communities to ensure their full participation, and to address power imbalances between partners.
- Ensure that the structures and processes authorise and support all program partners to participate fully in identifying issues and examining them in a multi-agency forum.
- Embed an intersectional gendered approach to service delivery to victims/survivors, and recognise the role of advocates for victims/survivors, through the program's design, partnership arrangements and practice approaches.
- Enable survivors of family/domestic violence to meaningfully participate in systemic review processes.

Multi-disciplinary capacity building programs

(To achieve sustainable capacity building in an organisation or sector):

- Ensure that key individuals and entities at a senior leadership level of the host organisation or sector actively support and authorise the work
- Ensure that capacity building initiatives are operationally embedded through the development of policies and processes to support new practice.
- Provide structural support for individuals in a family/domestic violence role in a mainstream organisation to ensure that they retain their professional identity and expertise in order to build capacity for a family/domestic violence response in the other service sector.
- Provide external coordination of multiple similar capacity building roles in like organisations in order to generate improvements to the response. The coordination role has three

functions:

1. To capture themes, trends and issues and seek to explore and address them at a local or regional level within the host sector, and in consultation with other key partners in the system response.
2. To facilitate the sector's meaningful engagement in a system-wide response including through strategic governance entities.
3. To ensure that a specialist family/domestic violence practice approach is maintained by the advocate/practitioner by facilitating reflective practice, practice development, analysis and problem solving.

Coordination and strategic governance

- A comprehensive coordination and governance structure is required to provide strategic oversight and to enable continuous systemic improvement. This will involve multi-agency representation not only at the program level, but also at a local area, regional and national (government) level with effective reporting processes that allow multi-agency programs to elevate systemic issues that cannot be resolved locally.
- Authorise a specific role or coordination function at a local area or regional level to provide real-time feedback and build a more robust system. These roles ensure that operational responses are aligned with shared strategic goals across the response system, and collate and elevate systemic issues as required on behalf of programs and partnerships.
- Governance and partnership structures and arrangements can only be truly representative if they reflect an understanding of structural inequality. Ensure that advocacy organisations are adequately represented to prevent them from being marginalised in coordination or decision-making groups.

Funding and Governance

- Recognise the social value, role and expertise of often small, long established programs with deep roots in their communities in funding and governance policies, and service sector planning processes.
- Ensure that victims/survivors have access to women's only programs and settings to enable access to services for those who choose not to access co-gender or mainstream services.
- Recognise and authorise individual and structural advocacy as essential functions of a family/domestic violence service.

Family/Domestic Violence Services

- Advocate for survivor centered approaches to family/domestic violence.
- Advocate for continuous improvement of the systemic response.
- Ensure that our services, programs and workforce are enabled to deliver survivor centered advocacy services and to actively contribute to structural advocacy work.
- Foster individual and structural advocacy skills in our workforce including the capability to track and monitor systemic responses from the perspective of victims/survivors.
- Ensure that our services work constructively, are self-reflexive, innovative and account-

able, and prepared to review and revise our practice and processes while maintaining our specialist practice frameworks.

- Develop partnerships with tertiary institutions to undertake research and produce evidence to guide practice and program development, and to inform structural advocacy positions.
- Consider developing consortiums with other program providers to ensure diversity of service types and access to services for all victims/survivors, particularly those from marginalised communities.

Background

'The bottom line ... is that the system matters'¹

Many of the recommendations made by the Royal Commission into Family Violence in Victoria in 2016, concern the development of greater collaboration between agencies and service sectors, and the establishment of multi-agency and multi-disciplinary responses and programs.

As the Victorian peak body, Domestic Violence Victoria (DV Vic) represents nearly fifty specialist family violence services for women and children in Victoria. It is an independent, non-government organisation and its work is informed by the experiences of women and children affected by family violence.

DV Vic is working to inform the development and design of the reformed service system being undertaken by the Victorian Government, including the establishment and extension of collaborative and multi-agency programs. In addition to this, DV Vic is working in partnership with its membership, to strengthen and extend our practice frameworks, enabling our practitioners to bring a victim/survivor centred approach into collaborative work with other sectors and disciplines, and developing their role as advocates for positive systemic change.

My interest in cross sector collaboration to respond to family/domestic violence dates back to the early 1990s in New Zealand. I was involved in establishing a community coordinated response system in my role as the manager of a 24 hour crisis response service of women and their children experiencing family violence. I learnt how service provision could be streamlined and finessed to make law enforcement and legal system responses more accessible and responsive to women and their children. I also saw first-hand how the greatest number of survivors of family/domestic violence are assisted when we improve outcomes for them not just through the delivery of services, but through programmatic structures and processes that enable continuous refinement of the policies and practices in the partner agencies. When these are related to a broader governance structure, system change can be influenced beyond the scope of the local partner representatives.

I also observed how previously relatively powerless advocacy groups and service providers for victims/survivors could achieve real influence through multi-agency initiatives. The re-

¹ Gondolf, E.W. (2002, p.23) Batterer Intervention Systems: Issues, Outcomes and Recommendations.

ports from family/domestic violence service providers about how interventions or service responses or any lack of response impact on victim/survivors had real weight in the context of a structure that supported mutual accountability of partner agencies and prioritised the safety and wellbeing of victims/survivors. Over the intervening years, the growth of multi-agency work has coincided with a marked increase in the influence of family/domestic violence service providers and advocacy groups on policy, legislation, practice and service system design.

I drew on this experience in 2005, when I represented DV Vic on the State-Wide Steering Committee to Reduce Family Violence in the development of a blueprint for the integration and coordination of the response to family violence in Victoria. Due to the lack of a comprehensive governance and strategic coordination structure, the recommendations of the State-wide Steering Committee led to an increase in collaborative and inter-agency work but didn't fulfill the promise of a coordinated service system response.

It was a dramatically different political landscape a decade later in 2015 when the Victoria Government committed to fully implement all of the recommendations of the Royal Commission into Family Violence. Public awareness of the prevalence and impact of family violence had grown steadily over the years until Rosie Batty, assisted by family violence advocacy groups and activists, led the most effective campaign for change yet.

Today Victoria still lacks an integrated overall system response. However, bringing together a range of organisations or inter-disciplinary practitioners in programs to provide a coordinated response to victims/survivors and perpetrators is now a well-established approach to addressing the complexity of family/domestic violence and the needs of victims/survivors.

This report is an exploration of what is required to activate the under-utilised potential of multi-agency programs to improve responses, not just to their service users, but to all victims/survivors.

Terminology

In this report I use the term family/domestic violence. Family violence is terminology used in Victoria to describe violence between intimate partners and between other family members. Family violence is defined in Section 5 of the Victorian *Family Violence Protection Act 2008*. In Australia it is variously called domestic violence, family violence or domestic and family violence. It is commonly known as domestic violence in the USA, England and Ireland, and as domestic abuse in Scotland and recently, similarly in England.

Domestic Violence Victoria (DV Vic) represents services that primarily work with women and their children who experience family/domestic violence. It is responses to violence against women and their children that I set out to explore with this Fellowship.

The term 'victims/survivors' is intended here to mean women who have experienced family/domestic violence as well as their children who have experienced or been exposed to the violence and its effects.

Some of the programs that I visited work with both women and men who experience family/domestic violence, however in these programs men constitute a very small proportion of the total client group. In Australia and internationally there is overwhelming evidence of the gendered nature of family/domestic violence perpetration. The victims of family/domestic violence are predominantly women and their children, with the male intimate partners or former partners of those women most often the perpetrator.

My use of the term 'family/domestic violence services' refers to those services that work with victims/survivors.

'Multi-agency programs' involve two or more disparate agencies and organisations working together to provide a family/domestic violence response.

'Multi-disciplinary programs' encompasses organisations whose core business is not family/domestic violence that have established a position, or positions, dedicated to either providing a family/domestic violence service response or to building capacity to respond to family/domestic violence.

Project Objectives

My project investigates how multi-agency programs can capture and use information about the experience of victims/survivors and perpetrators in their programs to strengthen the entire system response and ultimately make the system more responsive to the needs of victims/survivors.

Programs that involve multiple intersecting service sectors and disciplines have huge potential for generating information that can be applied to improving the overall system response to family/domestic violence.

Multi-agency and multi-disciplinary programs hold information that can uncover:

- gaps and inconsistencies in the broader systemic response
- barriers to accessing assistance
- unintended consequences of interventions, processes and practices in partner agencies
- unintended consequences caused by the interface of two or more agencies.

Research questions:

1. Are multi-agency or multi-disciplinary programs using their inherent capacity to generate improvement in the systemic response locally, regionally or nationally?
2. What is required to capture information in multi-agency and multi-disciplinary programs that can inform systemic improvements?
3. What is required to analyse and process this information?
4. What is required to generate systemic change when it is needed to improve outcomes for victims/survivors?

Scope of the project

Multi-disciplinary responses to family/domestic violence often highlight tensions between agencies and practitioners that are expressed in different practice approaches and are rooted in theoretical differences. One point of particular tension in each country I visited is the different approaches and practice frameworks of family/domestic violence services and services for children including family support services and child protection services. This very complex and difficult issue is the subject of discussion every day in inter-agency forums and is often raised in relation to the need for system-change. However, it is outside the scope of this project and will not be addressed in this report.

There are models of collaboration between the family violence and children's service sectors all over the world, including in Victoria. Their capacity to generate systemic change is discussed in sections headed, 'Multi-disciplinary capacity building programs'.

Because I was already familiar with the model, I did not include the Duluth Abuse Intervention Program (DAIP) in my itinerary. I have previously participated in education sessions delivered by DAIP and I was a partner in the establishment of a program modelled on DAIP. However, system monitoring and change are no longer a primary functions of most multi-agency programs. Despite this all multi-agency programs have the potential to inform continuous system improvement, regardless of whether there is an explicit recognition of this capacity in their processes and practices, and I wanted to explore to what extent this was being achieved.

About this report

Part One of the report provides a brief history of the development of multi-agency approaches to family/domestic violence. In Part Two, I outline the current status of multi-agency responses in Australia, the United States of America (USA) and the United Kingdom (UK). Case studies are used to highlight the key findings from my Fellowship research. The major issues and themes emerging from the case studies are discussed in Part Three and in Part Four sets out the research conclusion and recommendations for collaborative approaches to family/domestic violence that inform continuous improvement of the system response.

Part One: History

Coordinated multi-agency responses were started in the 1980s. The most well-known, influential and earliest example is the Domestic Abuse Intervention Program ((DAIP) which was established in Duluth, Minnesota, USA, in 1980. DAIP was, and is, a community-based program that seeks to co-ordinate a service response to domestic violence, with a focus on criminal justice responses, by establishing a partnership between police, women's shelters, other women's service and a program for male perpetrators.

DAIP was an intrinsically reformist project due to its design imposing certain policies and processes on its agency partners and to the monitoring role assigned to DAIP which was designed to track cases and outcomes and apply this information to continuous improvement of the system's response. In the DAIP model women's family/domestic violence 'advocates' track cases through the service system to gauge the impact of processes and interventions on the level of safety and autonomy afforded to the survivor while promoting the accountability of the perpetrator for their abuse. Partner agencies agree to be accountable to each other as well as to a set of principles that guide practice and seek to continuously improve outcomes for victim/survivors. The DAIP program is described as an 'institutional advocacy project'²

Since the 1980s, the DAIP model, or aspects of it, has been adopted in many different locations around the world. However, there are a variety of interpretations of the model, many of which consist of only one or two components of the DAIP program, such as its education program for perpetrators, a police mandatory arrest policy or formal protocols between the participating agencies.

DAIP and its influence on the establishment of community co-ordinated responses, particularly in the USA, was instrumental in changing the criminal justice system response. Women's rights activists located the cause of family/domestic violence in a socio-political framework rather than a personal pathology, and therefore attention became focused on the response of the state to address it. The influence of these programs reaches well beyond the jurisdictions in which they were based, and they galvanized activists and family/domestic violence service providers in many countries, including Australia.

As public awareness of the issue family/domestic violence grew, programs that had historically been established by advocacy organisations were now of interest to governments. The benefits of coordinating a multi-faceted service response and streamlining processes were clear to statutory service providers, particularly in the criminal justice system. Family/domestic violence is a complex issue. It is not characterized by a single incident and does significant harm in ways that cannot usually be addressed by only one agency. In response, governments began to actively facilitate the establishment of coordinated multi-agency programs and of inter-agency collaboration in general.

The ethos behind the second wave of multi-agency programs that were driven by local and national governments and criminal justice agencies was primarily to simplify the response to the complex needs victims/survivors. Therefore, these programs tend to be focused on case management and the coordination of service delivery. Most often this is achieved by streamlining inter-agency processes to make the criminal justice system more accessible and less intimidating and confusing to victims/survivors.

Other, more recent examples of multi-disciplinary initiatives involve service providers whose core business is not family/domestic violence (e.g. health, housing and children's services etc.) establishing specialist family/domestic violence positions. Their role is to provide a response to their service users who are affected by family/domestic violence, provide secondary consultation to staff or to otherwise develop the capacity of their workforce to respond to family/domestic violence.

² Pence, E.L. & Shepherd, M.F. (1999, p.2) Co-ordinating Community Responses to Domestic Violence: Lessons From Duluth and Beyond.

Many multi-disciplinary programs feature co-located services. Others are concerned with case processing rather than service delivery. These include case conferencing multi-agency groups that focus on particular cases where it has been determined that there is a high or lethal risk of harm posed by the perpetrator or where the perpetrator is a recidivist offender.

Part Two: Multi-agency Approaches to Family/Domestic Violence: The Current Status

The following section includes case studies that feature organisations that I visited or consulted with during my Fellowship. Each of the models described in the case studies are based on the broad principles of a multi-agency or multi-disciplinary approach. The following analysis identifies the key factors in governance structures, authorizing environment, processes and priorities that make some approaches more effective in addressing systemic change and improvement.

National context - Australia

In Australia co-ordinated inter-agency and multi-disciplinary responses are generally understood by government, policy makers and service providers as constituting best practice in service delivery.³ Models of service integration operate in all states and territories. Examples in Australia are smaller or less well-established than those in the USA and the UK. Many are based on well-known international models, including the Risk Assessment Risk Management Programs (RAMPs) in Victoria that are based on MARACs in the UK.

There are two well-known coordinated response programs in Australia that include components designed to generate systemic improvement. In Queensland, the Gold Coast Domestic Violence Integrated Response (which is based on DAIP) features system monitoring processes.⁴ In the ACT, one of the objectives of the Family Violence Intervention Program is to seek continual improvement in responses to family violence. Both programs are focused on criminal justice responses to family/domestic violence.

In 2005, the State-wide Steering Committee to Reduce Family Violence in Victoria developed a model for an integrated response to family/domestic violence. Since that time, the Victorian Government has invested in a number of policy and practice initiatives to support this agenda in line with long-term strategic plans.⁵

³ Breckenridge, J. Rees, S. Valentine, K. Murray, S.: ANROWS (2015, p. 9) Meta-evaluation of existing interagency partnerships, collaboration, coordination and/or integrated interventions and service responses to violence against women.

⁴ Breckenridge, J. Rees, S. Valentine, K. Murray, S.: ANROWS (2015, p. 32)

⁵ Aboriginal Affairs Victoria (2008). Strong Culture, Strong Peoples, Strong Families: Towards a Safer Future for Indigenous Families and Communities. Office of Women's Policy Victoria (2009). Right to Respect: Victoria's Plan to Prevent Violence Against Women 2010–2020. Children Youth and Families Victoria (2008). Integrated Family Violence.

These initiatives include a common risk assessment framework (the Family Violence Risk Assessment and Risk Management Framework - CRAF) broadly applied across specialist family/domestic violence responders and non-specialist service responders, and the development of complementary codes of practice by Victoria Police and Domestic Violence Victoria. These Codes of Practice enabled a formal referral process from Victoria Police to family/domestic violence services following police attendance at an incident, including the sharing of information about the incident and subsequent response.

While these initiatives made a significant difference to practice, the integrated response to family violence in Victoria lacked a robust strategic governance structure, and mechanisms to collect, analyse, report and address structural and process issues in order to generate change in the system.

Multi-agency and multi-disciplinary programs were a prominent feature of the recommendations made by the Royal Commission into Family Violence in Victoria in 2017. Already in 2017, there are a number of multi-agency programs in existence or in development, including Risk Assessment and Risk Management Panels (RAMPs) which are modeled on MARACs in the UK, and a program of specialist family violence practitioners based in child protection workplaces around the state.

A capacity building program will see seventeen Family Violence Advisors from family/domestic violence services working across the family violence, mental health and alcohol and other drug sectors to improve responses to victims/survivors and perpetrators. In 2018, Support and Safety Hubs will be established in seventeen local areas to provide on-site assessment, referral and assistance to vulnerable children, families and family members, including those experiencing family/domestic violence.

National context - USA

'We call it a 'community coordinated response' but it isn't community agencies that are coordinated, it really is systems. We should call it a 'coordinated systems response'

Community Coordinated Responses

Early models of multi-agency programs called 'community coordinated responses to family/domestic violence' were first established in the USA, with DAIP generally considered the exemplar and the most often replicated model.

Multi-agency programs in the USA are still commonly referred to as 'community coordinated responses' (CCRs) though most multi agency programs today do not seek to coordinate community responses to family/domestic violence, as with the DAIP model, but instead are concerned with case processing and simplifying access to services.

Violence Against Women Act

The framing legislation for responses to family/domestic violence in the USA is the Violence Against Women Act (1994) (VAWA) that determines criteria and funding for the establishment of CCRs and other programs. There are no prescriptive protocols for the establishment of CCRs however VAWA determines that their objectives are:

- Providing victim protection
- Seeking offender accountability
- Coordinating and evaluating existing services; and
- Changing the social climate for domestic violence.⁶

Domestic Violence Coordinating Councils/Taskforces

Coordinating Councils/Taskforces (Taskforces) do not provide services, they are a local area coalition of legal justice, social systems and community representatives from a range of organisations involved in responding to family/domestic violence. They are intended to have three main functions:

- Assessment of the legal justice and social systems involved
- Policy development; and
- Planning.

The Taskforces can be an effective mechanism for integration of the systemic response by promoting dialogue amongst service providers, identifying service gaps and issues and developing improved and more coordinated responses. However in practice they vary considerably in their approach, focus and the outcomes they produce.⁷

Since the shift from community coordinated responses to co-located services, such as Family Justice Centers (FJCs) in the USA, the focus of Taskforces in many places has also shifted from identifying and reviewing systemic issues and how the various parts of the system operate together, to a focus on methods of case processing and streamlining service delivery.

Domestic Violence Coalitions of service providers operate in each state and are represented nationally by the National Network to End Domestic Violence (NNEDV). Coalitions advocate for their members and on behalf of victims/survivors. NNEDV provides advocacy to address and prevent family/domestic violence on behalf of two thousand member organisations and the women and children who use their services.

Integrated Domestic Violence (IDV) Courts

Integrated Domestic Violence (IDV) Courts operate in many jurisdictions in the USA. Some deal with all criminal and civil cases involving family/domestic violence, and others only criminal cases or misdemeanors. In other jurisdictions, dedicated teams of prosecutors work only on domestic violence prosecutions.

⁶ Salazar, L. Emshoff, J. G. Baker, C. K. Crowley, T. (2007, p. 631-632) Examining the Behaviour of a System: AN Outcome Evaluation of a Coordinated Community Response to Domestic Violence.

⁷ Anrows, (2015, p. 17)

New York State's IDV Court is based on the concept of one family, one judge, and handles related cases pertaining to a single family. These could be cases from the family, criminal, supreme or matrimonial jurisdictions. The court has a resource coordinator, an offender monitor who checks that offenders comply with the terms of their sentence, and independent victim/survivor advocacy services.

One of the goals of the IDV Court in New York is to promote coordination of services to comprehensively address the needs of family members. The IDV Court is a partner of the Brooklyn (Kings County) FJC where victim/survivors can meet with a prosecutor, receive legal and immigration advice and access social services and support.

Stakeholder meetings are held quarterly. The FJC and community organisations that provide services to the IDV Court and/or receive referrals from the Court are able to raise issues and concerns about the Court, its operation and the impact on victim/survivors and perpetrators of family/domestic violence.

Family Justice Centers (FJCs)

The largest, most numerous and well-known examples of multi-agency programs to address family/domestic violence in the USA today are Family Justice Centers. In February 2007, the US Department of Justice announced the creation of the President's Family Justice Center Initiative to create specialized "one stop shops"; co-located, multi-disciplinary service centers for victims of family violence and their children based on the San Diego Family Justice Center model.⁸ FJCs are designed to reduce the number of places victims of domestic violence, sexual assault and elder abuse must go to receive needed services, and co-locate social service, civil legal and criminal justice assistance for survivors of domestic violence and their children.⁹

One stop shops are universally recognised as convenient and accessible for many victims/survivors, and they streamline processes that can otherwise be experienced as complex and harrowing.

Traditional Community Coordinated Response (CCR) programs are essentially different to 'one-stop shop' models as exemplified by FJCs, not just by virtue of the fact that FJCs feature co-located services and agencies, but because the focus of CCRs is the system response while the focus of FJCs is the individual cases.

While the CCR model can include case conferencing and some early examples of CCRs featured co-located services, CCRs historically retained a focus on the system's response to domestic violence. Where CCRs were concerned with coordinating the service system and with processes being undertaken in different sites, FJCs tend to be focused on coordinating co-located services.

⁸ www.familyjusticecenter.org

⁹ After a reduction of nearly 95% in domestic violence homicides over the last 15 years, the San Diego Family Justice Center is hailed as a national and international model of a comprehensive victim service and support center.' (Office Against Violence Against Women, US Department of Justice. (2007)

CASE STUDY:

The Mayor's Office to Combat Domestic Violence and Family Justice Centers (FJCs), New York

The largest network of FJCs in the USA is in New York City operated by the Mayor's Office to Combat Domestic Violence (OCDV). Five FJCs each located in one of the five boroughs of New York (the Bronx, Manhattan, Queens, Brooklyn and Staten Island) provide services to over 2,700 clients a month.¹⁰

The OCDV was established in 2001 to formulate policies and programs, coordinate the citywide delivery of domestic violence services, and work with diverse communities and community leaders to increase awareness of domestic violence. It is one of very few local government offices in the USA dedicated to addressing the issue of family/domestic violence.

The services provided by FJCs in New York City are available to victims of domestic violence, elder abuse or sex trafficking. All on-site service providers (partner agencies and FJC staff) at each FJC use a centralised database that captures client information for each case including individual's service needs, and what assistance was provided by which (partner) service provider.

Because the FJCs in NYC respond to such a high volume of cases, the OCDV has a rich source of data about service user demographics, service use and outcomes. Currently the focus of regular data analysis is mainly operational, and aimed at improving service delivery. The governance structure of FJCs enables the OCDV to apply this data to policy development, service planning and institutional advocacy.

However, this wealth of information could also provide an evidence base for systemic or institutional changes in legislation, policy or practices when they are identified to improve outcomes for victims/survivors. This would require methodical analysis of the data in conjunction with consultation with program partners around their practice experience of specific issues.

NYC Domestic Violence Taskforce

In 2016, Mayor Bill Blasio announced the establishment of the NYC Domestic Violence Task Force, an inter-disciplinary group comprised of government agencies, community based organisations, victim advocates and survivors. The Task Force was charged with re-envisioning how New York City responds to domestic violence in light of an increasing number of domestic violence offences over the last decade.

¹⁰ <http://www1.nyc.gov/site/ocdv/about/about-ocdv.page>

The Task Force operated with guidance from the Mayor's Office to Combat Domestic Violence (OCDV) and the Mayor's Office of Criminal Justice. It analysed data from services across the system and surveyed providers. The result was a set of recommendations that fall under four strategies to enhance the response to domestic violence.¹¹

Notably, Recommendation 3 'Strengthening New York City communities' includes three strategic areas that relate to the ongoing enhancement of the systemic response:

- create neighbourhood-based roundtables and forums convened by FJCs
- establish an ongoing Domestic Violence Task Force to expand and implement city-wide domestic violence initiatives
- standardise domestic violence measurement and reporting across city agencies
- develop a data driven approach to domestic violence.

The final point is particularly important as it sign posts a new effort to capture multi-agency data and track cases through the system, thereby identifying opportunities for system improvement. The goal of developing a data driven approach is described as:

"A new project to link or comprehensively analyse data sources will address this gap by helping the City to identify 'pathways' that victims and perpetrators follow through the system. This information will be used to design and implement interventions at key points to better respond to ongoing violence and prevent future abuse."¹²

OCDV has recently been using a more data informed approach to evaluate the FJC's programs and services. Plans are in place to utilise the data captured at the FJC's to help inform the work of the Task Force which is concerned with broader systemic responses to domestic violence.

Evaluation of New York City Family Justice Centers

An independent evaluation of the FJCs in NYC, commissioned by the Mayor's Office found that overall, administrative and partner agency staff at the four New York City Family Justice Centers believe that the FJC model is successful in serving as a "one-stop shop" for survivors.¹³

Service users reported high levels of satisfaction with the services they received. Generally administrative and partner agency staff felt that service users feel emotionally and physically safe and safe in the FJC environment. Of those who didn't feel that, most identified interaction/potential interaction with the criminal justice system and the pres-

¹¹ NYC Mayor's Office to Combat Domestic Violence. (2017) NYC Domestic Violence Taskforce: 2017 Goals and Recommendations. <http://www1.nyc.gov/assets/criminaljustice/downloads/pdfs/domestic-violence-task-force-2017-recommendations.pdf>

¹² NYC Mayor's Office to Combat Domestic Violence. (2017, p. 6) NYC Domestic Violence Taskforce: 2017 Goals and Recommendations.

¹³ Abt Associates. (2017, p. 3) Evaluation of New York City Family Justice Centers; Short Summary Report.

ence of law enforcement as reasons for which clients may feel unsafe.¹⁴

While the majority of administrative and partner agency staff indicated that most staff have a good understanding of each other's roles and responsibilities, a small number disagreed with this and nominated tensions between legal and non-legal staff as a concern.¹⁵

A common criticism of FJCs in the USA is that they are District Attorney-led, and some tend to be driven by a focus on securing prosecutions. This results in the service response that does not adequately reflect the importance of working to promote victim/survivor autonomy and empowerment. There are numerous examples nationally of FJCs that lack credibility with family/domestic violence services and advocates for this reason, as well as reports that these FJCs can do harm through this approach.

However, this was not a criticism voiced by services for victims/survivors that I interviewed in NYC. Though there was concern expressed about the participation of criminal justice agencies and the institutionalised settings (e.g. security and metal detectors) having a deterrent effect on some victims/survivors, especially those from marginalised communities, there was general agreement that the legal system staff and the OCDV sought to be responsive to the identified needs of victims/survivors within the constraints of a criminal justice response.

The District Attorney's Office take a 'nuanced' approach to decisions about whether to pursue prosecutions and they seek advice from victim/survivor advocates when victims/survivors are reluctant to support prosecutions. A trauma informed approach is prescribed for all staff of the FJCs to promote informed decision making by victims/survivors.

Immigration legal assistance is available in the FJCs to assist undocumented migrants who experience domestic violence to attain legal immigration status ('U' visa status). NYC's status as a 'sanctuary city' means that immigration authorities will not be notified by law enforcement of undocumented migrants.

The concern about a criminal justice environment, per se, rather than practice within that environment, relates directly to issues of diversity and the sustainability of small grass-roots organisations. These organisations have experienced a drop-off in referrals since the establishment of the FJCs and struggle to resource their participation in FJCs due to the small scale of their organisations and low staff numbers.

As the FJCs grow in terms of influence and the range of services they provide, referrals to small services are often reduced. Partnership with the FJCs is virtually mandatory for small services wanting to retain public funding that is based on targets and volume. A presence in the FJC is also important to maintaining a service profile. Staff at FJCs are

14 Abt Associates. (2017, p. 5) Evaluation of New York City Family Justice Centers; Short Summary Report.

15 ABT Associates 2017,p.5)

understandably more likely to refer a case to a known service that is a partner in the FJC than one that is not.

Because small organisations can provide a more trauma-informed environment in terms of being more flexible, collecting less information, and generally being characterised by processes and practices that are not influenced by an institutional setting, they are accessible to victims/survivors who may not be comfortable seeking assistance at an FJC.¹⁶

Even critics of aspects of the FJC model acknowledge its effectiveness for many victims/survivors and the benefits to them of co-located services. They also note that advocacy on behalf of individual clients is more effective within the FJC than outside it due to the collaborative approach to work and the respect and trust built up between partners.

The ideal scenario is to maintain both service options as part of a suite of responses to meet diverse needs. This would include large multi-agency programs that link statutory to community responses, and small services often based in neighbourhoods, particularly those operated by and for members of marginalised communities. This is possible in NYC because the Mayor's Office has oversight of service planning and much of the available funding. The impact here of high-volume and high-profile 'one stop shops' can be assessed and understood in relation to an existing service system that still has an important role to play in ensuring that all victims/survivors have access to support and assistance.

The OCDV are currently reviewing their approach to partnerships. They are seeking to provide smaller community agencies the opportunity to join FJC's in a less formal manner to allow their clients who could benefit from FJC services to receive such services onsite at the respective FJC's without the community agency having to commit to working a full day of intake at the FJC. (This is known as a 'flex' partnership.)

The OCDV is also looking at the potential deterrent to some particularly vulnerable victims/survivors posed by a criminal justice environment. In particular, the OCDV has been analysing data to determine whether the current national political climate is discouraging migrants, including undocumented migrants, from using their services due to the co-location of criminal justice agencies. OCDV has also been convening focus groups of foreign born clients to better understand their experience seeking services at the FJC's.

OCDV has also helped to inform initiatives to build capacity in communities serving a high volume of immigrants by placing domestic violence immigration legal services in these communities, bringing services to the community and building capacity at local service providers to respond to family/domestic violence instead of assuming survivors

16 In the UK, a study of the needs of women experiencing multiple disadvantage found that organizational culture is critical to the delivery of trauma informed services. The report detailed the preference of most service users for holistic women-only services and settings. (Holly, J. (2017). Mapping the Maze: Services for women experiencing multiple disadvantage in England and Wales.)

will come into the FJC's for help. OCDV is also running quarterly outreach reports to assess where clients are and aren't coming from at the FJC's (by zip code analysis) and then tailoring outreach strategies and looking for new partnerships based on this data.

A common criticism of multi-agency programs that include criminal justice agencies are the inherent power differences between that can see statutory agencies dominating in terms of approach, practice and processes. The perspective and practice framework of community agencies, specifically domestic violence services, can be diluted and their definitive characteristics can be lost.

OCDV acknowledges this as risk and seeks to create meaningful separation between criminal justice agencies and community agencies at the FJCs and to stress that victim/survivor autonomy and empowerment is fundamental to practice there. FJC staff that I interviewed repeatedly emphasised that understanding and respecting each agency and individual's role, including the role of victim/survivor advocates, is critical to ensuring good practice. Maintaining client confidentiality and not sharing information without consent, except in cases where there is a lethal risk to a victim/survivor, is central to practice by community agencies, case workers and advocates in the FJCs.

The NJCs do influence systemic responses but this is largely due to their governance structure. Staff of the ODCDV meet regularly with senior representatives of statutory and community agencies and discuss issues as they arise. They also meet with advocates to understand their legislative and policy priorities.

Within the FJC, structural or systemic issues for clients can be addressed by way of informal feedback loops and through regular formal meetings between on-site partners, FJC management and OCDV staff.

However, these meetings are focused strongly on operational issues and there are no clear mechanisms to regularly uncover and review structural issues in the systemic response and to facilitate discussions about these issues. Therefore, a significant amount of potentially valuable information that is held by these high-volume programs and their partner organisations, particularly advocacy organisations, is not regularly utilised to examine the impact of the systemic response on victims/survivors.

Presently OCDV is working to capture the perspectives of victims/survivors by establishing VOICES, a survivor-led committee of past and present FJC clients. The committee will inform policies, training and programs at the FJCs and OCDV while providing members with an opportunity to build a network and develop leadership skills. OCDV also plans to conduct more survivor focus groups to capture the experience of survivors of the FJC's and with the broader family/domestic violence service delivery system. Survivors will also be included in the Domestic Violence Task Force steering committee.

There is a significant amount of positive informal influence on practice between on-site FJC partners, particularly from domestic violence advocates to representatives of legal and institutional agencies. Legal staff noted that they had learned, and continue to learn, much about the perspective of victims/survivors, the barriers they face and the impact of abuse, and had consciously altered their practice in response to this. Non-legal staff remarked that, since joining the FJC, they have a better understanding of the criminal justice system and process, and an increased capacity to advocate for their clients within this system

As the recent evaluation of the NYC FJCs found:

'The FJCs promote an increase in knowledge of other partner agency staff and create relationships between agencies/staff. The majority of both administrative and partner agency staff indicated that at least most partner agency staff have a good understanding of each other's roles and responsibilities. Partner agency staff spoke about being able to pick up the phone or walk to another person's office if they have questions or need help with a client and how critical that access is for providing services.'¹⁷

This informal influence on practice is generally understood amongst FJC partners and staff to produce a more survivor-centered response to service users than they would commonly experience with statutory agencies outside the FJC. However, practice outside the FJC is likely to be unevenly or not at all affected by this influence. This is borne out by the findings of the NYC Domestic Violence Taskforce that found variations in practice and approach amongst Offices of the District Attorneys in NYC.¹⁸

¹⁷ Abt Associates. (2017, p. 5) Evaluation of New York City Family Justice Centers; Short Summary Report.

¹⁸ Mayor's Office to Combat Domestic Violence. (2017, p. 6) NYC Domestic Violence Taskforce: 2017 Goals and Recommendations.

National context – UK

Since the 1990s, multi-agency programs have been a central pillar of the British government's policy on responding to family/domestic violence. The most recent policy statement released by the Home Office, *'Ending Violence Against Women and Girls Strategy 2016-2020'* describes four areas of focus: prevention, provision of services, partnership working and pursuing perpetrators.¹⁹

Examples of national multi-agency programs in England, Scotland and Wales include Multi-Agency Risk Assessment Conferences (MARACs), Independent Domestic Violence Advisors (IDVAs), Specialist Domestic Violence Courts (SDVCs), and MASHs (Multi-Agency Safeguarding Hubs) that work with all cases of adults at risk, including domestic violence. There are also a small number of FJCs in the UK that are based on the San Diego model.

In England, responsibility for local service provision has been devolved from central government to local authorities (borough councils). Strategic and operational multi-agency partnership structures for Violence Against Women and Girls (VAWG) sit under larger Community Safety Partnerships. A Strategic Commissioner leads the VAWG Partnership, including purchasing frontline services on behalf of the local authority in line with the VAWG strategic plan. Local police and health authorities also commission some services. In some local authority areas, VAWG Coordinators are also appointed. Although these roles can vary considerably as there is no prescribed position or position description, they can be critical to ensuring systemic coordination, review and opportunities for improvement in local areas.

The national VAWG strategy is set by the Home Office and though there are cross departmental committees, the substantive strategies nearly all concern criminal justice responses. A tool kit for VAWG Commissioners does not mandate approaches or impose on the autonomy of local authorities. Therefore, those in key council positions, local family/domestic violence services that have credibility with council and, in some cases, local police, can all influence VAWG strategic approaches to different degrees in different areas.

This devolution of responsibility is colloquially known as 'localism'. The approach to, and outcomes of, the commissioning of services may vary significantly from one local area to another. It is understood to have created a competitive environment for service providers which is widely considered to have a detrimental impact on their ability to deliver services.

Strategic and operational oversight of responses to domestic violence can vary in local authority areas. Some lack sufficient and effective VAWG governance structures (e.g. some councils do not have a VAWG Strategic Lead role) to enable programs and partnerships to report structural issues that require consideration by local government or local area representation.

Standing Together Against Domestic Violence (STADV) will soon roll out an accredited training course that aims to increase the skills and expertise of professionals, including statutory commissioners, policy makers and family/domestic violence Coordinators who are responsi-

¹⁹ Graca, S. (2017, p.3) 'Domestic violence policy and legislation in the UK: a discussion of immigrant women's vulnerabilities.

ble for leading and coordinating responses to VAWG.²⁰

Austerity measures have resulted in many frontline services in England including family/domestic violence services and police suffering budget cuts. This not only diminishes their capacity to meet the needs of the community but also their capacity to effectively contribute to multi-agency responses. Some local councils responded to austerity measures by de-funding the VAWG Coordinator roles. This has also had a detrimental effect on service provision due to the loss of systemic oversight and focus on innovation.

In Scotland, core funding for family/domestic violence services is centralised and has remained level for the last three years. A bill to criminalise coercive control in intimate partner relationships was introduced to the Scottish parliament. The bill defines psychological abuse and is amongst the first in the world to create a specific offence for non-physical family/domestic violence.

A network of Violence Against Women Partnerships in Scotland bring together statutory and community agencies in a structure that provides strategic oversight of the local response, including community planning and resource allocation. These groups can act as a lever for influence on national policy using structural issues that cannot be resolved locally. As with all strategic groups, resourcing for administrative support and coordination is a major determinant in their level of effectiveness.

²⁰ STADV is an organisation that helps develop and strengthen partnerships and coordinated responses between agencies. It is the subject of a case study on page 34.

CASE STUDY: *Domestic Homicide Review (DHR)*

A Domestic Homicide Review (DHR) brings together key public and community agencies to explore the circumstances that led to a death and to recommend any changes required to prevent further death and harm. In England there is a statutory duty to conduct a Domestic Homicide Review and organisations (i.e. statutory agencies, domestic violence and social services) have a duty to participate and share data. They are commissioned by local authorities and must have an independent Chair. National guidance in conducting reviews is provided by the Home Office. In Scotland there is no legal requirement to conduct reviews into domestic homicides, however Scottish Police do conduct their own reviews and the results are used to inform internal policy and planning.

DHR can bring about positive change.¹ The quality of DHRs and the impact of their recommendations on systemic responses are generally attributed to the skill and experience of those leading the DHR, particularly the Chair. In many cases, this is contingent on support and technical advice of the kind provided by Standing Together Against Domestic Violence (STADV, see case study) being available to the Chair.

¹ Sharp-Jeffs, N. Kelly, L. (2016) Domestic Violence Review (DHR) Case Analysis.

CASE STUDY:

Multi-agency Risk Assessment Conference (MARAC)

A MARAC is a meeting where cases of family/domestic violence that pose the highest risk to victims/survivors are discussed by representatives of local police, health, child protection, housing practitioners, Independent Domestic Violence Advisors (IDVAs), probation and other specialists from the statutory and voluntary sectors. They share information about the case and develop a coordinated action plan to reduce the level of risk. The primary focus of the MARAC is to safeguard the victim(s) including any children.

MARACs were first established in Cardiff, Wales, in 2003. Early evaluations of the showed positive results and MARACs have proliferated since, and can now be found throughout the UK. They are a major plank of the national VAWG strategy. Safe Lives provides professional development, advice and technical tools to support the establishment and operation of MARACs, the use of the DASH (Domestic Abuse Stalking and Honour based violence) risk assessment checklist and the role of the Independent Domestic Violence Advocate (IDVA).²¹

MARACs are chaired by a senior police officer or, less often, a council representative, and some funding is available for a Coordinator position to support the work of the group. The Coordinator position can sit with a local council, police or a domestic violence service.

Victims/survivors do not attend MARACs, however it is recommended good practice to work in partnership with the victim where possible, and to provide the victim with independent representation and support from an Independent Domestic Violence Advocate (IDVA). The victim's views and wishes are represented at the MARAC by the IDVA²². It's relatively unusual but in cases where the victim doesn't want to be referred, practitioners must assess whether it is proportionate and defensible to share information, depending on the level of risk which the victim is facing.²³

A Home Office review of MARACs in 2011²⁴ found that while there were generally good working practices in relation to administration and information-sharing amongst MARACs, there were significant challenges in identifying high-risk cases, action-planning and managing the volume of referrals. Since the review was undertaken, MARACs have been handling ever-higher case-loads.²⁵

21 Safe Lives (ex-Coordinated Action Against Domestic Abuse – CAADA) also developed the DASH (Domestic Abuse Stalking and Honour based violence) risk assessment checklist and the Independent Domestic Violence Advocate (IDVA) role.

22 <http://www.safelives.org.uk/sites/default/files/resources/The%20principles%20of%20an%20effective%20MARAC%20FINAL.pdf>

23 <http://www.safelives.org.uk/sites/default/files/resources/MARAC%20FAQs%20General%20FINAL.pdf>

24 Home Office Violent and Youth Crime Prevention Unit (VCYU) and Research and Analysis Unit (RAU) (July 2001) Research into Multi-Agency Risk Assessment Conferences (MARACs).

25 . McLaughlin, H. Are MARACs making a difference to victims' lives?. (7 July 2015)

By 2016, a study of MARACs in a northern city in England found that 'the sheer number of cases and time pressures have resulted in MARACs becoming an increasingly managerialist response to a personal crisis. The volume also makes it difficult for the attendees to remain focused throughout.'²⁶

The report also found that practitioners, as opposed to managers, were discouraged from attending on the basis that it would encourage unnecessary exposition of cases and advocacy on behalf of the victim which would unduly delay proceedings.

There is well-documented criticism of the MARAC model. Critics contend that:

- MARAC and the use of risk assessment to identify high risk cases is over-emphasised as an intervention and by commissioners (funders) and policy makers, and that it is a simplistic response to a complex issue.
- MARAC places too much emphasis on risk assessment as a guide to intervention, as opposed to needs assessment.
- MARAC is disempowering for victims/survivors who are not included in discussion about their case. Some argue that empowerment and survivor-led models are more effective or that there should be more emphasis on these models than currently exists.
- MARACs deal with such high volumes of cases that there is little time to properly consider them. There are reports that some MARACs have a formulaic and mechanistic approach to cases as a result.
- Due to the high volume of cases being processed, MARACs are used in some areas by agencies as a clearing-house for risk.
- Actions decided at MARACs are aimed at victims/survivors while the perpetrator remains invisible, perpetuating the notion that victims/survivors are responsible for the violence or for the remedy.²⁷

MARACs appear to have captured the attention of local and national governments and police, and in some areas there is reportedly an undue emphasis on this response to high risk cases. In a time of austerity, MARACs have come to dominate the public consciousness of responses to family/domestic violence.

Some of the most trenchant criticism of MARACs is due to numerous local examples that depart from the advice provided by Safe Lives (Safe Lives/CAADA; '10 Principles of an Effective MARAC') about the operation of MARACs. Inconsistency in the application of the MARAC model has created poor practice and processes in some areas and this is sometimes conflated with criticism of the model itself.

26 McLaughlin, H. Banks, C. Bellamy, C. Robbins, R. Thackray, D. NIHR School for Social Care Research (2016) 'Domestic violence, adult social care and MARACs: implications for practice'.

27 Though MARACs can create actions that are aimed at curbing the behaviour of the perpetrator, MARACs are advised that actions plans should be focused on victims/survivors. http://www.safelives.org.uk/sites/default/files/resources/MARAC_FAQs_for%20MARAC%20practitioners_2013%20FINAL.pdf

One of the most serious examples of practice inconsistent with the advice provided by Safe Lives are reports that IDVAs were not always in attendance at MARAC meetings to advocate for the victim/survivor. Safe Lives describes the MARAC and IDVA models as 'indivisible'.

In other local areas, MARACs reportedly operate well, are widely viewed as being effective and having an important role, and are seen as just one option in a range of responses to family/domestic violence. Some areas have improved the quality of the MARAC process by introducing a cap on new referrals considered at each meeting.

The variable interpretations of the model in different areas are generally attributed to the effects of localism. Because local councils vary in their strategic approach to VAWG, approaches to MARACs also vary. Departure from the 'best practice' model is possible because there is no centralised oversight. Safe Lives has no authority over MARACs and their operation, and in the last two years the organisation has had less capacity to provide direct support and feedback to MARACs than they had in the past.

MARACs reportedly operate best in communities where there is a coordinated system response, where family/domestic violence services or advocates have a leading role or significant influence at a strategic or operational level, and where there is a survivor-centred approach to the work and a recognition of the centrality of the IDVA role.

Because MARACs involve a range of statutory and community agencies and they examine individual cases, most of which have been subject to statutory responses, they are ideally placed to potentially identify systemic issues. The influence of MARACs on systemic change in any area is largely dependent on the effectiveness of local strategic governance structures and on the capacity of the MARAC to identify, explore and activate structural issues highlighted by the cases they consider. MARACs with operational practices and processes that are not aligned with best practice as described by Safe Lives, are unlikely to have a survivor-centred approach to their work and therefore will lack a coherent framework that enables them to reliably identify and analyse systemic issues.

CASE STUDY:

Independent Domestic Violence Advocate (IDVA) in England and Independent Domestic Abuse Advocate (IDVA) in Scotland.

As well as developing the MARAC model, Safe Lives (formally CAADA) developed practical tools, and subsequently accredited training, to standardise and support the delivery of advocacy services for victims/survivors of family/domestic violence.

IDVAs are independent advocates whose role it is to address the safety of victims/survivors at high risk of harm. IDVAs work with their clients to assess the level of risk, and develop and implement safety plans. These plans will include actions from the MARAC as well as sanctions and remedies available through the criminal and civil courts, housing options and services available through other organisations.

Since they work with the highest risk cases, IDVAs are most effective as part of an IDVA service and within a multi-agency framework. The IDVA's role in all multi-agency settings is to keep the client's perspective and safety at the centre of proceedings.

Studies have shown that when high-risk clients engage with an IDVA there are clear and measurable improvements in safety, including a reduction in the escalation and severity of abuse and a reduction or even cessation in repeat incidents of abuse.²⁸

The role of the IDVA has come to be seen by government as an integral part of a multi-agency response to domestic violence. The IDVA can be employed by local councils and by service providers outside the domestic violence service sector (e.g. health services), but is most often employed by a family/domestic violence service. The word 'independent' in this context means that the role is non-statutory and is concerned primarily with the needs of the victim/survivor and children.

IDVA training includes some structural advocacy content about how to escalate issues that can't be resolved personally, and the link between individual advocacy for clients and structural advocacy to improve responses to all victims/survivors. However, most IDVAs are generally understood to be handling such large volumes of cases that they lack the capacity to systematically document, explore and report the structural issues they identify.

Some IDVAs report that there is no strategic group for VAWG responses or a VAWG Co-ordinator in their local area which means that any attempts at structural advocacy are stymied at the local level.

28 <http://www.safelives.org.uk/news-views/16days/what-idva>

CASE STUDY:

Multi-agency Tasking and Coordination (MATAC)

MATACs are multi-agency panels that consider cases where perpetrators are assessed by police as posing a high level of threat or are repeat or serial offenders. MATACs are led and chaired by police, and develop interventions focused on reducing the level of threat by targeting and disrupting perpetrators and supporting them to address their behaviour. MATAC is a prescriptive model that uses tools to identify cases from analysis of police data and a suite of options for intervention. Intervention can include police targeting perpetrators for other offences and liaising with local domestic violence services to offer services to victims/survivors while the perpetrator is held on remand.

MATACs seem generally less controversial than MARACs, largely due to the fact that they are governed by police and involve mainly police processes. Because police have control of all the resources, the MATACs' objectives are clear and straightforward. There is a direct line of accountability and clear lines of communication. Obviously the performance of MATACs is mostly determined by the quality of the domestic violence policing and strategy in a local area. Some local areas (e.g. Glasgow) report significant reductions in repeat offending since the introduction of MATACs.

Northumbria Police have developed a tool for MATACs that is intended to shift the focus of interventions from mostly criminal justice remedies to therapeutic and other interventions which seek to modify the behaviour of perpetrators.

Concern has been expressed by some family/domestic services and advocates about the potential risks of criminal justice interventions to victims/survivors (e.g. retribution, worsening the violence by increasing stress to the perpetrator etc). In particular, there are concerns about the impact on women and children in marginalised communities of perpetrators facing criminal sanctions. These issues are best explored on a case-by-case basis at a local level. Risk can be managed by considering the timing of interventions and synchronising the interventions of multiple agencies, and considering when support could be offered as well as sanctions. Close relationships with family/domestic violence services and effective advocacy from those services on behalf of victims/survivors is essential to minimising and managing these risks.

Because MATACs are operated by Police, their capacity to generate structural change is dependent on the mechanisms that are in place to achieve this within the policing jurisdiction.

CASE STUDY:

Standing Together Against Domestic Violence (STADV)

STADV is a specialist Violence Against Women and Girls (VAWG) community agency that builds, develops and organises partnerships between service providers to strengthen the response of communities to family/domestic violence. It brings services together in a local area and helps coordinate their responses.

STADV was involved in pioneering inter-agency work that led to the development of the Specialist Domestic Violence Courts, IDVAs, MARACs and the overall strategic and operational partnership structures (entities) that are often found in local authorities across the UK as part of their Community Safety Partnership. The Home Office funded STADV to define how to evaluate the strengths of these partnerships.²⁹

STADV provides a range of services to agencies and communities including:

- a national network for Domestic Violence Coordinators called the DVCN.³⁰ This is a community of practice to grow the expertise, independence and influence of Coordinators who have strategic responsibility within their organisation for VAWG responses. Coordinators are often local authority officers, or work in similar strategic roles within health or police and crime commissioners (PCC) offices. Coordinators play a vital role in shaping the multi-agency response to VAWG, including the capacity and opportunities for structural advocacy. They often have responsibility for commissioning and drive the strategic and operational responses in their area.
- Lead national initiatives such as the Health Pathfinder project, funded by central government to establish the overarching health response to family/domestic violence in community, hospital trust and mental health trust settings.
- Co-founder of the housing alliance (DAHA) to improve the response of the housing sector to family/domestic violence which established an accreditation standard for housing providers in relation to family/domestic violence.
- Advice and capacity building to assist agencies to conduct comprehensive and effective Domestic Homicide Reviews as prescribed by the Home Office, including mentoring for the Chair of the review. STADV also provides chairing services for Reviews, and has chaired 41% of all London-based Domestic Violence Reviews between 2013 and 2016.
- Consultancy services to agencies seeking to establish or enhance agency partnerships, and multi-disciplinary and multi-agency partnerships and programs (e.g. local borough council VAWG partnerships, Specialist Domestic Violence Courts, MARACs, multi-disciplinary approaches or partnership arrangements for health, children's and domestic services.)

²⁹ Standing Together Against Domestic Violence. (2011) A Guide to Effective Domestic Violence Partnerships.
³⁰ <http://www.standingtogether.org.uk/consultancy/dvcn>

- Coordination of five MARACs across five London boroughs.
- Provision accredited training to those in roles with responsibility for VAWG strategy.

STADV's flagship program is the tri-borough Coordinated Community Response (CCR) which provides a coordinated community response to family/domestic violence across the London boroughs of Hammersmith and Fulham, Kensington and Chelsea, and the City of Westminster. Partners in the tri-borough CCR include STADV and family/domestic violence services, police, local authorities, funders and commissioners, children's protective services, the National Health Service, mental health services, children's social work services, and adult social work services.

STADV is represented on the tri-borough VAWG strategic board and works with the VAWG Strategic Lead to achieve its vision and strategy. STADV have a Partnership Manager position funded by the tri-borough who works with the Strategic Lead to develop a coordinated response. The tri-borough authorities have ceded responsibility for the entire coordination function for VAWG to STADV. It is rare for a community sector partner to have this function and it lends significant institutional weight to the work of STADV.

Within the tri-borough STADV works to develop and support numerous local and tri-borough partnerships in order to increase capacity to respond to family/domestic violence, and to assist partnerships to structure their inter-agency arrangements and processes to get the best outcomes for victims/survivors.

Service sectors in the tri-borough are brought together under operational groups that are coordinated by STADV. There are operational groups for housing, health and maternity, children and health, mental health, Specialist Domestic Violence Courts and MARACs. STADV supports the groups to share information, identify service gaps and barriers, and opportunities, and to coordinate their efforts. STADV advises, guides and monitors the group to ensure that their work is informed by specialist family/domestic violence expertise, is safe, effective and responds to shifting needs in the community.

Each of these groups gather data and use survivor and advocate feedback to inform systemic review and to identify issues. Each group has a Chair or a Co-Chair from the statutory sector who works with the Coordinator. This arrangement ensures joint working and accountability. Information from these groups is reported to the VAWG Strategic Board which meets quarterly and considers issues that can not be resolved at the operational group level.

STADV has essentially extended the reach of DAIP model beyond the criminal justice system to health and other sectors. It works to join up family/domestic violence responses with housing, health, mental health, children's, maternity services. As a result of this work, one hospital in London now has a 'Domestic Abuse Lead' in each department. In total there are eighty 'leads' or 'champions' in the hospital who are trained, supported and coordinated by STADV to respond to family/domestic violence.

An important aspect of the work of STADV is monitoring of the community response or partnership response and applying what is learnt to systemic improvement. The work of STADV is evidence based. Outside the tri-borough, STADV provides advice to communities about developing a structure and processes to guide these monitoring activities. STADV recommends a community governance structure that involves VAWG Coordinators who manage operational groups and Strategic Leads who work with Strategic Partnerships at local borough level.

STADV is looking to develop a means of joining up the data collected by the organisations in the tri-borough CCR to track the progress of victims/survivors in the service system. Using anonymised data, STADV hopes to further refine systemic responses and to use the evidence it collects to also inform its advocacy work behind the tri-borough.

CASE STUDY:

Angelou Partnership

The Angelou Partnership consists of nine voluntary agencies in the tri-borough area of Westminster, Kensington & Chelsea and Hammersmith and Fulham, delivering services to those who have suffered domestic abuse or related issues. Partner services include a refuge, as well as services for girls over sixteen years old, African women, lesbian, bisexual and transgender women, and women at risk of offending. There is a central helpline number through which women can access help directly, or advisors can refer women in need of help to other more appropriate services.

The aim of the partnership is to reduce the overlap and gaps between services, in order to improve 'step-down' support, where women have moved away from an abusive relationship but need help to re-establish themselves in the community, as well as to ensure that the voices of service users are heard.

STADV provides strategic leadership to the consortium through their service arm, Advance. STADV led the development of the consortium, in large part, to ensure that small organisations that service marginalised communities are not overlooked in the competitive commissioning process.

CASE STUDY:

DAHA (Domestic Abuse Housing Alliance) UK

The Domestic Abuse Housing Alliance (DAHA) seeks to improve the housing sector's response to domestic abuse through the introduction and adoption of a set of standards and an accreditation process. DAHA is a partnership between three agencies who are leaders in innovation to address domestic abuse within the housing sector: STADV, Peabody and Gentoo.

Peabody Group owns and manages more than 55,000 homes across London and the South East, housing over 111,000 residents. It also has 8,000 care and support customers.

Gentoo is a housing association that owns and manages more than 29,000 homes in Sunderland and one of the largest employers and landlords in the North East of England.

Launched in 2014, DAHA imbeds best practice learned and implemented by its three founding partners and has established the first domestic abuse accreditation for housing providers. DAHA also provide consultancy and training services and work with governments to inform approaches to domestic abuse and housing.

CASE STUDY:

ASSIST and Domestic Abuse Services, Community Safety Glasgow, Scotland

ASSIST was established in 2004 to partner in the development of the first specialist court in Scotland for domestic abuse cases. ASSIST receives referrals from police and provides services to women and men and their children who experience domestic abuse across the west command or Strathclyde area of Police Scotland, which comprises 40 percent of the total area of Scotland.

ASSIST was one of the earliest co-locations of a family/domestic violence support service with police and is widely considered to be one of the most successful. Teams of ASSIST workers in police stations number between three and twelve per station.

ASSIST supports victims/survivors to achieve safety and wellbeing and works within a feminist framework, including in their work with men, with an emphasis on providing

advocacy for their clients. Its approach is heavily influenced by the DAIP model. ASSIST convenes and coordinates six MARACs in local areas as well as participating in the Police led MATAACs. ASSIST also delivers the Safe Lives training for IDVAs in Scotland. It also provides administrative support and coordination for the strategic work of the Glasgow Violence Against Women Partnership (GVAWP) and all of its working group.

ASSIST and the Strathclyde Police, as well as Police Scotland, are widely recognised for their innovative work in responding to domestic abuse. Positive changes in policing throughout Scotland are ascribed to the commitment of 'champions' in Police Scotland and the Procurator Fiscal, (prosecutors) who, with ASSIST, have driven the inter-agency relationships by modelling openness and transparency.

Another primary driver for change has been the forensic and operational approach that ASSIST takes to monitoring the system responses which has led to a progressive change in policing over the years that ASSIST has been operating. There is a continual searching out and plugging of gaps in the systemic response. This is much like the community auditing approach of the DAIP model, gathering and documenting evidence to establish the need for changes in institutional processes, practice or policy. Co-location with police has aided this work. The fact that individual police are aware that ASSIST are monitoring the police response is, in itself, considered to have a positive impact on police practice.

ASSIST and its partners also have the necessary strategic governance structure to elevate issues that cannot be resolved between them. ASSIST provides administrative support and coordination for the strategic work of the Glasgow Violence Against Women Partnership (GVAWP) and all of its working groups.

There are now well established working relationships across, police, prosecutions, ASSIST and Women's Aid, and over-arching strategic governance and coordination structures that enable continuous review of the system response.

National context - Ireland

Ireland is interesting in the context of this research because unlike its neighbours and other western countries, it does not have a notable history of multi-agency initiatives to respond to family/domestic violence. There are no government policy or funding incentives to develop inter-agency processes and programs.

Ireland has a complex and idiosyncratic political, cultural, religious, social and economic history and all of these factors have influenced the response to family/domestic violence. It also has no enduring history of inter-agency coordination that provides a national infra-structure to generate institutional change and to elevate the influence of family/domestic violence advocacy groups.

The accounts of criminal justice responses in Ireland were more similar to the inadequate responses that were reported in the UK, USA, Australia, Canada and New Zealand in the 1980s and 1990s, than anything that is evidenced in these countries today. The 2014 Department of Justice and Equality, 'Garda Inspectorate Report'³¹, is particularly damning in its conclusions and in its status as a government commissioned report.

SAFE Ireland is the national social change agency working to address and prevent family/domestic violence in Ireland. Safe Ireland works in collaboration with a network of forty frontline domestic violence services for women and their children. Priority 2 of its strategic plan,³² is to transform the whole system response to meet the protection and recovery needs of women and children.

Safe Ireland describes a nationally fragmented state system response where 'there is a prevalent culture of minimizing the violence, blaming the women and misunderstanding of the dynamics [as well as] the agenda of the perpetrator to use the state systems to further control and abuse the woman.'³³

There have been several pieces of research whose findings are damning of the garda (police), Family Law Courts, solicitors, housing officers and social work practice with at-risk children.³⁴

Safe Ireland points to a lack of effective legislation, interdepartmental co-operation and limited communication between local and national government about operational challenges in the state system.

I visited three domestic violence services in different parts of Ireland, and all were seeking to work collaboratively in their local area. All three had achieved outcomes for women and children by slowly shifting institutional practice, particularly amongst police. However, in

31 Department of Justice and Equality, Ireland (2014) Garda Inspectorate Report..

32 Safe Ireland. (2015, p.18-21) Changing Culture and Transforming the Response to Domestic Violence in Ireland: A Shared Strategy and Strategic Priorities.

33 Safe Ireland. (2015, p. 18)

34 Safe Ireland. (2014) Lawlessness of the Home. (2014) Department of Justice and Equality, Ireland. (2014)Garda Inspectorate Report. Shannon, G and Gibbons, N. (2012)Report of the Independent Child Death Review Group. (2012.)

every case they described these outcomes as being due to the relationships developed with individuals and having no enduring structural or organizational underpinnings. All progress that was achieved had proved to be unsustainable and had to be built and re-built each time there was a change of personnel.

CASE STUDY: *Regional Committee on Violence Against Women, Limerick*

There is currently no network of local structures concerned with responses to family / domestic violence and assessing and improving systemic responses. Eight Regional Committees on Violence Against Women were established in 2008 but have since disbanded after funding was withdrawn by government following a review that showed poor outcomes in most areas.

One such committee in Limerick survived for two years after funding ceased by securing alternative sources of funding through the commitment of its members and their agencies. They attributed their comparative success to:

Funding for an independent chairing role. This not only avoided potential institutional bias by any one organization, but the chair also had sufficient time and was very committed to progressing the agenda.

Administrative support provided by a project worker who was employed by the Health Service Executive to support the committee and a track record of outcomes and achievements that spurred on the committee. Included in the outcomes achieved were:

- setting up a Sexual Assault Treatment Unit in the local hospital,
- the commissioning of three pieces of research,
- developing a prevention program for use in local schools and human resources guidelines for use by employers to respond to staff affected by family/domestic violence, and
- developing and delivering a training program for local Gardaí (police) that was effective in improving police responses.

The Committee was unusual compared to others of its kind in that it developed a working group structure. The commitment and dedication of the Committee members, alongside the structure of the Committee itself, is credited with enabling the members to achieve outcomes that few other Committees in other areas could. As well as the expertise of the committee members themselves, this was ultimately due to adequate resourcing. Commonly, such coordinating bodies regardless of where they are located, are inadequately resourced or receive no funding at all.

Part Three: Key Themes and Issues

General

Most victims/survivors of family/domestic violence have multiple and/or complex needs and it is generally accepted that a coordinated multi-agency and multi-disciplinary programs can offer significant benefits to many of them.

Consequently, there is an expectation today, in Australia, the USA and the UK that family/domestic violence services will work collaboratively with institutions and with other community and social services. Legislation, government policy and funding criteria all reinforce this approach.

While there is widespread support amongst family/domestic violence agencies and advocates for inter-agency and multi-disciplinary work that is survivor-centered, there is some concern about certain aspects of multi-agency and multi-disciplinary programs.

This concern relates to:

- The impact of information sharing without consent on the safety, well-being and sense of personal empowerment of victims/survivors. This concern centres around the sharing of information in 'informal' work environments where the distinct roles of program partners have broken down to some extent and where protocols and legislation around information sharing are not well understood or observed. The 'over-sharing' of superfluous information even when a survivor has consented to information sharing for specific purposes is also identified as a problem. Many advocates, particularly in the USA criticise the ever-increasing level of surveillance of the lives of victims/survivors whose personal information may be used to penalise them by statutory agencies or welfare and social service programs.
- The domination of the service sector by multi-agency programs, particularly large government run 'one stop shops' which are often either based in criminal justice environments or can be dominated by criminal justice or institutional approaches. Programs such as MARACs in the UK have been subject to a lot of criticism due to an over-emphasis on their role in the service system resulting in many instances of a mechanistic and inconsistent application of both risk assessment and MARAC processes that can undermine victims/survivors and potentially create more risk to them. The impact of the domination of large multi-agency programs can be a lack of plurality in the range of services available as small grass-roots organisations become unviable. Many of these organisations provide assistance to marginalised communities in which victims/survivors are unwilling to access government-run services or programs with statutory partners.
- A tendency in the UK to measure the effectiveness of interventions solely by an assessment of the level of risk to victims/survivors. Well-being is another important measure-

ment as well as the capacity of victims/survivors to make decisions on their own behalf and have their choices supported. Women's Aid UK has produced a framework, *Change that Lasts*,³⁵ that challenges the current emphasis on risk assessment and management with a strengths and needs based response.

Criminal justice system based models

Criminal justice system responses will always be important, particularly for victims/survivors at very high risk of serious harm. Programs that are led and governed by statutory agencies, but also have clear goals that couple the mandate of that agency with the safety of victim/survivors and holding perpetrators to account, are generally considered very effective. They assist with overcoming institutional bias (on the basis of gender, ethnicity, sexual identity, ability etc.) and can be a vehicle to promote accountability to agreed principles and goals that are survivor-centered.

In the course of this research, two issues about criminal justice based models were often raised.

The first is a need to move away from a strong emphasis on criminal justice focused responses to family/domestic violence. The criminal justice system is slow and cumbersome and conviction rates in all countries remain low. Many victims/survivors feel unsafe or do not wish to engage with the criminal justice system, or to have the perpetrator subject to criminal justice sanctions. Members of marginalised communities are especially likely to be deterred by a criminal justice system based response.

In Australia this is true of many marginalised communities, but particularly of Aboriginal people. Their experience of colonialism, oppression, institutional discrimination and violence makes many unwilling to voluntarily engage with statutory agencies. Statistically they are likely to have very poor outcomes from any such engagement.

However, there is also a recognition that criminal justice based programs can offer family/domestic violence services the opportunity to influence criminal justice system responses and make them more nuanced and sensitive to the needs of victims/survivors.

The second issue concerns the inherent power imbalances between agencies in multi-agency programs that encompass both community and statutory responses. This can result in statutory agencies dominating in terms of approach, practice and processes, as well as in discussion of systemic issues. Often this imbalance is not recognised or articulated by statutory representatives. Structural imbalances within programs can also extend to differences amongst agencies in resourcing, capacity and influence. It is particularly so in small agencies that work with marginalised communities.

It is generally agreed that to be effective, such programs must be structured to overcome this power disparity. This enables family/domestic violence services to maintain their focus and prevents them from becoming tools to achieve criminal justice outcomes (e.g. prosecutions and law enforcement).

³⁵ Women's Aid UK. (2016) *Change that Lasts*. <https://www.womensaid.org.uk/our-approach-change-that-lasts>

Multi-disciplinary capacity building programs

Partnership work between family/domestic violence service sector and health, housing, children's and other social services is essential to ensuring that victims/survivors can access assistance and protection.

In Australia, only 20% of victims/survivors of family/domestic violence have contact with the criminal justice system and there is evidence that even fewer seek help from specialist services.³⁶

Research in the UK shows that responses based in universal services (e.g. the health system) identify cases earlier because women who may not report to police routinely access health services³⁷. Domestic Homicide Reviews in the U.K. show that most deaths due to family/domestic violence occurred in cases where that have been no previous contact with the criminal justice system or specialist family/domestic violence services.³⁸

In the UK, IDVAs are often located in health settings and provide a direct service response to survivors of family/domestic violence. IDVAs are often managing high volumes of referrals and their service delivery function allows for limited capacity building to occur amongst other staff in the workplace. In many of these examples, the family/domestic violence response is based purely on the presence of the IDVA rather than the position being structurally embedded with processes and procedures to support practice amongst the wider team. Additionally the host organisation's approach and practice framework tends to dominate by default and this creates a risk that the advocate/practitioner's specialist family/domestic violence practice framework will be diluted and lose its definitive characteristics over time.

Research commissioned by Safe Lives³⁹ shows that there are significant benefits to the IDVA services in hospitals. It aids early identification and response to victims/survivors, including some of the most vulnerable.⁴⁰

The observations of those I interviewed in the UK who worked with models of this type, is that training staff in the absence of structural supports for new practice is not sufficient to generate significant capacity building in organisations where family/domestic violence is not the core business of the organisation.

My findings indicate that there are three elements critical to the success of such programs. These are:

- leadership from senior levels of the organisation
- structurally embedded processes and policies to support practice responses to family/domestic violence; and

³⁶ Australian Bureau of Statistics, (2017) Personal Safety Survey. <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4906.0~2016~Main%20Features~Actions%20taken%20in%20response%20to%20partner%20violence~23>

³⁷ Safe Lives. (2016) A Cry for Help. www.safelives.org.uk/node/945

³⁸ Sharp-Jeffs, N. Kelly, L (2016) Domestic Homicide Review Case Analysis.

³⁹ Safe Lives. (2016) A Cry for Help: Why we must invest in domestic abuse services in hospitals.

⁴⁰ Almost 60% of victims/survivors identified by hospitals had mental health concerns compared with 35% who engaged with a community service. Safe Lives. (2016) A Cry for Help: Why we must invest in domestic abuse services in hospitals

- external coordination that locates these roles in a broader family/domestic violence response.

DAHA is a good example of capacity building in action in the housing sector. The DAHA partnership demonstrates the effectiveness of coordinated efforts in achieving change. Gen- too and Peabody housing services both provide their capacity building positions with the authorisation and leadership required to structurally embed policies and processes to improve the response to family/domestic violence.

'My role is to make sure that the leadership team understand why we must provide a response to domestic violence and why we have a role dedicated to this. Leadership is the key to making the changes happen.' (C.E.O. of a large organization whose core business is not family/domestic violence.)

Factors that affect the capacity to generate system change

Coordinating systems entities

In the USA and UK, as in Australia, there are deficiencies in the structures that are designed to provide strategic coordination and governance to the family/domestic violence response system. Due to variable operations and reporting arrangements within the networks of local, regional and state level coordinating entities there is not a coherent architecture through which to consistently elevate systemic issues that cannot be resolved locally.

In England, one of the effects of localism has been that the strategic and operational oversight of responses to domestic violence can vary considerably between local authority areas. Some local areas lack sufficient and effective governance structures or coordination roles dedicated to VAWG to enable programs and partnerships to report structural issues that require consideration by local government or local area representation.

Governments around the world are reluctant to fund coordination and administration roles to support systemic review and response and this can undermine the effectiveness of strategic governance structures in driving systemic improvement.

My research found that the entities that are effective in generating systemic improvement have the following features:

- authorisation at whichever level they operate (local area, regional, state, national) to assess and recommend system change
- a systematic approach to gathering information from the service delivery level to inform their work
- significant input from family/domestic violence services to inform their strategic and operational agendas and approaches
- a means of channeling systemic issues from service delivery programs to strategic gover-

nance entities. Reports from areas where this works well attribute their success to funded coordination roles that sit outside programs or are a function of a family/domestic violence service.

- clear reporting pathways down to service delivery level and pathways up to umbrella coordinating entities, and methods to elevate issues beyond their sphere of authority. This can include MOUs with key partners, especially statutory organisations, to ensure responsiveness, and also structural relationships with other governance and coordination entities at different levels of government.

Funding and Service Planning

The major concerns about large multi-agency models dominating the service system were related to funding arrangements and to government-led programs.

Larger organisations have a distinct advantage in a funding environment where outputs are prized over outcomes. This is often the case in family/domestic violence service funding arrangements due to the difficulty in measuring outcomes. In the UK, commissioning practices have been described as ‘a race for the bottom’⁴¹, as they tend to increasing volume and decreasing funding levels.

Rather than adding value to the system response, in some areas multi-agency programs were seen to be threatening the existence of small, long-established programs with deep roots in their communities. It is often these organisations that see independent and structural advocacy as an essential part of their role and will resist being co-opted into a mainstream agenda. They play a vital role in promoting system review and improvement to meet the needs of victims/survivors.

Where the agendas of government or statutory agencies dominate multi-agency programs, community organisations can effectively become a tool to achieve the goals of these agencies, rather than the goals of victims/survivors. This is a particular risk in programs where the governing body lacks an understanding of the role of family/domestic violence advocacy organisations or the program’s structure or processes do not enable effective individual and structural advocacy on behalf of victims/survivors.

For instance, there are examples of family/domestic violence services co-locating staff in police stations that have reportedly had little impact on policing but are highly valued by police due to the ‘help-mate’ factor.

There are notable success stories too. In Scotland, ASSIST is working with police in a partnership that is defined by shared goals, equality in decision-making and the preservation of each agency’s distinct roles. The former includes ASSIST’s avowed feminist practice framework and assertive structural advocacy.

41 Holly, J. (2017, p 46). Mapping the Maze: Services for women experiencing multiple disadvantage in England and Wales.

The impact of localism in England has seen a move to the competitive tendering of services resulting in a lack of consistency in both the commissioning (funding) of services and the governance structures that oversee the local systemic response.

In one area, the impact of localism was described as domestic violence services ‘eating each other’. Small, locally based services find it difficult to compete with the influence, infrastructure and economies of scale of large organisations. Funding that is based on volume and outputs can also diminish diversity in the service system by penalising small agencies that are often essential to ensuring that all survivors can access the kind of help they need. This, in turn, has a deleterious influence on structural advocacy work, as a competitive environment makes it difficult for organisations to find consensus and speak with one voice.

In some areas this is also undermining efforts to coordinate system responses as relationships between services break down. Commissioners that understand this employ strategies to avoid aggregation of the service system where smaller services with significant expertise, social value and deep roots in the community are not subsumed or replaced by large organisations.

One creative approach to commissioning is for commissioners to roll out funding over an extended period providing seeding funds to enable small organisations to develop capacity and infrastructure and ready themselves to compete for contracts. Creating opportunities for pilot programs, communicating their strategic direction and fostering partnerships between programs are strategies that Commissioners can employ to nurture plurality. Family/domestic violence services also work towards this end by developing partnerships with other organisations and services and striving always to be self-reflexive, accountable and innovative.

Program structure and processes

I was able to identify few programs that have formal mechanisms and governance structures to enable regular and ongoing system monitoring and, through these processes, generate system change. The most comprehensive of these are ASSIST (Scotland) and Standing Together (London), though there are undoubtedly others too.

For multi-agency programs that provide a direct service to clients or process cases, particularly those dealing with high volumes of cases, the focus is inevitably on managing the constant and high demand for service. Without formal recognition of the importance of system review and analysis, this function will most often be sidelined.

Programs with a track record in generating structural change share an explicit acknowledgement between program partners about their roles in informing broader systemic improvement and change. Programs without an articulated goal of reviewing systemic responses using data, and the observations of their program partners, will have a haphazard impact on systemic change.

Programs require mechanisms that enable partner agencies to regularly share information about systemic issues and their impact on victims/survivors. This requires a commitment by partner agencies to address issues as they arise as well as structures and leadership that authorise institutional change.

There were several reasons for not reporting or following up on systemic issues that were commonly cited in interviews by representatives of program partners. These include:

- A perception that this is not a fundamental part of their role or a function of the program
- The high volume of cases prevented them from identifying, documenting and considering issues that were not strictly operational
- They were unaware of any explicit process to report and analyse the issue
- a reliance on informal communication about these issues meant that the program partners had not developed their own processes to document and analyse issues as a first step to reporting them.

A reliance on relatively informal processes for identifying and exploring systemic issues was a common practice in multi-agency programs. Regular meetings of partners and time put aside at the end of operational meetings were generally considered the way that this was achieved. Partner representatives of many programs reported that while ‘any issues’, including issues with systemic implications, could be raised at regular meetings of partners, there was rarely time to explore them. They were also generally not aware of any formal process to analyse or address these issues. In programs run by government, issues of this kind are usually taken ‘off-site’ to be progressed within government. However this denies the program partners a sense of agency and participation that can be de-motivating, especially when there are pressing operational demands.

The domination of larger agencies in multi-agency processes can impact on the types of discussions held and prevent the multi-dimensional perspective that these programs bring to issues being fully harnessed. Through this research I identified three practices that are reportedly effective in mitigating the domination of larger agencies in multi-agency processes.

To prevent regular meetings of partner agencies being dominated by discussions of operational issues, discussion of structural issues must be scheduled regularly. The discussion should be led with guided questioning, and facilitated to ensure that a multi-dimensional (multi-agency) perspective is applied to the analysis of issues.

A clear delineation of partner roles is commonly cited as enabling effective collaborative work and it also important in system monitoring and analysis. The role of family/domestic organisations must be understood and structurally supported to include not only advocacy for individual victims/survivor but also systems advocacy.

Processes that enable partner agencies to share information and to explore issues from each of their professional frameworks must be designed to ensure that those who work with the most marginalised communities are able to adequately represent the interests of their communities. Power imbalances must be consciously and explicitly addressed in the structure or process.

Informal Influence

Programs that are not explicitly designed to generate improvements in the broader systemic response will often create changes to the practices of individuals through informal influence engendered by close working relationships or secondary consultations. Multi-agency programs can operate well for many years based on the relationships and shared understandings built between individuals from statutory and community agencies. However, practice will only be sustainable when it is supported by program structures and processes.

Many individuals in multi-agency programs described making changes in their practice or approach due to the informal influence that occurs when individuals from different sectors work side-by-side. Practitioners from family/domestic violence services often reported that they actively seek to influence the practice of others to achieve better outcomes for individuals and in the belief that systemic changes are required in to make the system more responsive to the needs of victims/survivors.

While it signifies healthy working relationships and generally improves outcomes for service users, informal influence alone does not usually permeate beyond the workforce in the multi-agency program and therefore is not sufficient to generate system-wide enhancements.

The role of family/domestic violence services in collaborative work

Participation in multi-agency and multi-disciplinary contexts for family/domestic violence services necessarily requires compromise, and often shifts in practice, especially where agencies are co-located. There are inherent challenges and risks in collaboration, but these programs also offer a tremendous opportunity to influence systems responses to meet the needs of victims/survivors.

Our responsibility to survivors is to push these programs beyond simply processing cases and seeking outcomes for individual service users. We have an obligation to ensure that we capitalise on the multi-dimensional data and insights that inter-agency work brings to improve systemic responses for all survivors.

Around the world, as awareness has been raised of the harm caused by family/domestic violence, governments have increased their investment in community service responses. Well established specialist family/domestic violence services with a long history of structural advocacy work are now often competing for funding with large, high-volume organisations, many of which provide services to all victims of crime.

Some large organisations have dedicated programs that specialise in working with working with victims/survivors of family/domestic violence and work with an evidence-based, gendered practice framework. While others have an important role in ensuring that all victims/survivors can access support in a timely manner, these agencies have a markedly different approach to practice from specialist women’s family/domestic violence services, particularly in their approach to advocacy.

The current widespread emphasis on high volume and rapid turnover interventions, such as that provided by MARACs in the UK, has triggered a renewed interest in defining best practice in family/domestic violence services. This is evidenced by Women's Aid UK in its 'Change that Lasts' practice framework.⁴²

Women's family/domestic violence services have an essential role in the response system that must be recognised by governments and funding bodies in order to ensure that programs are focused on the needs of victims/survivors. These services tend to be intrinsically different to 'mainstream' services. They work with a gendered intersectional practice framework that is survivor-led, and their role includes structural as well as individual advocacy.

The importance of the role of a specialist family/domestic violence service response is underlined in a piece of research that found that many of the distinctive features of specialist family/domestic violence practice were in programs that service users cited as their preference.⁴³ The study found that organisational culture is critical to the delivery of trauma informed services. Most of the women interviewed expressed a clear preference for women-only services and settings, and sufficient time with practitioners to explore their individual circumstances and options.

Volume and output based funding models fail to recognise the intrinsic value of such services to service users and to the system. The eventual cost to the system of overlooking this value is the lack of engagement or disengagement from services of many victim/survivors who will continue to experience trauma and harm.⁴⁴

'Intersectionality can be addressed in large populations by small organisations that are closely connected and responsive to their communities. It will not be addressed by what I like to call the non-profit industrial complex.'

Advocacy

'It's understood that their (family/domestic violence service practitioners and representatives) role is to push a little, to explain the needs of the women to the system and not the other way around.'

One of the most important functions of a specialist family/domestic service in relation to multi-agency and multi-disciplinary programs is individual and structural advocacy. In collaborative programs that seek to provide victim/survivor-centered services and to effect systemic improvements, this important role is recognised and valued.

Historically structural advocacy has been an integral component of the role of family/domestic violence services in response to an inherent and often unconscious gender bias in the institutional response to family/domestic violence. More recently there has been a recognition amongst many service providers of oppression and institutional bias based on other identities

⁴² Women's Aid UK. (2016) Change that Lasts. <https://www.womensaid.org.uk/our-approach-change-that-lasts/>

⁴³ Holly, J. (2017). Mapping the Maze: Services for women experiencing multiple disadvantage in England and Wales

⁴⁴ Holly, J. (2017, p.47). Mapping the Maze: Services for women experiencing multiple disadvantage in England and Wales.

and the intersection of multiple social circumstances and identities; ethnicity, culture, sexual identity, class, disability etc.

Structural advocacy work is informed by the experiences of victims/survivors and what their advocates learn about systemic issues in the process of supporting them. 'When an advocate comes up against the same problem again and again with different women, then it's clear something needs to permanently change.'⁴⁵

In a multi-agency context, family/domestic violence services are the only program partner whose objectives are concerned solely with meeting the specific needs of, and seeking outcomes for, victims/survivors of family/domestic violence. This gives them a central role in any multi-agency or multi-disciplinary program that is survivor-centered. Practitioners are present, in a virtual sense, at each point of the system, traveling alongside the victim/survivor. They are uniquely placed to observe the strengths and weaknesses of the response including any unintended effects of the interface of multiple service providers and agencies. They have the most information of any program partner about how the safety and wellbeing of victims/survivors is affected at each point of service provision or response.

However, the practice approach to individual advocacy by family/domestic violence services is often at odds with the approach taken by other multi-agency program partners. Many service representatives that I interviewed spoke of the need to get better at articulating their approach to practice in order to improve the quality of their relationships and the efficacy of their structural advocacy. Program governance and management, as well as funders, also need to recognise the unique and vital role that these services play in the systemic response. One government representative described themselves as having had to 'come to appreciate and welcome dissent in order to build an ever better systemic response.'

Victim/survivor defined advocacy is the model for specialist family/domestic violence practice around the world. It is designed to help victim/survivors to recover from the effects of coercive control which are to undermine and disempower them.

'Undoing this harm requires advocacy that puts the victim in the position to make decisions, to define the direction and priorities for her life, and to hold the power.'⁴⁶

As well as advocating for the empowerment and safety of victims/survivors, family/domestic violence services must be self-reflexive and accountable to others in order to operate effectively as collaborative partner. They must be prepared to scrutinise their own practices and processes as much as those of other agencies.

Effective advocacy requires a sound understanding of the system within which you are working, as well the role of each agency and the constraints they face. There are also technical skills required to systematically document, analyse and report structural issues. And there is a great deal of skill involved in creating change while working in partnership. Family/domestic violence services generally struggle to equip their workforce with these skills at current funding levels in each of the countries I visited, where volume is steadily increasing, and outputs

⁴⁵ Pence, Ellen L & Shepherd, Melanie F. (1999)

⁴⁶ J. Davies & E. Lyon. (2014) Domestic Violence Advocacy; Complex Lives, Difficult Choices.

are valued over outcomes. These levels of funding also reflect a lack of recognition of the vital function of advocacy.

The following observations from policy advisors and government officials illustrate the critical and complex role of advocacy in family/domestic violence service provision and systems change:

'The best advocates also know how to listen, and what the touch points are to effect a system change. ...sometimes advocates can't create change because they don't understand the systems that serve their clients. It's really easy to dismiss someone who is poorly informed.'

'Domestic violence services have a fundamental role as advocates for survivors in coordinated responses. Without some tension you can't have growth, sometimes that can be painful (for program partners), it's not always comfortable.'

'It's important that coordinated responses value advocacy so that the women's organisation is not co-opted into the more general agenda, and maintains a strong feminist analysis and has a strong voice. The role of the women's advocates is to push on the practices and policies from a survivor centered perspective.'

'We do know that marginalising advocates (in multi-agency programs) results in really bad practices.'

Part Four: Conclusions and Recommendations

- The potential benefits of multi-agency working to collect comprehensive and multi-faceted information and apply it to system enhancement are largely overlooked today. This means that programs with the most information about the system are not positioned to generate continuous improvement of the system.
- There are a small number of programs that have an explicit goal of identifying systemic issues to generate system improvement. These programs are led or largely influenced by family/domestic violence services or have local area or regional coordinating and governance structures that are strategically linked to multi-agency programs and designed to generate systems improvement.

- Few multi-agency or multi-disciplinary programs have mechanisms or processes for system monitoring and continuous system improvement. Of the programs I identified through this research, this was a feature only of programs which are led by family/domestic violence agencies, or where family/domestic violence services have a recognised structural advocacy role and the program is designed and governed to enable this role.

Multi-agency programs

- The principal purposes of multi-agency approaches to family/domestic violence today are generally understood to be:
 - the streamlining of inter-agency processes,
 - information sharing that can provide a more comprehensive assessment of risk and need,
 - making multiple services more accessible for victims/survivors, and
 - making perpetrators accountable for their behaviour.
- A strength of government-led programs (i.e. local, state or federal government or statutory agencies such as police, courts, prosecutions / Office of the District Attorney) is that they have the authority and influence to potentially generate structural changes that improve system responses beyond the scope of the program. However, most do not have formal processes for identifying and analysing issues discovered at the direct service delivery level in a systematic way. If there is not an inter-disciplinary process for the exploration of issues that involve the partner agencies, government loses the intrinsic advantage of a multi-dimensional perspective and there is less incentive for program partners to identify and raise issues.
- If the governance and funding structure do not authorise an intersectional gendered framework the program and system response will not meet the needs of victims/survivors. An intersectional gendered approach that is not embedded in a program's design, objectives, practice approaches and partnership arrangements, will only prevail due to the efforts of individuals and thus be vulnerable to change. Many successful programs have developed through the work and relationships built by individuals in both community and statutory agencies, however the programs that have sustained success in being responsive to the needs of victims/survivors and generating improvements to the broader system are ones that have embedded policies and processes supporting this approach.
- Funding arrangements and approaches to service planning can lead to a domination of service responses from large providers, including multi-agency programs. This can lead to a gradual homogenization of the service system and a suppression of the influence of advocacy organisations.
- The individual and structural advocacy functions of family/domestic violence services should be recognised in the structure and processes of the program to ensure that it is survivor-centered and enabled to contribute to continuous improvement of the systemic response.

Multi-disciplinary capacity building programs

- Because most capacity building programs are concerned with one sector's response to family/domestic violence, the mechanisms for system change sit largely with government oversight of the sector and with the organisations involved. Individual family/domestic violence practitioners in workplaces where family/domestic violence is not the core business will increase the capacity of some staff to some extent to respond to family/domestic violence. But, as their focus is not on the broader structural and cultural issues within the organization, they generally won't be able to effect significant practice or cultural change.
- The initial capture of information about systemic issues and possible enhancements is largely dependent on the capacity of individuals in roles with responsibility for the family/domestic violence response.
- There is a risk that the advocate/practitioner's specialist family/domestic violence practice framework or approach will be diluted over time due to the overwhelming influence of the host organisation's approach to practice. The family/domestic violence practitioner must retain their professional identity and practice expertise in order to build capacity for a family/domestic violence response in the other service sector.

The role of family/domestic violence services

- Family/domestic violence services are the only agencies whose objectives are concerned solely with meeting the specific needs of, and seeking outcomes for, victims/survivors of family/domestic violence. Their role is unique and central to the effectiveness of any collaborative response.
- There is abundant evidence to show that best practice in family/domestic violence services is an intersectional gendered framework with a trauma informed practice approach and victim/survivor-defined advocacy. This approach to practice can create tensions with program partners from other sectors or disciplines.
- The role of family/domestic violence services includes individual and structural advocacy to improve system responses and outcomes for victims/survivors. This role needs to be recognised in the structure and processes of multi-agency programs in order for the programs to be survivor-centred and enabled to contribute to continuous improvement of the systemic response
- In order to operate effectively in multi-agency and multi-disciplinary programs, family/domestic violence services must be self-reflexive innovative and accountable for their practice, and have the capacity and capability for effective structural advocacy including technical skills and knowledge.

Recommendations

Multi-agency programs

- Make ongoing systemic review and continuous improvement of the system a goal of the multi-agency program, in recognition of its capacity to produce multi-dimensional information about the experience of victims/survivors across the system,.
- Establish structures, mechanisms and processes to identify systemic issues and analyse issues from a multi-agency perspective, address issues, and elevate issues when necessary.
- Establish strategic relationships between program partners that enable advocacy and influence beyond the program and to the broader organisational, institutional or sector responses that dictate local practice.
- Ensure that structures and processes for program partner forums are designed with adequate representation of marginalised communities to ensure their full participation, and to address power imbalances between partners.
- Ensure that the structures and processes authorise and support all program partners to participate fully in identifying issues and examining them in a multi-agency forum.
- Embed an intersectional gendered approach to service delivery to victims/survivors, and recognise the role of advocates for victims/survivors, through the program's design, partnership arrangements and practice approaches.
- Enable survivors of family/domestic violence to meaningfully participate in systemic review processes.

Multi-disciplinary capacity building programs

To achieve sustainable capacity building in an organisation or sector:

- Ensure that key individuals and entities at a senior leadership level of the host organisation or sector actively support and authorise the work.
- Ensure that capacity building initiatives are operationally embedded by the development of policies and processes to support new practice.
- Provide structural support for individuals in a family/domestic violence role in a mainstream organisation to ensure that they retain their professional identity and expertise in order to build capacity for a family/domestic violence response in the other service sector.
- Provide external coordination of multiple similar capacity building roles in like organisations in order to generate improvements to the response. The coordination role has three functions:
 1. To capture themes, trends and issues and seek to explore and address them at a local or regional level within the host sector, and in consultation with other key partners in the system response.
 2. To facilitate the sector's meaningful engagement in a system-wide response including through strategic governance entities.
 3. To ensure that a specialist family/domestic violence practice approach is maintained by the advocate/practitioner by facilitating reflective practice, practice development, analysis and problem solving.

Coordination and strategic governance

- A comprehensive coordination and governance structure is required to provide strategic oversight and to enable continuous systemic improvement. This will involve multi-agency representation not only at the program level, but also at a local area, regional and national (government) level with effective reporting processes that allow multi-agency programs to elevate systemic issues that cannot be resolved locally.
- Authorise a specific role or coordination function at a local area or regional level to provide real-time feedback and build a more robust system. These roles ensure that operational responses are aligned with shared strategic goals across the response system, and collate and elevate systemic issues as required on behalf of programs and partnerships.
- Governance and partnership structures and arrangements can only be truly representative if they reflect an understanding of structural inequality. Ensure that advocacy organisations are adequately represented to prevent them from being marginalised in coordination or decision-making groups.

Funding and Governance

- Recognise the social value, role and expertise of often small, long established programs with deep roots in their communities in funding and governance policies, and service sector planning processes.
- Ensure that victims/survivors have access to women's only programs and settings to enable access to services for those who choose not to access co-gender or mainstream services.
- Recognise and authorise individual and structural advocacy as essential functions of a family/domestic violence service.

Family/Domestic Violence Services

- Advocate for survivor centered approaches to family/domestic violence.
- Advocate for continuous improvement of the systemic response.
- Ensure that our services, programs and workforce are enabled to deliver survivor centered advocacy services and to actively contribute to structural advocacy work.
- Foster individual and structural advocacy skills in our workforce including the capability to track and monitor systemic responses from the perspective of victims/survivors.
- Ensure that our services work constructively, are self-reflexive, innovative and accountable, and prepared to review and revise our practice and processes while maintaining our specialist practice frameworks.
- Develop partnerships with tertiary institutions to undertake research and produce evidence to guide practice and program development, and to inform structural advocacy positions.
- Consider developing consortiums with other program providers to ensure diversity of service types and access to services for all victims/survivors, particularly those from marginalised communities.

Part Five: Dissemination / Implementation

Victoria is undertaking unprecedented policy and practice reform following the Victorian Government's commitment to implementing the recommendations of the Royal Commission into Family Violence (2016). Every aspect of the response to family violence is subject to reform, creating tremendous opportunities for systemic enhancement.

This report will be disseminated to the Victorian government, peak bodies throughout Australia for victims/survivors of family violence and for services for perpetrators of family violence.

Within Victoria, it will be distributed to partner agencies and their peak bodies including statutory agencies, the membership of Domestic Violence Victoria, and the Chairs of the Family Violence Regional Integration Committees. I hope it will be useful in informing the development of new programs, consideration of coordination and governance structures, and of the role of specialist family violence services in Victoria and throughout Australia.

I will also deliver presentations outlining my findings and generating discussion about the implications for Victoria to meetings of the members of Domestic Violence Victoria and the Family Violence Regional Integration Coordinators.

Family violence services in Victoria must take a lead role in the development and operation of the reformed system. Increased collaboration between agencies, the establishment of new multi-agency programs and new information sharing provisions will all dramatically impact on practice within family violence services and in our work with other agencies and sectors.

The Practice Development Unit at Domestic Violence Victoria, along with the policy team, is working now with the family violence service sector to ensure that the reforms meet the needs of victims/survivors of family violence. These findings will inform all aspects of that work, including the review of practice approaches and guidelines.

The work that Domestic Violence is undertaking with the specialist family violence sector in relation to their role in multi-agency responses is particularly relevant in relation to these findings. This involves building the capacity and confidence of the specialist family violence workforce to work productively with partner agencies and non-specialist services to improve system responses, and to use their role as advocates to ensure that the system is always responsive to the needs of victims/survivors.

Mechanisms for identifying systemic and structural issues through multi-agency and multi-disciplinary programs to generate continuous improvement (partner agencies should be consulted in designing these processes):

- a performance framework for the program including the wider governance and coordination structures that enable issues to be elevated beyond the program and its partners;
- real time intelligence from family/domestic violence service partners
- service user intelligence/‘negative capture’ (e.g. surveys and interviews conducted with survivors by family/domestic violence services multi-agency, and other programs);
- data audit and analysis processes that are designed to uncover systemic issues that impact on the safety and well-being of all survivors, and not just service users; and
- formal mechanisms for reflection and feedback by program partners, including structured questioning, documenting issues, plans to progress them and outcomes reporting. A multi-disciplinary analysis of issues is essential to gaining a full understanding of their nature and impact.

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Appendix 1

Organisations Consulted

Mayor's Office to Combat Domestic Violence, NYC, USA
 Brooklyn Family Justice Center, NYC, USA
 Kings County District Attorney's Office, NYC, USA
 Center Against Domestic Violence, NYC, USA
 Violence Intervention Program, NYC, USA
 Good Shepherd Services, NYC, USA
 New York City Anti Violence Project, USA
 Sanctuary for Families, NYC, USA
 Center for Court Innovation, NYC, USA
 Domestic Violence Unit, New York Police Department, USA
 Biden Foundation, Washington DC, USA
 National Network to End Domestic Violence, Washington DC, USA
 Peabody Housing Association, London, UK
 Community Safety, Kensington and Chelsea Council, UK
 Standing Together Against Domestic Violence, London, UK
 Safer London, Mayor's Office for Policing and Crime, UK
 Women's Aid UK
 Safe Lives, London and Bristol, UK
 Safe in the City, Brighton and Hove Community Safety Partnership
 Gentoo Group Housing Association, Sunderland, UK
 Northumbria Police, UK
 Victim Support, Northumbria, UK
 Banardos, Northumberland, UK
 Sunderland Domestic Violence Partnership, UK
 Centre for Research into Violence and Abuse (CRIVA), Durham University, UK
 Wearside Women in Need, Tyne Wear, UK
 ASSIST, Glasgow, Scotland
 Domestic Abuse Coordination Unit, Police Scotland
 Domestic Abuse and Sexual Assault Team, West Lothian Council, Scotland
 Women's Aid Edinburgh, Scotland
 Scottish Women's Aid
 Safe Ireland
 Teach Tearmainn, County Kildare, Ireland
 Cuan Saor, Tipperary, Ireland
 ADAPT, Limerick, Ireland

CHURCHILL FELLOWSHIP REPORT

*How multi-agency responses to family/domestic violence can
generate positive systemic change*

Catherine Plunkett - 2017

