



Working together to support victim-survivors of domestic and family violence

Integrated model

June 2021

Acknowledgements

Thank you

We received support for this project from a number of organisations and individuals working to improve outcomes for victim-survivors of family violence.

We would especially like to acknowledge:

- Management and staff of McAuley Community Services for Women
- Management and staff of WEstjustice
- Management and staff of EDVOS
- Management and staff of Muslim Women Australia and Linking Hearts
- Management and staff of North Western Melbourne Public Health Network
- The victim-survivor advocates from Women's Health East
- Our advisory committee members from Domestic Violence Victoria, InTouch Multicultural Centre Against Family Violence, McAuley Community Services for Women, Westjustice, Homelessness NSW and the Commonwealth Bank.

Thank you for all the incredible work that you do
and for generously sharing your deep expertise and experience.

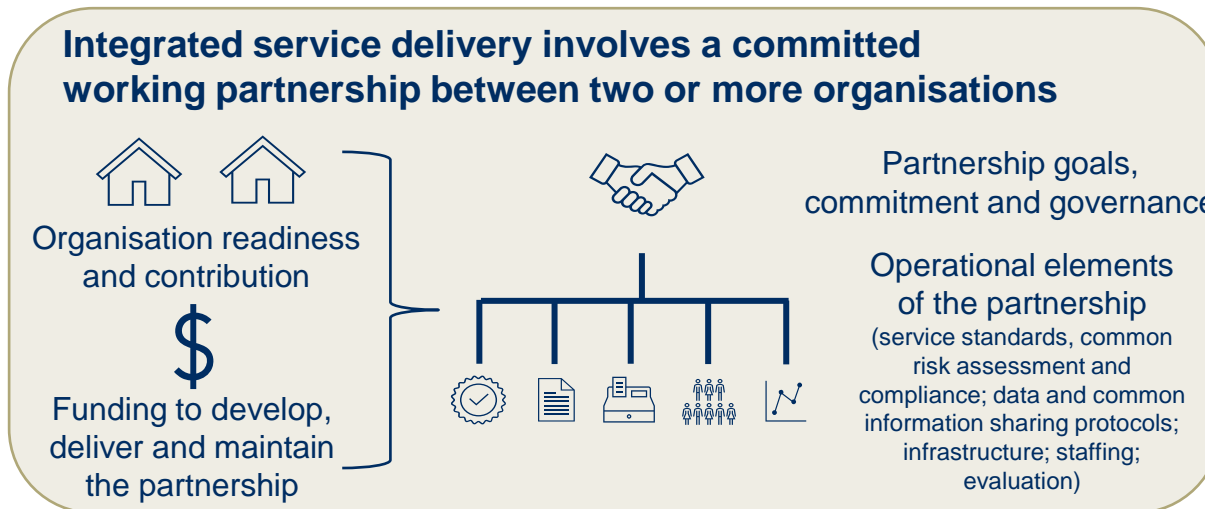
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Our aim is to increase the capability of organisations to work in an integrated way to provide holistic support to improve outcomes for victim-survivors of family violence

- In 2019, the Commonwealth Bank of Australia (CBA) sponsored Social Ventures Australia (SVA) to deliver a project focussing on reducing the risk of homelessness for women who have experienced financial abuse, as a form of family violence. This project was one of a number of sector-led projects forming part of CBA's [Next Chapter program](#) which aims to work in partnership with experts to prevent and respond to financial abuse.
- SVA worked with a number of sector partners, CBA and victim-survivors with lived experience of family violence to agree to focus the project on **increasing the availability of integrated services for victim-survivors** in recovery from domestic and family violence given the positive long-term outcomes -- including the likelihood of securing appropriate and sustainable long-term housing -- emerging from this kind of holistic support.
- Many organisations work or aspire to work in an integrated way in order to improve outcomes for victim-survivors, but it is **difficult to implement and sustain this approach in practice** and there are system level barriers given the siloed and highly fragmented nature of services and funding sources. It is an established way of working that the specialist family violence sector wants to see grow and develop.
- The aim of the project is to **build knowledge, resources and practical tools for organisations** working at the intersection of domestic and family violence (including financial abuse) and other key specialist services required by victim-survivors recovering from domestic and family violence (e.g. legal assistance, housing, counselling and primary care) to help them increase the level of integration of their services.
- Our methodology involved **capturing the practical experience of three specialist family violence services** that operate in an integrated and highly co-ordinated and collaborative way with partner organisations to provide holistic support to victim-survivors of domestic and family violence.
- This document synthesises our research on the experience of these three organisations, other input from sector stakeholders and the latest literature, and describes **practical insights on how to implement and operate integrated service delivery models, and the outcomes and benefits that they provide.**
- This document will be shared freely on [The Lookout](#) and [Domestic Violence NSW](#) websites, alongside a set of resources and practical tools for organisations wanting to build their capability to work in an integrated way.


This document describes integrated service delivery from a victim-survivor perspective, the organisational elements involved in working in this way, and benefits of the approach




Key outcomes and benefits

For victim-survivors 

- Less time, effort, safety risk and stress in accessing services
- Increased likelihood of engagement in other services
- Increased likelihood of long-term recovery and independence

For service providers 

- More efficient and effective use of resources
- Decrease in referral drop-out rates
- Improved staff capability in providing holistic support
- Improved staff focus on core competences / specialisation and improved staff satisfaction

For systems 

- Improved long-term recovery rates and lower rates of 'churn' in and out of the service system
- Improvement in expertise across the system of how to provide holistic support
- Decrease in long-term overall system costs via savings due to better outcomes for victim-survivors (e.g. reduced reliance on welfare, reduced long-term unemployment)

It also identifies a number of critical success factors and stages to implement integrated service delivery for organisations

Integrated service delivery may involve changes to all aspects of service delivery and concerted time, effort and resources to implement and sustain



Preparing for integrated service delivery

- Assess organisational readiness, capabilities and contribution
- Identify integrated service delivery goals and partnership approach based on local needs
- Secure funding and resources to develop, deliver and maintain the partnership



Initiation and design of partnerships

- Agree partnership goals, commitment and governance
- Agree approach to implementation (e.g. design / trial period)
- Commit to bridging differences across organisations and disciplines



Service delivery and ongoing management and improvement

- Set-up, enhance and co-ordinate ongoing operational elements including service standards and compliance, data, infrastructure and equipment, staffing and supervision
- Regularly monitor staff and client feedback
- Implement ongoing monitoring, evaluation and learning approach

Critical success factors for integrated service delivery



- ✓ Leadership vision and commitment
- ✓ Organisational flexibility and adaptability
- ✓ Ability to secure longer-term, sustainable funding sources
- ✓ Preparedness to rethink roles and workload
- ✓ Shared values and shared clients across all staff members
- ✓ Trust, respect and relationship building including cultural responsiveness
- ✓ Regular, open and honest communication at all levels of the partnership
- ✓ Targeted recruitment and support to retain staff who can work in an integrated way
- ✓ Explicit, structured processes and integrated systems
- ✓ Regular client feedback
- ✓ A focus on outcomes

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Introduction

***Our focus** is on providing guidance to organisations who want to operate integrated and highly co-ordinated services alongside partner organisations*

Context

- **Victim-survivors of domestic and family violence often have a range of interconnected needs** including financial, legal, housing, employment and health issues and many **navigate a series of complex referral pathways on their own** to access the services required to get the support needed and to progress on their recovery journey.
- Best practice in integrated service delivery is when **multiple organisations work effectively together to help victim-survivors access holistic support and services in a more effective and comprehensive manner**. Working in this way delivers **significantly better outcomes** for victim-survivors, efficiencies for service delivery organisations, and benefits and savings throughout the entire system.
- Many organisations **work or aspire to work in an integrated way**, but it is difficult to implement and sustain this approach in practice and there are system level barriers given the siloed and highly fragmented nature of services and funding sources.

Focus of this document

- While there are many forms of co-ordinated practice across the system from referrals between service providers through to organisations delivering multiple in-house services, this document focuses on **integrated and highly co-ordinated service delivery by partner non-government organisations** who collaborate closely to provide holistic support to victim-survivors as they recover from family violence.
- **Building this capability was identified as a key element to improving outcomes for victim-survivors** through design workshops with family violence and housing service providers and victim-survivor advocates. It facilitates access to supports for long-term recovery including sustainable housing and financial stability and helps mitigate the future risk of homelessness and poverty. It is an established way of working that the specialist family violence sector wants to see grow and develop.
- **This document aims to assist organisations to increase service integration** by providing insights on how to work in an integrated and highly co-ordinated and collaborative way based on sharing the experience and learnings of a selection of organisations doing it well today in two Australian states (New South Wales and Victoria).

Intended audience

- **Family violence, housing and other service providers** who are interested in building their capability and capacity to offer integrated, holistic, multi-disciplinary services to victim-survivors.
- Peak bodies, governments and other organisations seeking to promote the benefits, reduce the barriers and support the increased availability of integrated supports across service systems.

Introduction

Despite providing many benefits, working in a truly integrated, co-ordinated and collaborative way is often difficult to implement and sustain due to the siloed nature of services and funding

It is hard to start working in an integrated, co-ordinated and collaborative way

- Time and effort to test whether partners are aligned and whether a potential partnership is worth investing in.
- Time, effort and financial resources to plan, design, trial and then fully implement new integrated ways of working, including governance structures, policies and procedures, and infrastructure.
- Limited understanding of the organisational costs (including co-ordination costs such as managing the partnership), how to secure funding to cover costs, and understanding of the potential long-term savings and benefits for both organisations and the overall system.
- Difficulty in securing adequate funding to justify the investment in organisational time and resources to establish the partnership.

It is hard to sustain working in an integrated, co-ordinated and collaborative way

- Difficulty in securing longer-term, sustainable, cross-portfolio funding streams that will cover the ongoing co-ordination costs of working in an integrated way (e.g. management of partnerships).
- Challenges due to government incentives, funding structures and government service delivery contracts, and gaps in measurement of impact. Integrated service models generate outcomes that do not sit neatly within existing government funding streams.
- Insecurity of funding and hence the inability to attract, recruit and retain long-term specialist staff who are capable of working in an integrated way and thus provide continuity of support for victim-survivors.
- Additional workload, effort and energy from staff to work in this new and integrated way, which may require reduced caseload to allow for co-ordination time; additional effort for multi-disciplinary staff to overcome differences in approach, language, definitions and legislative requirements; and additional work to prove the value of the model (data collection, advocacy).

This document aims to assist service delivery organisations to identify and address the challenges of working in an integrated, co-ordinated and collaborative way in order to achieve better outcomes for victim-survivors.

Australian states and territories have differences in their legislation, policies, funding and commissioning models in relation to services that support victim-survivors. This document contains case studies from organisations from two states (New South Wales and Victoria), but does not provide a detailed guide into state-specific requirements to implement integrated service delivery.

Introduction

Sector stakeholders have shared that the COVID-19 pandemic has made it even more difficult to work in an integrated way; though it also presents some opportunities

Challenges presented by COVID-19

- Increased demand for supports, and complexity of caseloads, due to rising numbers of family violence incidents caused by increased unemployment and family stresses associated with COVID-19 restrictions. EDVOS, for example, experienced a 50% increase in the number of high-risk referrals during COVID-19.

“Rates of reported domestic violence increased between May and June 2020 by up to 41 per cent in some regions of NSW compared to the same period in 2019... Further to the impacts of COVID-19, higher unemployment will lead to rates of domestic violence increasing by up to 5.5 per cent in some regions of NSW” - [Equity Economics report into impact of the COVID-19 recession](#).

- Greater difficulty for victim-survivors to access services and for services to contact victim-survivors e.g. lack of a private space to talk in home environment.
- Additional workload and effort to adapt service delivery due to COVID-19 related restrictions such as working from home or limits on the number of staff who are onsite.
- Additional workload, infrastructure and resources required to transition to online program delivery, including rapid up-skilling of staff and victim-survivors to use new technology and online approaches.

Opportunities presented by COVID-19

- New opportunities to reach victim-survivors through online platforms, especially those in rural or remote communities who may now have better access to mental health services through telehealth options.
- Development of new ways of working including hybrid models of face-to-face and online conversations to provide more flexibility and safety for victim-survivors who are not easily or safely able to leave home to visit a physical location.
- Opportunities to utilise one-off COVID-19 funding to assist in implementing structural change and new ways of working.
- New opportunities to collaborate between organisations without having to travel by using videoconference tools.

Background: Understanding integration

*Integrated service delivery is **defined** in many ways; it focuses on bringing together multi-disciplinary services in one location to provide holistic and collaborative support in a more effective and comprehensive manner*

Integrated or co-ordinated multi-disciplinary practice is used by several sectors and the following definitions come from several sources. This type of service delivery is generally understood by government, policy makers and service providers as constituting best practice in service delivery. Such programs are commonly referred to as community co-ordinated, integrated, collaborative, interagency, multi-agency and inter-disciplinary responses to domestic and family 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.¹

Domestic Violence Victoria

As the peak body for specialist family violence services responding to victim survivors in Victoria, Domestic Violence Victoria's [Code of Practice for Specialist Family Violence Services Responding to Victim Survivors](#) recommends that "services use collaboration and advocacy within **co-ordinated multi-agency responses to benefit victim-survivors**".

The Code of Practice defines coordination with other services as "involving different functions such as **facilitated referral pathways, secondary consultations, co-case management, and multi-agency programs or colocation responses.**"

It requires all professional to have a **shared understanding** of family violence and a commitment to work together for the benefit of victim-survivors. This requires **respecting each other's professional disciplines** and **specific roles** and responsibilities.²

Health.vic

Service coordination ensures consumers receive a **seamless and integrated service response**. It does not mean one service provider provides all services, but each service provider's responsibility is to provide access and co-ordinated care to meet the full range of needs in a timely manner.⁴

Federation of Community Legal Centres Victoria

Integration' can take different forms including **co-location, multidisciplinary teams** or **partnerships** with other community services.³

ANROWS' meta-evaluation of existing interagency partnerships

The term integration is often applied loosely to describe networks or partnerships of a variety of types. Integration in this research was defined as a developed, coordinated service response between two or more organisations, with a formalised agreement and shared goals to respond holistically to victim-survivors experiencing family violence and may include case co-ordination.⁵

Integrated service delivery is a highly co-ordinated approach that brings together multi-disciplinary services, often in-situ, to provide effective and collaborative care to victim-survivors. These multi-disciplinary services employ joint or shared case management, appropriate sharing of information and secondary consultations to support victim-survivors' needs. Effective practice requires a deep understanding and respect for different, specialist disciplines as staff work together to provide co-ordinated support. It focuses on the preservation and integration of different forms of specialisation in the system, for example where a specialist family violence worker collaborates closely with a family law solicitor to support a victim-survivor.

Background: Understanding integration

There are clear **outcomes and benefits** of integrated service delivery for victim-survivors, service providers and the system

	Key outcomes	Associated benefits
Victim-survivors 	<ul style="list-style-type: none">✓ A single point of entry to access multiple services minimises the time, effort, risk and stress (in particular from perpetrators tightly monitoring movements) of engaging separately located services.⁶✓ Minimised number of times that victim-survivors have to 'retell their story' ('secondary victimisation') through appropriate sharing of information between services via joint or co-ordinated case management.✓ Improved timeliness in identification of needs and response times achieved through holistic initial needs assessment and coordinated / shared case planning.⁷	<ul style="list-style-type: none">✓ Increased likelihood of engagement and provision of other services by victim-survivors accessing other services via trust built with initial lead / host organisation.✓ Increased likelihood of long-term recovery and independence by addressing holistic needs, including sustainable housing and financial stability, thus reducing the likelihood of returning to a violent partner.
Service providers / organisations 	<ul style="list-style-type: none">✓ More efficient and effective use of resources and streamlining of services through improved information, feedback from referrals (including fewer inappropriate referrals) and standardisation of ways for organisations to identify needs and communicate / co-ordinate support.⁸✓ Decrease in referral drop-off rates leading to better overall outcomes for victim-survivors as they access whole-of-person support services.	<ul style="list-style-type: none">✓ Improved staff capability and increased mutual trust, respect and professional understanding of other services where organisations and staff develop mutual respect and deeper understanding of each other's services which improves knowledge, skills, networks.⁹✓ Improved staff focus on core competencies / specialisation and satisfaction of being able to address the holistic needs of victim-survivors.
System (including funders) 	<ul style="list-style-type: none">✓ Improvement in overall system engagement, with victim-survivors more likely to engage with all required services via encouragement and support from lead / host organisation.✓ Decrease in long-term overall system costs through more efficient and effective service delivery to victim-survivors especially in relation to savings due to better outcomes (e.g. reduce reliance on welfare, reduced long-term unemployment).✓ Evidence that multi-disciplinary services can work together collaboratively in a co-ordinated way that leads to better outcomes for victim-survivors.	<ul style="list-style-type: none">✓ Improved long-term recovery rates as a result of effective holistic support and thus lowered rates of 'churn' in and out of the system.✓ Improved expertise across the system of how to provide holistic support as more organisations work collaboratively to understand the broader, complementary services available for victim-survivors.¹⁰

Background: Understanding integration

There are also **barriers** to integrated service delivery for victim-survivors, service providers and across the system – these are worth overcoming due to the improved outcomes integration provides for victim-survivors

Victim-survivors



- ☒ **Trust challenges** – Victim-survivors (in particular, Aboriginal and Torres Strait Islanders) often have negative experiences with services (including the justice system) which lead to decreased trust in the effectiveness and empathy of the system.¹¹
- ☒ **Confusion or misunderstanding of information sharing (especially to statutory agencies)** – Communication problems between and across services are a cause of frustration for victim-survivors and staff, in particular significant information sharing concerns between community and statutory agencies and issues related to informed consent.¹²

Service providers / organisations



- ☒ **Resourcing and time limitations to invest** – The process of integrating with other services is time-intensive, from identifying the right partner for the organisation and setting up the partnership and formal agreements to managing the partnership and continually monitoring and evaluation to improve outcomes.
- ☒ **Difference in practice frameworks, theoretical principles and organisational cultures and risk of de-specialisation** - Different sectors (e.g. legal vs. psycho-social support) operate according to distinct underlying principles, service delivery leading to challenges in integrating or collaborating across practices.¹⁷ There is a risk of a loss of specialisation and potential dilution of specialist response amongst other services.
- ☒ **Lack of knowledge on integrated service delivery including how to fund it** – There is a lack of shared knowledge across the sector of how to work in an integrated manner and especially how to fund it given the rigidity of most funding sources.
- ☒ **Evaluation challenges for integrated service delivery** – Traditional evaluation commonly focusses on success of a few program components rather than effectiveness of integration or universal features, making evaluation difficult.¹³
- ☒ **Legal challenges relating to legal professional privilege and/or mandatory reporting obligations** – This is addressed in the Federation of CLC's 'Integrated practice toolkit'.¹⁴

System (including funders)



- ☒ **Different services are managed under siloed government portfolios** - Integrating services around victim-survivor needs takes them across multiple portfolio responsibilities (e.g. health, legal, human services). These portfolios often work in silos making it difficult for governments to support integrated approaches through funding and policy settings.¹⁵
- ☒ **Challenges due to government incentives, funding and service delivery contracts, and gaps in measurement of impact and outcomes** – Where funding is driven by a particular lens, outcomes measured tend to reflect that lens. Integrated service models generate holistic outcomes that do not sit neatly within government funding streams.¹⁶
- ☒ **Power imbalances between statutory and community agencies and potential risk of de-specialisation** - Statutory agencies can dominate multi-agency programs in terms of approach, practice and processes. The perspective and practice community agencies can be diluted and their definitive characteristics can be lost.¹⁸

Background: Understanding integration

In the family violence context, **different models of co-ordinated service delivery** may be appropriate for victim-survivors' needs, depending on number of presenting needs, level of trauma and complexity

Different models of co-ordinated service delivery are supported throughout the sector and depend on the intent of the approach of the partners involved¹⁹

Model of service delivery	Referrals (Cold)	Referrals (Warm)	Co-location / Outreach	Integrated / highly co-ordinated and collaborative	In-house
Overview	Victim-survivor is provided with contact details of secondary service to reach out to (cold referral).	Host organisation contacts secondary service to provide victim-survivor situation, and/or make appointment (warm referral).	Victim-survivor can access both host and partner organisation services at single host location. Host organisation may make appointment with partner organisation on victim-survivor's behalf and provide an overview of the victim-survivor's situation.	Victim-survivor accesses both host and partner organisation services (usually multi-disciplinary), usually at host location, with both organisations sharing data for joint understanding of victim-survivor's situation and needs. Victim-survivor is co-case managed by host and partner organisation with partnership agreement in place to govern co-ordination protocols.	Victim-survivor accesses all services at single host location, provided by the one host organisation. Practitioners within host organisation share data for joint understanding of victim-survivor's situation and needs. Victim-survivor is co-case managed by multiple practitioners without requiring a partnership agreement.
Characteristics of victim-survivors who could benefit	<ul style="list-style-type: none"> Fewer presenting needs Capacity to attend multiple locations / appointments 	<ul style="list-style-type: none"> Issues are less connected / complex Capacity to attend multiple locations / appointments 	<ul style="list-style-type: none"> Greater degree of trauma Multiple presenting needs Limited capacity to wait for and attend separate appointments 	<ul style="list-style-type: none"> Experience high degree of trauma, likely in crisis stage or immediate recovery Multiple, complex and interconnected presenting needs 	<ul style="list-style-type: none"> High degree of trauma and limited trust in service system Multiple, complex needs Specific intersectional needs (e.g. refugee or migrant victim-survivors requiring multi-cultural / migration lens)

Note: This model of co-ordinated service delivery is informed by ANROWS' research synthesis on [Working across sectors to meet the needs of clients experiencing domestic and family violence](#). It is a simplified representation -- there are many types of partnerships and co-ordination that exist.

Integrated or highly co-ordinated and collaborative support is particularly suited to victim-survivors with several complex presenting needs – requiring a holistic co-ordination to enable sustainable, whole-of-life outcomes

Specialist Family Violence Service (SFVS) good practice takes an intersectionality lens, and for victim-survivors from diverse communities (Aboriginal and Torres Strait Islander, Culturally and Linguistically Diverse, Refugees), a host organisation with multi-disciplinary services in-house, with a specialised understanding of the cohort's complex, cumulative trauma may be best suited to their client's needs

Background: Understanding integration




Different types of co-ordinated service delivery offer varying benefits of holistic support, often with an increase in partnership governance, cost and time to set-up

It is important to think about ‘the problem you are trying to solve’ – different types of co-ordinated practice will be right for different needs and challenges

Model of service delivery		Referrals (Cold)	Referrals (Warm)	Co-location / Outreach	Integrated / highly co-ordinated and collaborative	In-house
Elements of holistic support	Multi-disciplinary support	☑	☑	☑	☑	☑
	Single or co-ordinated access point			☑	☑	☑
	Co-ordinated care / case management				☑	☑
	Secondary consultations			*Some outreach partnerships may involve secondary consultations	☑	☑
Elements of partnership	Goals, commitment, governance			*May require MOU to set-up outreach partnership	☑	☑
	Operational elements				☑	☑ ☑
	Organisation contribution			☑	☑	☑ ☑
	Funding to implement & deliver				☑	☑ ☑

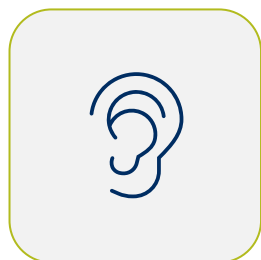
Focus of this document

After consultation with the sector, we chose to focus on documenting integrated service delivery approaches to assist organisations to partner with others to deliver holistic support to victim-survivors

Model of service delivery	Referrals (Col)	Referrals (Warm)	Co-location / Outreach	Integrated / highly co-ordinated and collaborative	In-house	
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Examples	<p>Common practice across all specialist family violence services</p>			 <p>Provider of:</p> <ul style="list-style-type: none"> Family violence support Counselling Information and referral Assistance for housing Court support Advocacy to access needed services 	 <p>Provider of:</p> <ul style="list-style-type: none"> Housing Family violence support Financial counselling Legal support Physical health Employment, life skills Social connection programs 	 <p>Provider of:</p> <ul style="list-style-type: none"> Family violence support Migration support Legal support Perpetrator program

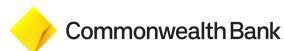
Focus of this document

The insights in this document are drawn from the practical experience of a number of organisations and are intended to assist organisations who are interested in how to implement and operationalise integrated service delivery

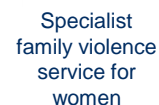
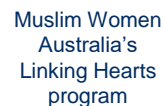


- We heard from organisations that there are not many detailed, practical examples of service organisations successfully implementing and operationalising integrated service delivery
- Organisations expressed interest in seeing practical examples of successful integrated service delivery, including the cost, time and effort to implement

- We **spoke to a range of organisations** about integrated service delivery
- We also conducted **desktop review** of the relevant literature
- Throughout the project our work was guided by an **Advisory Group** of sector representatives as well as CBA



- Insights were drawn from the practical experience of **three organisations chosen as case studies** based on the extent of their integrated practice (including demonstration of outcomes), their geographic location and illustrating a cross-section of types of integrated service delivery



- **Additional insights** were provided by interviews with members of our Advisory Group

SVA Consulting Commonwealth Bank

Increasing the capability and capacity of organisations to work in an integrated way to provide holistic support to improve outcomes for victim-survivors of family violence

Integrated model

30 March 2021

SVA Social Ventures Australia

Focus of this document

The different elements involved in integrated service delivery have been identified, including highlighting key themes, lessons, barriers and enablers

Introduction: Defining integrated service delivery and comparison to other approaches of co-ordinated service delivery

Documenting integrated service delivery models

Elements of holistic support

- Co-ordinated, holistic support process
- Victim-survivor journey maps

Partnership infrastructure

- Organisational readiness and contribution
- Funding to develop, deliver and maintain partnership
- Partnership goals, commitment and governance
- Operational elements of the partnership

Partnership implementation

- Preparing for integrated service delivery
- Initiation and design of partnerships
- Service delivery and ongoing management and improvement

Critical success factors for integrated service delivery

Key outcomes and benefits

- Victim-survivors
- Service providers
- System

Case studies of integrated service delivery: McAuley Community Services for Women (McAuley), Muslim Women Australia's Linking Hearts program (Linking Hearts) and EDVOS

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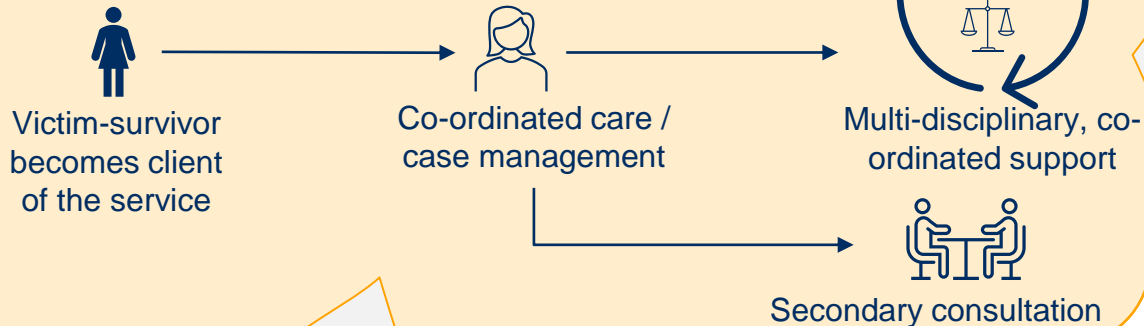
Elements of holistic support

Integrated service delivery provides victim-survivors with holistic, multi-disciplinary support to address the range of needs and issues

Many **victim-survivors** often have complex trauma from the family violence and childhood trauma.

For example, 65% of the women presenting to McAuley have a mental health issue.

Integrated service delivery provides victim-survivors with holistic support across a number of services



Many victim-survivors need access to multiple services. Each woman presenting to McAuley, for example, has 14 separate presenting issues on average.

Multi-disciplinary might include a combination of the following services offered from a single or co-ordinated access point:

- Family violence support
- Financial counselling
- Legal support
- Alcohol and Other Drugs (AOD) counselling
- Housing assistance
- Physical health
- Mental health
- Parenting support
- Employment & life skills
- Social connection
- Immigration support.

Co-ordinated care or joint case management:

- Facilitated end-to-end by a consistent case manager or case managers (ideally one per client)
- Flexible, adaptable and sensitive to the client's goals, needs and readiness; identifies what client wants to address first; builds independence if the client is ready
- Provides adequate time for case manager to support client (e.g. 1 full time case manager for 8 clients)
- Case manager builds relationship and shares information, with informed consent of client, with provider of integrated services (e.g. lawyer) to build joint understanding of the issues and experiences facing the client group.

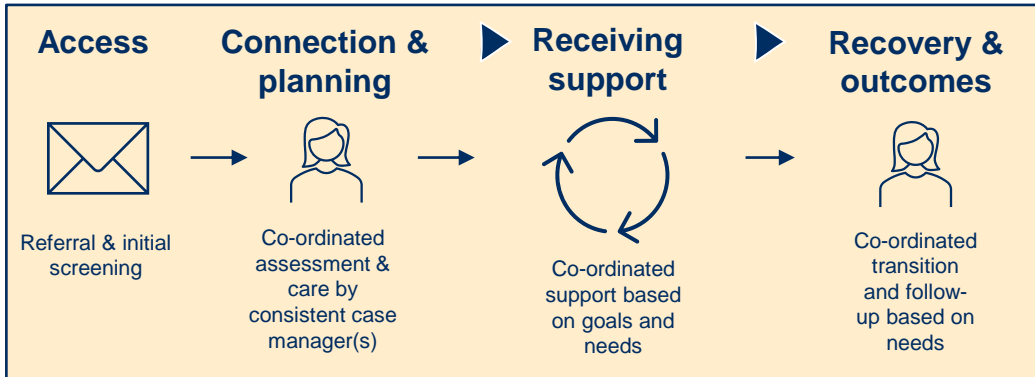
Secondary consultations

are provided by services outside the integrated service delivery, but are co-ordinated by the lead or host organisation.

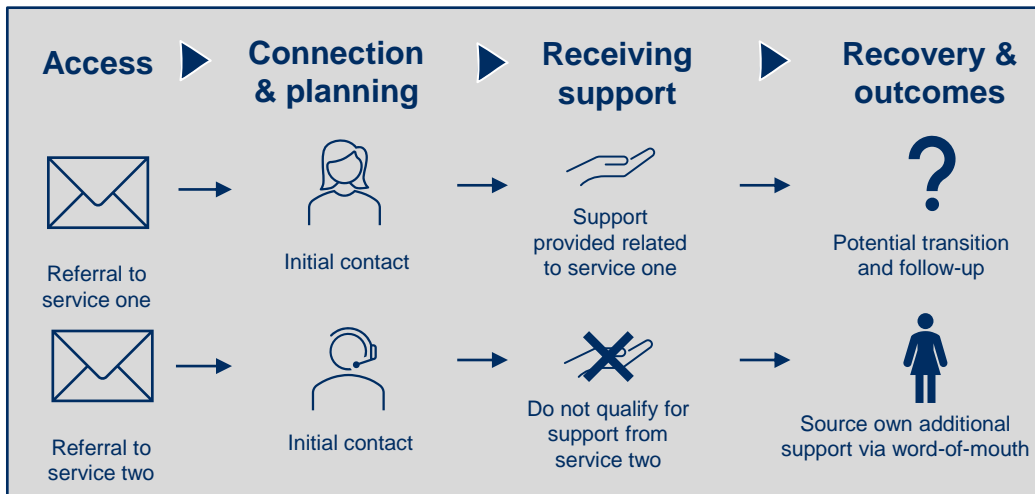
Elements of holistic support

In comparison to those who do not receive it, holistic support involves less time, effort and stress, and more successful referrals for the victim-survivor

Example stages of support in a holistic and integrated model



Example stages of support in a non-holistic and non-integrated model



Characteristics of holistic and integrated support

- ✓ Easy to access integrated services, which means access and recovery is faster, especially when health services are onsite
- ✓ Case manager holds the key information and can share it across staff and services (with informed consent), rather than victim-survivor having to navigate the complex systems themselves and having to experience the trauma of repeating their story multiple times ('secondary victimisation')
- ✓ Trust, positive relationship and shared values built with between all staff members (case managers and partner providers); victim-survivor becomes part of a community in the organisation that is around them to support them
- ✓ After initial referral, victim-survivor takes ownership for themselves when they are ready with encouragement from a consistent case manager who knows their goals and needs and can adapt accordingly
- ✓ Case managers and providers build good relationships with local networks (e.g. local clinics) to help victim-survivors access the secondary consultations they need

Characteristics of non-holistic and non-integrated support

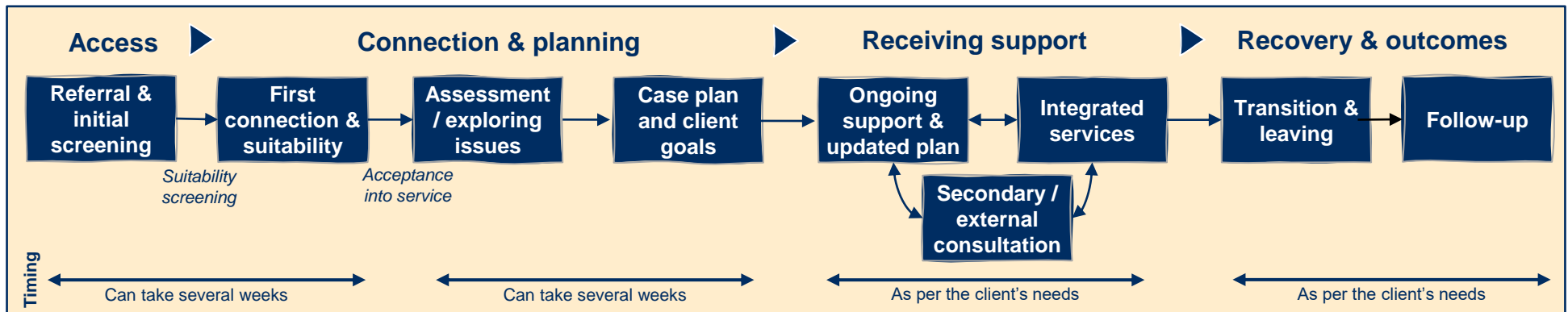
- ✗ Victim-survivor may have to source own services / referrals, which may not be suitable or they may not qualify for
- ✗ Without a co-ordinated case manager, a victim-survivor may have to retell their story and reshare information multiple times (which may be triggering)
- ✗ Victim-survivor has to deal with staff with different values, experience, expertise and training ie 'too many cooks in the kitchen'
- ✗ Victim-survivors do not have the expertise or energy to navigate complex, time-consuming service systems e.g. Centrelink, NDIS, housing
- ✗ Staff may not be aware of the services and supports available; may not have access to the specialist expertise or contacts to access the right person or process (especially in relation to government services)

Informed by staff from McAuley and victim-survivors from Women's Health East who shared their lived experience with SVA. Additional insights from the Support and Safety Hubs Client Experience Design Report.



Elements of holistic support

A case manager co-ordinates support with the victim-survivor across each stage of the holistic support process



A co-ordinated approach to care and case management may have the following features across the stages of support:

Access	Connection & planning	Receiving support	Recovery & outcomes	
<ul style="list-style-type: none"> • Initial enquiry / referral is made by another service or by the victim-survivor via phone, web or email • Intake received and picked up by case manager (CM) or team leader (TL) • Initial information captured in database • Response depends on whether victim-survivor is in crisis and/or need to complete brief screening or referral documentation to assess initial eligibility and or suitability 	<ul style="list-style-type: none"> • First connection is made by CM with victim-survivor to advise next steps • If a further suitability assessment is required, a screening interview is held between victim-survivor, CM(s) and support person (may include risk assessment) • CM and/or TL decides if service or program is suitable for victim-survivor • CM accepts victim-survivor into service; may contact to welcome and or prepare 	<ul style="list-style-type: none"> • CM completes initial client assessments and or evaluations • Initial paperwork completed which may include entry survey and informed consent for information sharing for key referrals / services • Case plan made by CM during this period, depending on the level of trauma experienced (often clients need time for safe and rest) • (If applicable and client ready) CM works with other staff on specific programs and plans e.g. housing register, capability building 	<ul style="list-style-type: none"> • Client may request specific supports (e.g. financial and or legal issues) • CM makes appointment for integrated service (e.g. lawyer); briefs partner staff member (PSM) on client details • CM assesses client confidence, agency and opportunities for capacity building – may attend appointment with client if needed • PSM debriefs with CM on next steps and information required etc (if consent given) • Secondary consultations may be requested by CM or PSM to services not integrated (e.g. migration lawyer); additional consent obtained from client to share information to secondary consultant • CM co-ordinates secondary consultations and follows-up on any further supports as required based on client goals and needs • Case plan reviewed & updated regularly; may be reviewed by team lead 	<ul style="list-style-type: none"> • CM manages transition out of service • (If applicable) CM works with internal housing worker to source housing • May involve completing an exit survey to measure impact • CM follows-up with client periodically to check-in and proactively offer support; will adjust follow-up intensity and re-open support period if required based on client needs and goals (e.g. may provide short-term intensive support where required)

Elements of holistic support

Victim-survivors who receive integrated support report feeling safer, more confident and more at ease by having all their needs addressed in the one place

Access



Connection & planning



Receiving support



Recovery & outcomes

How a victim-survivor might feel when receiving holistic and integrated support

Megan's story

"Your mind is not in the right set to be able to think clearly to start with, so there needs to be, I felt, one place that you can go to get help that then can branch off to many others to keep it as basic as you can for the needs of the people going through this"

"I had a terrible outstanding debt with the bank that was...put there by my husband...I had been struggling with the bank time and time again ringing...I just kept on explaining it every day on phone calls, whereas when I got to McAuley they then put me also in touch with WEStjustice. They actually came to McAuley so I did not even have to go anywhere. And on the next day...they had managed to wipe that whole debt clean...As soon as that had gone, just the amount of clearer thinking that I could do on things that were really important helped immensely"

"I cannot stress enough how important it is just to have that one place to go and to know you are safe, know everything is going to be dealt with"

Illustrative victim-survivor feelings

"From there, McAuley has helped out then with rent with the place we were staying in as well while we got back on our feet...It made our lives so much easier. To have things sorted out for you instead of you trying to go to all these different places was definitely the key factor in making it a lot easier for me."

How a victim-survivor might feel when receiving disjointed or disconnected support

Victim-survivors with lived experience

"Victim-survivors are in continuous fear and broken, they can't be expected to learn about all the services themselves"

"Women's refuge would be the first option but generally they're so under the pump and lack knowledge or time to support; they aren't always safe, comforting or conducive to recovery"

"Ideally the worker at the women's refuge should take it from there, but you are expected to organise and attend yourself"

"Too often you are repeating your story over and over again; it takes so much energy to re-tell story and really wears you out"

"It's so dependent on the worker experience, understanding the situation and knowledge of services to help; often they don't know the supports available"

"There are very onerous criteria and eligibility requirements to even access those services (e.g. legal aid)"

"Often you need to know what to say to get the help you need (e.g. forms, language, right terms to use)"

"Services only offer half what you need; you always feel services initially say they will help but can't or won't actually provide the help"

"Everyone is just doing one thing in their one area"

"You feel overwhelmed being referred to so many other services and given (unintentional) false hope"

"You are eventually likely to give up and lose hope, given how onerous it is on herself to help"

Illustrative victim-survivor feelings

Informed by [testimony from Megan, a client of McAuley, to the Inquiry into Homelessness in Victoria](#) and victim-survivors from Women's Health East who shared their lived experience with SVA

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1 Executive Summary

2 Introduction: Defining integrated service delivery, benefits and barriers

3 Documenting models of integrated service delivery

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3.3 Implementation of partnerships

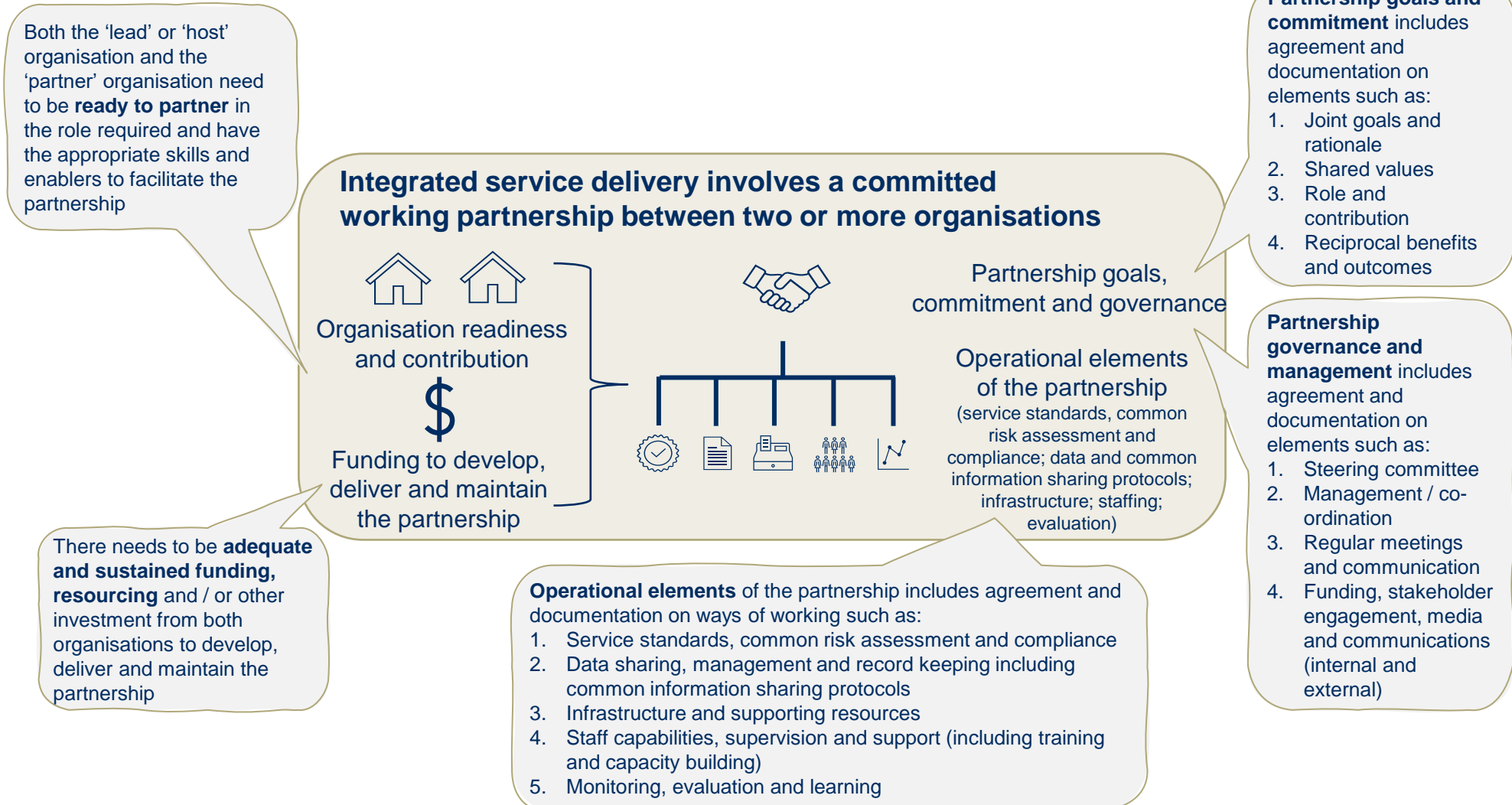
3.4 Critical success factors

3.5 Key outcomes and benefits

4 Case studies of integrated service delivery

Partnership infrastructure

Integrated service delivery involves a committed working partnership between two or more organisations incorporating governance, funding and operational infrastructure



Partnership infrastructure: Organisational readiness and contribution

Is the **'lead' organisation** ready to drive and manage the partnership?



The **'lead' organisation** is usually the initiator of the partnership. In most but not all cases the **'lead' organisation** is the **'host'** for other services and the **'partner'** is the organisation bringing in their services to the **'host'** organisation

Is the **'lead'** organisation ready to lead the partnership?

- ✓ Drive innovation, that is, new ways of working in an integrated way?
- ✓ Manage the development of the partnership including securing ongoing funding and ensuring alignment on shared goals and objectives?
- ✓ Undertake the role of lead organisation, managing staff and service delivery?
- ✓ Undertake the role of co-ordinator of client supports across multiple partners?

Does the **'lead'** organisation have the following skills?

Strategy, policy, advocacy and innovation

- Ability to plan and communicate vision for enhanced support via integrated service delivery
- Policy and advocacy skills for submissions to policy discussions to secure long-term funding and support for working in an integrated way

Funding, governance and management

- Ability to secure funding from trusts, donors and investors and or innovatively leverage existing funding sources for integrated service delivery
- Flexible governance, procurement and financial management skills to apply to partnership agreements and practices

Project, delivery and partnership management

- Internal capability that can manage the organisation and partnerships efficiently together – manage risk and compliance systems and registers across a range of partnerships/sectors
- Deep expertise in what works and what doesn't in relation to effective support for clients
- Data analysis skills for monitoring, improvement

Does the **'lead'** organisation have the following enablers?

Supportive governance and leadership

- Board generally supportive of innovation and partnership approaches; board connections for identifying new partnership opportunities

Focus on the **'big picture'**

- Focus on overall outcomes for victim-survivors and innovative ways to support recovery

Motivation to work beyond mandate/silo and seek new solutions

- *"We are going beyond our mandate because we know that it's beneficial, that's what drives us, that's what motivates us..."* - McAuley executive

Willingness and financial capacity to take risks and **'deficit fund'** where needed

- Willingness to test new activities with the goal to demonstrate impact and attract funding
- Knowing when to say no, and recognising when to stop because something isn't working

Partnership infrastructure: Organisational readiness and contribution

Is the **partner organisation** ready to partner and work in an integrated way?



Is the 'partner' organisation ready to participate in the partnership?

- ✓ Participate in development, support and oversight of the partnership?
- ✓ Adapt standard management and service delivery practices to the needs of integrated service delivery in order to achieve the shared goals and objectives?

Does the 'partner' organisation have the following skills?

Funding, governance and management

- Supports 'lead' organisation's attempts to secure funding from trusts, donors and investors and / or willing to explore how to leverage existing funding sources in new ways to enable integrated service delivery

"We take every opportunity to promote the outcomes of integrated practice" (McAuley executive)

- Flexible governance, procurement and financial management skills to apply to partnership agreements and practices

Project, staff and partnership management

- Able to work in either a formal or informal way, especially at the start of a partnership
- Ability to retain and remotely manage staff to provide consistency to 'lead' organisation



See practical resource from
VicHealth: Partnerships Analysis
Tool Checklist

Does the partner organisation have the following enablers?

Supportive governance and leadership

- Executive support to participate in the partnership

Focus on the 'big picture'

- Focus on overall outcomes for victim-survivors and innovative ways to support recovery that may be different to the way standard services are provided

Goodwill and flexibility

- Comfortable to trial and or enter a partnership without necessarily having all questions answered
- 'Partner' organisations demonstrating significant goodwill through the negotiations to be flexible and find solutions to issues

"They have really tried to tailor to us, it's still not brilliant, with their regulation and reporting, but they've tried." - McAuley executive

"The North West PHN has always done things a little differently in continuing to look for better ways to support vulnerable cohorts" – PHN staff member

Partnership infrastructure: Funding to develop, deliver and maintain

Categories of costs for integrated service delivery



Design and establishment costs

Design and trial

Effort and resources required to design and trial partnership:

- Attending scoping meetings
- Generating support within 'lead' organisation (particularly if partnership is initially incurring a deficit)
- Designing initial ways of working / trialling
- Sourcing funding for trial period.

Establishment

Effort and resources required to formally establish partnership:

- Securing longer-term funding
- Drafting and negotiating agreements and joint processes and procedures
- Implementing new governance and operational procedures, including staff training.

New infrastructure and equipment:

- Fit-out of space for confidential sessions and or equipment, materials, technology.



Ongoing operational costs

Cost of delivering services (for 'lead' organisation if new staff employed)

- Cost of staff salaries and other staff on-boarding and ongoing costs e.g. recruitment, supervision, wages, professional development, equipment / IT

Cost of delivering services (for 'partner' organisation)

- Cost of delivering service from partner organisation perspective (as above + travel)

General operating costs (both organisations)

- Any additional finance, HR, payroll, IT, quality functions etc

Costs of managing and maintaining partnerships

- Additional workload on frontline staff (e.g. due to data collection, evaluation, advocacy, co-ordination), which may require a reduction in case load or additional staff
- Co-ordinating or managing frontline staff (internal workers/external workers)
- Building relationships, ongoing governance and having ongoing discussions with funders; applying for new grant funding
- Reviewing, renewing and evolving services, contracts



Saved / avoided costs

Short-term efficiencies for organisations

- Case managers spend less time on co-ordinating referrals to various organisations with unknown or unfamiliar processes
- Specialist workers (e.g. lawyers, financial counsellors, psychologists) spend less time gathering initial background information from the client and dealing with case management and social work issues, and following up on referrals; can thus devote more time utilising their specialist knowledge for the client (e.g. providing legal advice)

Longer-term efficiencies for organisations

- Fewer organisational resources spent on managing ineffective partnerships
- More efficient use of case manager and specialist worker time (ie on more effective referrals; less time chasing information etc)

Longer-term efficiencies for the system

- See slide 30



Partnership infrastructure: Funding to develop, deliver and maintain



Securing appropriate funding is a significant challenge to the delivery of integrated services; organisations have developed innovative solutions but these also have risks

Current funding structures are significant barriers to implementing and sustaining integrated service delivery. Organisations face challenges in securing funding given the often siloed nature of funding based on individual services. Service funding is often not fit for purpose, for example, the number of psychologist sessions covered by Medicare's Mental Health Plan is inadequate for clients experiencing complex trauma. If funding sources for partnerships are found, they are often time limited (e.g. philanthropy) or limited in scope (e.g. does not cover partnership costs). Unless organisations receive sustainable long-term funding, they are unable to retain specialist staff on long-term contracts and have to invest significant time and resources on financial survival rather than enhanced service delivery.

Strategies organisations have used to address this challenge

Funding strategy

Minimise funding required

Establish a long-term partnership with minimal overheads, where no funding exchanges hands and a permanent space is provided in the 'lead' organisation for the 'partner' organisation's staff member.

Risks to manage:

- Only covers standard service delivery costs, not management, co-ordination or establishment costs
- Could abruptly change due to partner organisation circumstances and lack of a formal partnership agreement.



Linking Hearts has a long-term partnership with Legal Aid NSW, where a solicitor (primarily the same solicitor) operates from Linking Hearts on a fortnightly basis (or via phone during COVID-19).

Leverage existing funding streams

Innovatively leverage existing programs and funding streams to deliver an integrated service, especially where funding guidelines are flexible e.g. Medicare or Primary Health Network funding to locate provider in 'lead' organisation to provide standard service.

Risks to manage:

- Only covers standard service delivery costs, not management, co-ordination or establishment costs
- May require 'top-up' funding from 'lead' organisation for provider staff member to do additional work.



The psychologist based at McAuley is funded through the North West PHN CAREinMIND program. The psychologist has a target of 120 consultations per quarter funded via Medicare. McAuley uses philanthropic funding for the psychologist to do additional work to build relationships with staff, clients and participate in meetings etc.

Secure philanthropic funding

Secure philanthropic funding for a pilot or research project associated with the partnership.

Risks to manage:

- Most philanthropic organisations only fund for short periods of time to trial, test and prove the model, then expect government to fund it on an ongoing basis
- This creates significant risk for the 'lead' organisation in how to sustain the model, retain the staff required and fully leverage establishment costs and effort.



McAuley's partnership to have a WEstjustice lawyer onsite at McAuley locations at specific times is funded through a philanthropic grant to Westjustice – philanthropic funding for this model is difficult to sustain on a long-term basis.

Examples

Partnership infrastructure: Funding to develop, deliver and maintain



How the costs of integrated service delivery might be saved by better long-term outcomes – background information on family violence costs and savings can help build the business case for integrated service delivery

The total cost of violence against Australian women and their children is estimated at \$22 billion in 2015-16

Victim-survivors bear 52% (\$11.3 billion) and Australian governments bear 19% (\$4.1 billion) of these costs, with the reminder borne by the community, children, employers, family and friends.

Overall cost of family violence in Victoria (2015-16)



Costs of the provision of supports by governments

\$1.8 billion

Includes specialist family violence services, justice services, child and family services, broader services sought as a result of family violence (e.g. housing and homelessness, general health and emergency).



Costs to individuals and their families

\$2.6 billion

Includes pain, suffering and premature mortality including the costs associated with long-term health impacts of family violence, and the increased risk of mental ill-health; lost income due to family violence; property damage due to family violence.



Costs to community and economy

\$918 million

Includes direct costs to business and employers (e.g. staff absences and replacements) and economic and non-economic costs borne by the broader community and economy (e.g. lost economies of scale, lost taxes attributable to family violence).

Potential <u>immediate</u> benefits for victim-survivors on an individual level	SROI* for McAuley (per day)
Health benefits attributed to stable accommodation for women experiencing homelessness	\$38.85
Benefits associated with reduced cost of crime for women experiencing homelessness	\$17.55
Health benefits attributed to removal from family violence	\$3.53
Health benefits attributed to treatment of presenting issues	Between \$3.61 and \$15.02
Employment benefits attributed to stable accommodation for women experiencing unemployment	Between \$2,048 and \$6,437
Social benefits for women experiencing social isolation	\$5.93
Potential <u>longer-term</u> benefits for victim-survivors on an individual level	SROI* for McAuley (5 years)
Health benefits for women with reduced risk of homelessness	\$36,135
Crime benefits for women with reduced risk of homelessness	\$28,381
Health benefits for women with reduced risk of family violence	\$1,894
Productivity benefits for women with reduced risk of family violence	\$646
Health benefits for women with reduced long-term health risks	Between \$5,834 and \$24,287
Quality of life benefits for women who increase employment outcomes	\$13,125
Reduce welfare payments for women who no longer access welfare	\$3,281
Social benefits for women with increased social connections	\$9,594

***SROI (Social Return on Investment) is a form of stakeholder-driven evaluation blended with cost-benefit analysis tailored to social purposes. It tells the story of how change is being created and places a monetary value on that change and compares it with the costs of inputs required to achieve it**

Partnership infrastructure: Partnership goals and commitment

Organisations should (1) formalise the partnership goals and (2) agree shared values



Element	Description	Examples
1. Identify joint goals and rationale	<ul style="list-style-type: none"> Identify joint goals or objectives for entering into the partnership Promote understanding of the strengths of the partnership and why it is beneficial to work together 	<p>Goals from the McAuley / WEstjustice partnership:</p> <ul style="list-style-type: none"> Address unmet need for legal and financial counselling help Improve health & wellbeing by addressing health-harming financial & legal problems Strengthen ties between legal/financial providers and family violence support services for the benefit of the community Build the capacity of family violence workers re legal needs Build the capacity of lawyers & financial counsellors re health impacts Help family violence victim-survivors recover.
2. Agree shared values	<ul style="list-style-type: none"> Agree shared values for the partnership Promote behaviours that reinforce these values across the staff of the organisations (leadership + all staff) 	<p>Shared values of organisations involved in Linking Hearts related to having client needs as the number one priority:</p> <ul style="list-style-type: none"> Focus on partners that directly support clients' needs Aligned on the value of 'no wrong door approach' – all victim-survivors that contact the organisation are supported Committed to working together to 'serve the needs' of clients with a focus on client decisions and priorities and aim of creating better experiences for clients Committed to be a good advocate for the client and 'sow seeds of hope' that there will be better times 'Both in it together' to pool and maximise resources for clients Avoidance of organisational competition or inter-organisation negativity.

Alignment and common ground are critical to making partnerships work in practice

“We have had some bad partnerships. It is really obvious when it doesn't work as there is just no alignment, common ground or common thinking. The conversations are uncomfortable, awkward and conflictual. The perspectives that we come from are so different, that it's too hard to blend them. Often in those cases both parties recognise it and it's best to part ways”
- McAuley executive.

Partnership infrastructure: Partnership goals and commitment

Organisations should (3) formalise their role, contribution and (4) the reciprocal benefits



Element	Description	Examples
3. Clarify role and contribution	<ul style="list-style-type: none"> Identify and clearly communicate each partner's strengths, role and contribution related to the partnership 	<p>Examples of roles and contribution from various partnerships:</p> <ul style="list-style-type: none"> Staff: responsibilities for co-ordination of services, delivering services and project management; release of staff for training Referrals: Process for referrals, informed consent, appointment bookings, client attendance, access and criteria Space: Access, privacy, OH&S, telecommunications.
4. Identify reciprocal benefits and outcomes	<ul style="list-style-type: none"> Identify the reciprocal benefits and outcomes for all partners involved 	<p>Examples of reciprocal benefits and outcomes from various partnerships:</p> <ul style="list-style-type: none"> Reputation – enable services to explore innovation and become known as more innovative Training/staff capacity building – providing staff with better understanding of different types of services so they can make better referrals/support people with complex trauma more effectively Saving time and energy – enabling services to focus on their speciality – deliver more in-depth service and/or reach more people.

Formal agreements are an important mechanism to enact partnership commitment

Formalisation key to differentiation with the approach of just building referral pathways: *“We want to build the relationships, have a more formal closeness and intent that creates synergy and mutual support rather than just a referral pathway”* – InTouch management.



See project webpage for an example MOU between McAuley & WEstjustice and a template MOU from EDVOS

Partnership infrastructure: Partnership governance and management

Organisations should establish (1) formal but light-touch governance and (2) co-ordination of the partnership



Element	Description	Examples
1. Establish a steering committee	<ul style="list-style-type: none"> Establish a partnership steering committee and terms of reference 	<p>Steering group role from the McAuley / WEstjustice partnership:</p> <ul style="list-style-type: none"> Provide strategic direction to the health justice partnership for the planning, implementation and evaluation of the health justice partnership Develop partnership protocols, procedures and guidelines including for reporting, evaluation, maintaining client confidentiality, data collection Take on other roles as agreed Meet on an 'as needed' basis for the duration of the partnership.
2. Agree management and co-ordination	<ul style="list-style-type: none"> Appoint co-ordinating officers and agree their responsibilities Agree where you're going to cede control e.g. partner organisation to lead / host organisation 	<p>Extract from a position description for McAuley Community Services' Manager Community Services (Skills, Employment and Health), a role dedicated to the partnerships and networks needed to deliver an integrated model:</p> <p>Facilitate and optimise existing partnerships</p> <ul style="list-style-type: none"> Facilitate and oversee existing partner relationships to ensure the programs are operating optimally to best support clients. Ensure connections with referral agencies and networks are maintained and developed. Facilitate and/or participate in networking opportunities with existing or potential partnership organisations.

Governance and management should align with needs and available resources

"The more developed the relationship, the more critical the governance is. You cannot have a governance structure for every partnership, or you would forever be in meetings. It's about identifying the needs and managing risk. Now that we have reached a critical mass of operational partnerships, we have created a manager role to oversee the partnerships involved in delivery of our skills, employment and health programs"

- McAuley executive.



See project webpage for an example position description from McAuley

Partnership infrastructure: Partnership governance and management

Organisations should agree responsibilities for (3) internal communication and (4) external communication



Element	Description	Examples
3. Agree internal communication	<ul style="list-style-type: none"> Implement regular partnership meetings Agree principles for open communication 	<p>Communication principles from the McAuley / WEstjustice partnership:</p> <ul style="list-style-type: none"> Agree to act in good faith in support of the partnership Communicate openly about partnership successes and concerns Promptly notify other party if a circumstance arises affecting their own ability to meet commitments Seek to resolve disputes through discussions between partnership co-ordinating officers or other nominated representatives.
4. Agree external communication	<ul style="list-style-type: none"> Agree protocol to keep each other informed on external communication opportunities 	<p>Examples of external communication protocols to agree, which might involve keeping each other informed about opportunities that may impact the partnership or future opportunities:</p> <ul style="list-style-type: none"> Media Funding opportunities Government inquiries and advocacy opportunities Other general stakeholder and sector engagement e.g. networking, conferences.

Open communication between partners is critical

“You need to have the ability to have a free, open discussion. To build this, partners need to follow through on commitments and keep communication flowing. All staff must understand the shared intent for the partnership”

- North Western Melbourne Primary Health Network staff member (McAuley partner).

“You need to understand other workers and where they come from and have empathy in order to break down the ‘us and them’ mentality that might initially exist” – EDVOS case manager.

Partnership infrastructure: Operational elements of the partnership


Organisations should agree responsibilities for (1) service standards, risk and compliance and (2) data sharing and management and record keeping



Element	Description	Examples
1. Service standards, risk assessment and compliance	<ul style="list-style-type: none"> Agree philosophy, protocols, procedures and guidelines for client support and services including referrals and using common protocols where available Agree responsibilities for workplace safety, conditions and insurance 	<p>Protocols, procedures and guidelines from the McAuley / WEstjustice partnership:</p> <ul style="list-style-type: none"> McAuley and WEstjustice agree to comply with, and direct their staff member to comply with, all partnership protocols, procedures and guidelines Before sharing any client information, McAuley and WEstjustice will ensure they have client consent to do so WEstjustice agreed that when its officers, employees or contractors are on McAuley properly they will observe all applicable OH&S procedures, comply with reasonable directions of McAuley and not display advertising material without approval of McAuley Each party will maintain complete responsibility for all matters related to the employment, engagement and working conditions of their own employees Warrants that their own insurance arrangements are adequate and current (e.g. professional indemnity, public liability, workers compensation).
2. Data sharing, management and record keeping including common information sharing protocols*	<ul style="list-style-type: none"> Agree guidelines and practices for sharing data and reporting including issues of informed consent, confidentiality and access to shared information, using common information sharing protocols where available 	<ul style="list-style-type: none"> Live, shared documents or systems to manage client information (record management system/s) that enable all providers to input and keep up to date on progress; all staff must be good at sharing information e.g. know how to use systems; how to find and share information; how to handle documentation Example of data in the McAuley & WEstjustice partnership: <ul style="list-style-type: none"> Only de-identified data is shared across organisations; WEstjustice keeps client and referral data; McAuley keeps data on life outcomes. Example of data in the McAuley & Bolton Clarke nurse partnership: <ul style="list-style-type: none"> McAuley staff need client consent before sharing client information with the nurse; Nurse files are Bolton Clarke files & under confidentiality law; Bolton Clarke nurse does her own reporting. Example of data in the McAuley & North Western PHN partnership: <ul style="list-style-type: none"> Psychologist uses her own electronic case management system for detailed notes but also makes brief notes in McAuley CRM.

The implementation of policies and procedures is important

“Policies and procedures are important but you need to make sure they are implemented well by staff on the ground. For example, there needs to be regular formal and informal conversation between partner staff and they need to collaborate and listen to each other as specialists in their own right”- Linking Hearts management.

 Example of a common protocol from Victoria: [Family Violence Multi-Agency Risk Assessment and Management Framework](#)

Note: There are rights, privacy and other risks that come with information sharing, especially if this is done without informed consent.

Partnership infrastructure: Operational elements of the partnership

Organisations should agree responsibilities for (3) infrastructure and other resourcing and (4) staff capabilities, supervision and support



Element	Description	Examples
3. Infrastructure and supporting resources	<ul style="list-style-type: none"> Ensure staff have the required space and equipment to do their jobs Provide informal communal spaces to facilitate relationship building between staff and clients 	<p>Infrastructure considerations from various partnerships:</p> <ul style="list-style-type: none"> A space for confidential client consultations Whether partner staff will utilise lead / host organisation technology and networks; and who is responsible for the technology management and risk especially for shared documents and repositories to capture information as well as online safety of clients Opportunities presented by COVID-19 in relation to online or blended communication with partners How to provide an informal, communal space (e.g. kitchen) for casual interactions to build relationships between staff from various organisations and with clients.
4. Staff capabilities, supervision and support	<ul style="list-style-type: none"> Appoint supportive management and supervision for partner staff who are dealing with traumatic situations; ensure managers have the time to check-in with individuals & make them feel part of the team Consider clinical, professional or specialist supervision needs e.g. legal, medical Appoint staff who have relational as well as technical skills 	<p>Skills needed to manage integrated service delivery:</p> <ul style="list-style-type: none"> Partnership development and management Community development approach (rather than social work background) Contract management expertise and attention to detail Relationship development skills Creativity: thinking outside the box, identifying new opportunities Staff management of direct employees and indirect employees from various organisations and fields. <p><i>“You need to be honest about what the role involves and what kind of person you are looking for; often staff in partner organisations have to work autonomously in an environment with different structures and less direct support” – EDVOS manager.</i></p>

Details matter when it comes to infrastructure

“It’s in the tiny details that listening occurs – I have a confidential space in the host organisation where clients feel safe to have a conversation with me; I can print any forms they need; and I can complete any documentation that I need to do” – Linking Hearts partner staff member.

Relationship skills are as important as technical skills for staff working on integrated service delivery

“You need a specialist worker who has good relational skills and understands that the rest of the staff may not have that technical expertise but can explain the legal, medical or other concepts clearly and build rapport with us as case managers as well as clients”- McAuley Case Manager.

Partnership infrastructure: Operational elements of the partnership

Organisations should agree responsibilities for (5) monitoring, evaluation and learning



Element	Description	Examples
<p>5. Monitoring, evaluation and learning</p>	<ul style="list-style-type: none"> • Agree how to deal with issues • Agree what going to monitor on a regular basis and the approach to continuous improvement • Agree who and how going to evaluate the approach (internal, external etc) 	<p>Example from McAuley: <i>McAuley deliberately uses data for continuous improvement and to identify opportunities and trends. “For example, we will say ‘Look at our data we don’t have teenagers coming in’, which then we call in the experts to strengthen the mother child bond. So much of what we do is seen by the staff and/or supported by the data we collect” - McAuley executive.</i></p> <p>Example of an outcomes management process from SVA Consulting:</p> <pre> graph TD Strategy[Strategy] -.-> input Design[Design] Design --> Collect[Collect] Collect --> Analyse[Analyse] Analyse --> Report[Report] Report --> Act[Act] Act --> Design </pre> <p>Strategy:</p> <ul style="list-style-type: none"> • What is the impact the program/organisation wants to achieve? • What are the outcomes that will achieve that impact? • How will the organisation achieve the desired impact? • **See SVA's Strategy PDT collateral for further insight on strategy development <p>Design:</p> <ul style="list-style-type: none"> • What do we measure? • How are outcomes measured? <p>Collect:</p> <ul style="list-style-type: none"> • When do we gather data and measure it? • Who gathers the data? • How is data stored? <p>Analyse:</p> <ul style="list-style-type: none"> • How is the data interpreted? • How are different data sets compared? • Who interprets the results? <p>Report:</p> <ul style="list-style-type: none"> • What reports will be developed? • Who are the reports developed for? • What story do we want to tell through the reports? • When are reports generated? <p>Act:</p> <ul style="list-style-type: none"> • What decisions will be made based on this data? • What will we do with any key findings? • How will we communicate the results of this process and our actions?

See project webpage for more detail on outcomes management, an example outcomes framework and an example client outcomes survey

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Implementation of partnerships

Integrated service delivery is implemented over a number of stages

Integrated service delivery may involve changes to all aspects of service delivery and concerted time, effort and resources to implement and sustain



Preparing for integrated service delivery

- Assess organisational readiness, capabilities and contribution
- Identify integrated service delivery goals and partnership approach based on local needs
- Secure funding and resources to develop, deliver and maintain the partnership



Initiation and design of partnerships

- Agree partnership goals, commitment and governance
- Agree approach to implementation (e.g. design / trial period)
- Commit to bridging differences across organisations and disciplines



Service delivery and ongoing management and improvement

- Set-up, enhance and co-ordinate ongoing operational elements including service standards and compliance, data, infrastructure and equipment, staffing and supervision
- Regularly monitor staff and client feedback
- Implement ongoing monitoring, evaluation and learning approach

Staging the implementation of partnerships ensures that they are workable, sustainable and well-suited to both organisations and their objectives

Implementation of partnerships

Preparing for integrated service delivery involves assessing readiness, defining goals and securing resources



Preparing for integrated service delivery

Assess organisational readiness

- Understand your and other organisation's strengths in service delivery and capabilities; identify your organisation's capability or service 'gaps' and who you need to partner with to complement them [see Slides 26, 27]. *"You need to know where you have a gap and find an aligned organisation. Opt-in is another important pre-cursor -- each organisation has to want to work together"* – McAuley executive
- Consider what expertise is needed (e.g. specialist expertise that your organisation does not have) and whether it makes sense to partner / collaborate for that expertise, build that expertise internally or outsource / refer externally for that expertise

Identify integrated service goals and approach based on local needs

- Assess what sort of co-ordinated approach and consequently what partnerships are appropriate to fill those gaps to achieve the relevant service goals for clients [see Slide 31]
- Consider local needs, resources, priorities and building upon what is already working well

Secure funding and resources

- Plan for and secure the necessary financial and human resources to establish and maintain the partnership [see Slides 28, 29]

Tip: *The 'assessment' should occur before partnership discussions are undertaken to understand whether a particular organisation, either the "lead" / 'host' or the 'partner' organisation have the required organisational enablers in place for effective integrated service delivery.*

Implementation of partnerships

Initiating partnerships involves agreeing an approach to implementation including how to bridge differences and agree shared goals and commitments



Initiation and design of partnerships

Agree approach to implementation, which may be iterative

- Partners can take different approaches to implementation, but they must be aligned on the approach. Some partnerships evolve organically, some involve a ‘test and learn’ or ‘design’ or ‘trial’ phase, some require an upfront commitment and funding. A ‘test and learn’ approach, for example, starts with a low-stakes relationship that can end; time is spent building the relationship and testing ‘cultural fit’ and ‘alignment’ by meeting and talking through issues; the partnership is trialled without onerous formal agreements and partners wait to see evidence of outcomes before committing formally. *“It would be best to spend some time to design and explore the partnership and to build relationships before entering a formal partnership...test something, don’t commit to something for life. You might take 3 to 6 months to design it properly and get the MOUs in place”* – McAuley executive

Agree shared goals, commitment and governance

- Discuss and formally document shared goals, values, role, reciprocal benefits, governance, management (including where to ‘cede’ authority) and communication protocols [see Slides 31, 32, 33, 34]. Depending on the partner, the opportunity for negotiation and the contents and focus of the MOU differs – it may contain requirements for data, confidentiality and funding, but may also address roles and responsibilities for funding contracts & grant applications

Commit to bridging philosophical and language differences across disciplines

- Identify ways and resources to address differences in approach and language – social workers, lawyers and others have different language, definitions, perspectives, priorities and ways of supporting clients. *“InTouch overcame differences by being clear on definitions and encouraging staff to have a conversation about it e.g. via phone calls, rather than emails”* – InTouch management

Tip: *Make sure the partnership fits the end-goals before investing too much in establishing the partnership infrastructure*
“It can be easier to work backwards: once the partnership is established and it’s fruitful, it’s time to capture the ways of working” – Linking Hearts management.

Implementation of partnerships

Service delivery and ongoing management involves operational elements, feedback and monitoring, evaluation and improvement



Service delivery and ongoing management and improvement

Set-up and or enhance operational elements

- Discuss, design and implement the service standards, risk assessment and compliance; data and information sharing protocols; infrastructure; staffing; and evaluation approaches required at the right point in time [see Slides 35, 36]. *“When starting a new partnership, you need to be clear about what services you provide and what case managers and family violence workers can and cannot do”* – EDVOS Case Manager

Regularly monitor staff and client feedback

- Seek regular feedback from staff and clients, especially during the early stages of implementation to address any initial teething issues
“Seeing it work attracts attention and support to keep going” – McAuley executive

Implement ongoing monitoring, evaluation and learning approach

- Design, agree and implement an ongoing monitoring, evaluation and learning approach to collect, analyse and act on data internally and whether it is necessary to commission an external evaluation of the approach e.g. to demonstrate evidence of a pilot model [see Slide 37]. *“Recognise that monitoring and evaluation takes time effort and sustained working together to land”* – InTouch management

Tip: *“Be open to improving, growth and learning as it’s not a linear process to maximise outcomes. Sometimes we have a great plan in mind, but it doesn’t always come to fruition. For example, we designed a process to collect data in a more structured manner, but it was not reflective of actual service provision. Sometimes you have to build the infrastructure around what works for people, not the other way around”* – Linking Hearts management.

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Critical success factors

There are a number of factors that are important to successful integrated service delivery



Organisational enablers that support the successful implementation and operation of integrated service delivery, as interviewed by organisations operating in this way interviewed as part of this project

Critical success factors for integrated service delivery



- ✓ Leadership vision and commitment
- ✓ Organisational flexibility and adaptability
- ✓ Ability to secure longer-term, sustainable funding sources
- ✓ Preparedness to rethink roles and workload
- ✓ Shared values and shared clients across all staff members
- ✓ Trust, respect and relationship building including cultural responsiveness
- ✓ Regular, open and honest communication at all levels of the partnership
- ✓ Targeted recruitment and support to retain staff who can work in an integrated way
- ✓ Explicit, structured processes and integrated systems
- ✓ Regular client feedback
- ✓ A focus on outcomes

Critical Success Factors

Leadership vision and passion, organisational flexibility and adaptability and understanding organisational strengths and benefits are important factors to successful integrated service delivery



✓ Leadership vision and commitment

- Visible commitment to integrated service delivery from board and executive of lead / host and partner organisations
- Communication of a clear vision and purpose for how integrated service delivery provides better outcomes for victim-survivors and helps achieve organisational objectives

“Good leadership in both organisations is essential to sustain the partnership” – Linking Hearts management.

✓ Organisational flexibility and adaptability

- Recognition that as the partnership develops or expands governance and management requirements can increase for both organisations
- Willingness to adapt standard processes and practices to that of the lead/host and/or partner organisation to better meet victim-survivors’ needs

“COVID-19 made integrated service delivery more difficult as staff had to deliver services in completely different ways; we need to embed flexibility into our long-term partnerships and shared goals to be able to handle unexpected events or changes that might occur in the future” – InTouch executive.

✓ Ability to secure longer-term, sustainable funding sources

- Identification of funding requirements, approach and risks related to achieving organisational goals e.g. short-term trial with minimal effort and cost; long-term investment in a new way of working (e.g. longer than 1-2 years)
- Ability to secure funding required to achieve the goal, which might involve securing upfront long-term sustainable funding from multiple sources to cover establishment costs and effort

“If you are going to embark on integrated service delivery, you need proper planning and funding including a good understanding of the short-term costs involved as well as the potential long-term benefits” – McAuley executive.

Critical Success Factors

Shared values and clients, trust and relationship building, and communication are also important factors to successful integrated service delivery



✓ Preparedness to rethink roles and workload

- Lead / host organisations are prepared to introduce shifts in governance, management and practice to implement integrated service delivery which may include addressing learning and development needs and formal change management processes
- A reduction in caseload for case managers or a shift in workload for managers may be required

“The outcomes are better for clients, but in order to get there with integrated service delivery, you have to be prepared to do a complete restructure of how your staff work” – WEStjustice executive.

✓ Shared values and ‘shared clients’ across all staff members

- Board, management and all staff from partner organisations share the same values for supporting clients
- Shared accountability for client ‘ownership’, responsibility and outcomes across all staff members

“An organisation can have systemic partnerships and agreements but if they are not implemented on the ground in terms of bettering outcomes, it makes no difference. People make a huge difference in how those policies and procedures are implemented; people are a crucial enabler” – Linking Hearts management.

✓ Trust, respect and relationship building including cultural responsiveness

- Good team culture where there are positive relationships, cultural safety and responsiveness and positive regard / respect between staff members and clients e.g. understanding of partner staff role and their challenges
- Clients form trusted relationships with all staff members and know they can go to any member of the team, like a “big family” or a ‘person-centred’ approach

“All partners need to have the same focus on cultural safety for both staff and clients.” – McAuley executive.

“Staff need to be culturally responsive and not stereotype people” – Linking Hearts staff.

Critical Success Factors

Shared values and clients, trust and relationship building, and communication are also important factors to successful integrated service delivery



✓ Regular, open and honest communication at all levels

- Good communication systems both formal and informal
- Regular communication at all levels (executive, management, staff) including written and verbal to communicate important information about clients

“[The psychologist] sits in on case management meetings – she’ll be present and they’ll potentially follow-up. She also spends a lot of time on the level where the kitchen is to have incidental conversations with the women and staff” – McAuley Manager.

✓ Targeted recruitment and support to retain staff who can work in an integrated way

- Identification of the skills that staff require to work in an integrated way and testing for these skills during recruitment processes
- Supports to retain staff including actions to minimise burnout (e.g. holidays), create structure (e.g. processes) and provide stability (e.g. long-term contracts)

“Innovation is attractive to some staff members, but it may not suit their personalities. We have had to get more nuanced in our interviews to identify staff members who are comfortable with innovation, risk taking, uncertainty” – WEstjustice executive.

✓ Explicit, structured processes and integrated systems

- Clarity about which staff members are responsible and which organisation is accountable for which parts of management and service delivery, ensuring any joint responsibilities are clearly described
- Well-documented and structured processes and integrated systems help reduce staff stress, effort and uncertainty to work in new and integrated ways; they also help mitigate impacts of staff turnover by documenting and integrating ways of working

“Everyone needs to know who they report to and what they need to do...Be transparent and clear around processes, for intake and referral and ongoing management so all providers know the process and service scope” – Linking Hearts management.

Critical Success Factors

In addition, explicit processes, regular client feedback and a focus on outcomes are important factors to successful integrated service delivery



✓ Regular client feedback

- Collect and share regular feedback from clients between partner organisation to continuously improve the delivery of integrated services

“Obtain regular client feedback to ascertain whether you and your partners are meeting the needs of clients through integrated service delivery” – Linking Hearts management.

✓ A focus on outcomes

- Know what you want to achieve through the partnership and reinforce the rationale for investing in it (e.g. to demonstrate the value it has to victim-survivors)
- Partner organisations should speak about the numbers and the results

“There needs to be accountability across partners in relation to roles and responsibilities. In a respectful and collaborative manner, you need to make sure partners complete the job they said they’d do” – EDVOS management.

“We are doing it because it produces good outcomes for the women. [The PHN psychologist] is treating complex trauma, she is holding our clients before they can get to clinical services, and she is supporting their advocacy to get Centrelink, child protection whatever they need. The outcomes for individual women are really good. She also builds the capability of our team to handle the complex trauma seven days a week” – McAuley executive.

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Key outcomes and benefits

Integrated service delivery has outcomes and benefits for victim-survivors, partner organisations and the overall system

Integrated service delivery has outcomes and benefits for victim-survivors, the partner organisations and the overall system.

The outcomes evident in the organisations interviewed align with the outcomes of integrated service delivery described in the literature.

Key outcomes and benefits

For victim-survivors

- Less time, effort, safety risk and stress in accessing services
- Increased likelihood of engagement in other services
- Increased likelihood of long-term recovery and independence



For service providers

- More efficient and effective use of resources
- Decrease in referral drop-out rates
- Improved staff capability in providing holistic support
- Improved staff focus on core competences / specialisation and improved staff satisfaction



For systems

- Improved long-term recovery rates and lower rates of 'churn' in and out of the services system
- Improvement in expertise across the system of how to provide holistic support
- Decrease in long-term overall system costs via savings due to better outcomes for victim-survivors (e.g. reduced reliance on welfare, reduced long-term unemployment)



Key outcomes and benefits

There are many short and longer term outcomes of integrated service delivery for victim-survivors in the organisations interviewed; these outcomes are indicated through surveys and anecdotal information

Short-medium term

Longer term



For victim-survivors

Minimised time, effort, safety risk and stress of engaging in separately located services

- Increased immediate safety and less fear due to ability to access many services in the one location. *“Our clients are more at ease due to the familiar setting of our centre, they don’t need to travel to a new location to see specialist workers”* – Linking Hearts staff member
- Trusted relationships built with the same staff that helps *“victim-survivors seek treatment that they would otherwise not”* - McAuley Case Manager; *“Trust builds cultural responsiveness so victim-survivors are able to have conversations about culturally sensitive topics such as divorce”* - Linking Hearts staff member
- Reduced stress: *“There are 5 million other things they have to worry about, keeping themselves safe, finding a house, looking after their kids, and it just means it’s one less thing they can stop worrying about.”* – McAuley Manager

Minimised number of times that victim-survivors have to re-tell their story and thus experience potential trauma and re-traumatisation associated with doing so (‘secondary victimisation’) through appropriate sharing of victim-survivor information between services via co-ordinated case management

- Not having to re-tell story to multiple services and or not having to tell story to services or organisations that cannot help

Improved timeliness for identification of needs and response times due to holistic needs assessment, co-ordinated case planning and less risk of repeatedly being referred on and unnecessary duplication of effort

- Being supported to understand options and choose the services that victim-survivors want to engage in at that time; less rejection from services that cannot help
- Access to a greater number of services; access to services that the victim-survivor would otherwise not be acute enough to access (public) or that they can’t afford (private)
- Faster readiness to move forward and faster secured housing
- Prevention of escalating legal and economic issues (e.g. debts accruing) and reduced worry/stress from financial and legal issues being addressed

Increased likelihood of engagement with and receipt of other services by victim-survivors

- Accessing other services via trust built with initial lead / host organisation. *“Trust and rapport are built and clients are more willing to confidently participate in the other supports offered by Muslim Women Australia, such as personal development programs, opening up so many more future avenues for the client”* – Linking Hearts staff member
- Ability to engage in employment more quickly if financial, legal and housing issues are addressed more rapidly. *“From speaking to case managers and clients, some case managers have said ‘we’ve tried to engage them to be job ready but when they have financial and legal issues hanging over the heads they just don’t have capacity to do that without resolving other issues.’ They can move on with other aspects of their life as well”* – McAuley Case Manager

Increased likelihood of long-term recovery and independence by addressing holistic needs, such as sustainable housing and financial stability, thus reducing the likelihood of returning to a violent partner

- Increased trust in the system by having needs addressed and building trusted relationships with staff, thus increasing the likelihood of accessing additional services and supports
- Improved outcomes including those critical to long-term recovery such as sustainable housing and financial stability, leading to decreased likelihood that they need to return to violent partner for housing, money and / or supplies

Key outcomes and benefits

There are many short and longer term outcomes of integrated service delivery for both the lead / host organisation and their partner organisation(s) as reported in staff interviews and staff surveys

Short-medium term

Longer term



For service providers

More efficient and effective use of resources and streamlining of services through improved information, feedback from referrals and standardisation of ways for organisations to identify needs and communicate / co-ordinate support

- Efficacy: more time to spend on issues of immediate safety and risk as case managers aren't travelling or chasing up referrals to many different organisations. *"Having robust relationships and mechanisms to engage those relationships means that you aren't putting a stab in the dark"* – InTouch management.
"Having legal appointments in the same location as the case worker means that staff member doesn't have to travel to different locations to support the client" – Linking Hearts management
- Efficiency: more time to spend on issues of immediate safety and risk as specialist workers (lawyers, financial counsellors, psychologists, nurses) spend less time dealing with social work issues, collecting basic information, obtaining documentation, making referrals and following up on referrals. *"I've definitely had other clients in tenancy clinics where I've literally had to play the social worker role, because if I don't do it the client will never get the thing done. This way is significantly more efficient"* – WEstjustice lawyer (McAuley's partner)
- Services can focus on strengths rather than trying to do all things for all people, especially in a partnership model. *"There are many benefits from having a partnership with a Community Legal Centre rather than an in-house person. It means that I, as a lawyer, have a legal centre to oversee my work and colleagues with experience in many areas of law that can give mentorship. Without that you are limited in what you know and can do. There needs to be that overarching level of legal supervision and it just broadens the type of issues we can help with too"* – WEstjustice lawyer (McAuley's partner)

Decrease in referral drop-off rates leading to better overall outcomes for victim-survivors as they access whole-of-person support services

- Increased successful referrals to services (e.g. more referrals to psychologist/legal/financial due to better understanding of issues and staff training)

Improved staff capability and increased mutual trust, respect and professional understanding of other services where the partner organisations develop mutual respect and deeper understanding of each other's services which improves their own knowledge, skills, networks

- Increased staff professional knowledge and capacity (e.g. of complex trauma/legal and financial issues). *"I find out a lot about other services that I wouldn't otherwise know about that I can refer other clients to...working with Linking Hearts helps me to provide a better service to other clients not just those I see from Linking Hearts"* – Linking Hearts partner staff member
- Better trust and professional relationships between staff working in different services including through building common language and ways of working, which in turn promotes more effective integration of services and more refined and efficient referral processes.

Improved staff focus on core competencies / specialisation and satisfaction of being able to address the holistic needs of victim-survivors

- Staff satisfaction of addressing holistic needs and working effectively with colleagues and partners who are on the same page to support those needs. *"For staff it is much easier to access and work with integrated services as we build strong relationships with those providers, they know our client needs and types of issues"* - McAuley Case Manager

"Staff get satisfaction from working with like-minded partners and facilitating better outcomes for clients -- they feel better by seeing better outcomes for clients and feel good about working in good partnership" – Linking Hearts management

Key outcomes and benefits

There are many short and longer term outcomes of integrated service delivery for the overall system as reported by staff, management and sector stakeholders

Short-medium term

Longer term

Improvement in overall engagement in support services across the system, with victim-survivors more likely to engage with all required services via encouragement and support from lead / host organisation

- Staff reports of more successful referrals and faster readiness for clients to move forward

Decrease in long-term overall system costs through more efficient and effective service delivery to victim-survivors especially in relation to savings due to better outcomes (e.g. reduce reliance on welfare, reduced long-term unemployment)

- Evidence of Social Return on Investment (SROI) including health, employment / productivity, quality of life and social benefits [see Slide 27]

Evidence that multi-disciplinary services can work together collaboratively in a co-ordinated way that leads to better outcomes for victim-survivors

- Set precedent for expansion for partner organisations in other networks / regions by demonstrating the success of the integrated service delivery model
- Independent evaluations conducted to confirm value of integrated service delivery model (e.g. [McAuley's evaluation reports \(2017-18 and 2018-19\)](#) and [Social Return on Investment report \(2019\) by Deloitte Access Economics](#))

Improved expertise across the system of how to provide holistic support as more organisations work collaboratively to understand the broader, complementary services available for victim-survivors

- Increased professional knowledge and capacity across the sector of specialist areas (e.g. of complex trauma/legal and financial issues)

Improved long-term recovery rates as a result of effective holistic support and thus lowered rates of 'churn' in and out of the system

- Victim-survivors are more likely to transition into secure housing and employment, with financial issues resolved as a result of receiving holistic support



See project webpage for an example Monitoring and Evaluation framework for McAuley & WEstjustice



For the overall system

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Overview of the three case studies

These organisations have insights and lessons to share about successful integrated service delivery. Their experiences have informed the model documentation and are set out in more detail in the following case studies

Organisation	State	Type	Partnerships	Integration approach
McAuley Community Services – McAuley House (McAuley)	VIC	Specialist Family Violence Service	<ul style="list-style-type: none"> Partnerships with North West Public Health Network (psychologist), BoltonClarke (nurse) and WEstjustice (lawyer) Services delivered in-situ with housing accommodation 	<ul style="list-style-type: none"> Lawyer, nurse and psychologist onsite (part-time) Focus on building relationships and trust between the staff across the various organisations, by encouraging open and informal communication lines between case managers and specialist workers Use a ‘test and learn’ approach to building relationships with potential partners before committing to formal agreements
Muslim Women Australia (MWA) – Linking Hearts Multicultural Family Violence and Homelessness Service (Linking Hearts)	NSW	Specialist Family Violence Service	<ul style="list-style-type: none"> Partnerships with Salvation Army (financial counselling), Legal Aid, Marrickville Community Legal Centre, several housing providers and mental health practitioners Services co-located at Linking Hearts Centre 	<ul style="list-style-type: none"> Lawyer and financial counsellor onsite (part-time) Linking Hearts clients get priority access to other MWA services e.g. youth groups, capability building Shared commitment with partners to create better experiences for clients including how organisations must align with Linking Hearts’ approach that ‘there is not wrong door’ and being culturally responsive to provide support for all victim-survivors that present Partnerships are open to growth, learning and improvement, focussing on what works in practice (rather than in theory)
EDVOS (specialist family violence service in the eastern metropolitan region of Melbourne)	VIC	Specialist Family Violence Service	<ul style="list-style-type: none"> Partnerships with Victorian Legal Aid and Eastern Community Legal Centre, financial counselling services, alcohol and drug services, sexual assault services, housing services, animal abuse services and children’s services Services co-located at EDVOS 	<ul style="list-style-type: none"> Lawyer, financial counselling services, drug and alcohol counselling and sexual assault services located onsite A varied approach to partnerships including integrated services onsite as well as outreach by locating case managers in accessible locations such as community organisations, health services and schools A strong focus on monitoring outcome indicators and will develop partnerships to provide targeted support when a gap in services is identified e.g. onsite legal advice on family law to provide support in child arrangements

McAuley Community Services for Women: Case Study (1/3)

McAuley has partnerships with WEstjustice, North Western Melbourne PHN and Bolton Clarke to provide clients with legal, financial, mental health and health support

McAuley's approach to holistic support is facilitated by integrated service delivery via three key partnerships

WEstjustice

**Legal
partnership**



**Psychologist
partnership**



**Nurse
partnership**

- WEstjustice provides an on-site financial counsellor and lawyer to address legal and financial issues including fines, tenancy, victims of crime, divorce, consumer matters, Centrelink issues (including referrals for complex issues), IVOs, employment law, mortgages and insurance (family law and mortgages go to WEstJustice clinics). McAuley provides the office space for WEstjustice staff
- McAuley provides case managers/social workers to attend WEstjustice family violence legal clinics and are also used by WEstjustice duty lawyers (McAuley will do risk assessment, safety planning and case management if needed)
- Lawyer has 30 open clients at any one time; financial counsellor has 60 clients at any one time (not including advice-only consultations)
- 3 new clients per week with an average of four financial and legal problems
- WEstjustice delivers training to McAuley staff – delivered sessions in staff case management meetings about referring matters, plus also in-depth financial counselling and legal training tailored specifically for McAuley

- Psychologist is on site 3 days per week to help treat complex trauma for clients
- Clients have access to up to 12 sessions with a psychologist at McAuley House (or online during COVID-19). Has been extended to 24 sessions when identified as necessary.
- Temporarily supports clients before they can get into other clinical services (if they need them) and supports their advocacy to get Centrelink and child protection
- Helps build the capacity of McAuley staff to deal with clients who have complex trauma and to understand what types of psychological treatments are available and help them identify appropriate referrals
- Provides more timely psychology support – the current mental health system requires clients to have acute mental health episodes to receive mental health support as well as the police and ambulance to transport clients to acute psychology services

- A nurse is located at McAuley House 3 days per week and is available to clients to address a range of health issues
- Nurse has her own purpose-designed space at McAuley House that is shared with the psychologist
- Clients can make appointments; the case manager can make a referral; or clients can just walk in
- Can address many presenting needs and can make referrals to other health services as required
- Staff can also speak to nurse about presenting signs/needs enabling early intervention of health issues



See project webpage for an example of McAuley's service offerings

SVA Consulting

McAuley Community Services for Women: Case Study (2/3)

McAuley's partnerships are successful due to clear communication, deep trust and strong support from leadership

McAuley's approach to working in partnership involves building trust and relationships, focussing on reciprocal benefits and leveraging McAuley-specific enablers

Approach to partnerships

- A focus on building relationships and trust between the staff across the various organisations, by encouraging open and informal communication lines between case managers and specialist workers

"We have a strong understanding that the clients are 'our' clients and both organisations want to be in partnership with each other" – McAuley management

"Our psychologist is fully integrated into the team, so is able to share her knowledge with the McAuley staff and increase awareness of treatment available and required by clients" – McAuley management

- Option for clients to ask specialist lawyer to speak with case worker about sensitive issues

"Sometimes clients will say "I don't really have to go through this can you please ask my case worker" and that process is easier than it would otherwise be" – WEstjustice lawyer

Reciprocal benefits

- Partner organisations can achieve their objectives to provide services to marginalised groups
- Partner organisations can offer additional career pathways and specialisations by enabling staff to work at the lead / host organisation e.g. McAuley partnership enables Bolton Clarke nurse to have a family violence specialisation in their workforce; Community legal centre can broaden the type of issues that can be dealt with by the program lawyer and their legal clinic
- Opportunities for advocacy and research data otherwise unavailable e.g. Community legal centre has capacity to do advocacy work that aligns with case work – lawyers can notice trends (e.g. Family violence policies such as the Department of Housing FV policy) and successfully advocate to change it
- Unforeseen benefits of having specialist expertise onsite e.g. COVID-19 related requirements:

"Serving marginalised groups and making health accessible is part of Bolton Clarke's mission. By having a nurse onsite at McAuley, we help them achieve that objective. They help us with specialist expertise on the complex health issues faced by our clients. Recently, they've also helped us understand and implement COVID-19 health requirements – McAuley management

McAuley-specific enablers

- Having face-to-face relationships between specialist workers from partner organisations and McAuley staff
"You get to know people and once you know them they probably feel more comfortable referring to you" – WEstjustice lawyer
- McAuley does not run a 'front door' or 'access point' service, which is a key point of difference to other family violence and homelessness services
"We are in a position of luxury of not having people lining up on our door and having to triage with rationed resources; we are not under the pressure of unmet demand so we can afford to take the time to think through what is a better way to do things" – McAuley executive

McAuley Community Services for Women: Case Study (3/3)

McAuley takes a 'test and learn' approach to implementing partnerships

McAuley's 'test and learn' approach to implementation of partnerships

Development of partnerships

- A 'test and learn' approach to building relationships with potential partner organisations before committing to formal partnership agreements [see Slide 38]
 - Opt-in from each organisation, alignment on goals and a 'cultural fit' are essential elements to develop partnerships
 - Involves quite a few meetings to understand each other – initially at executive level and then at the manager to tailor the service to McAuley's needs
- "Implementation of the partnership doesn't need to be staged in a structured way, but you need time to get to know each other to determine whether the partnership will work and time to design it properly" – McAuley executive*
- May require extended negotiation on requirements for data, rates, funding etc
 - May involve spending time at each other's location to understand staff and ways of working

Evolution of partnerships

- Evolution of North Western PHN partnership
 - Observe partnership/service in practice and identify strengths and improvements
 - Renegotiation of contract terms and targets
 - Fund improvements through interim measures to demonstrate effectiveness
 - Evaluate effectiveness (evaluations underway)
- Evolution of WEstjustice partnership
 - Ad-hoc/informal discussions to address issues on an as-needed basis e.g. to arrange a funding submission
 - Has reached a point where ongoing funding is required and needs to be co-managed (funders may require a more formalised governance and operations structure)
 - Executives drive the direction of the partnership and allow the staff to operationalise any changes
 - Over time noticed other issues that were causing client's stress and anxiety that WEstjustice had the expertise to address, and the program evolved to offer new types of legal support. Rationale for decision was the greater impact of helping someone holistically

Future directions

- Advocate and seek ongoing funding sources
 - "We know what we want to achieve [with the North Western PHN partnership], and we know the value of it but financially it doesn't stack up. We have committed for another year because we want to demonstrate that the work itself equalises the cost – in the benefit to the team and clients. We want it to be a demonstration as well but there are limits to how long we can do it, if advocacy is not successful then it won't be sustainable" – McAuley executive*
- Address staff workload challenges, which may involve reducing caseload and building in time for innovation, evaluation and advocacy



See project webpage for an example MOU between McAuley & Westjustice

Linking Hearts (a service of Muslim Women Australia): Case Study (1/3)

Linking Hearts has partnerships with Legal Aid NSW, Salvation Army and government housing to provide clients with legal, financial and housing support

Typically Linking Hearts supports clients who face immigration, language and cultural issues; some present with debt issues only (not all present with issues related to violence); all are likely to need multiple supports



Legal partnership



Financial counselling partnership



Housing partnership

- Since 2010, a Legal Aid NSW solicitor visits Linking Hearts once a fortnight to address family law issues, based on a list of referrals from Linking Hearts case workers (in person prior to COVID-19; via phone during COVID-19)
- Solicitor is part of Legal Aid NSW's early intervention unit and also visits a number of other organisations
- Linking Hearts case workers will speak to the solicitor before and after the client's session and may assist with documentation (if client gives consent for details to be shared)
- Linking Hearts case worker may attend the first appointment with solicitor to advocate for the client, especially if related to a migration issue
- Primarily, it is the same Legal Aid solicitor supporting the Linking Hearts clients, but other Legal Aid NSW solicitors are available if the primary solicitor is not
- On alternative weeks, a solicitor from Marrickville Legal Centre will visit Linking Hearts to provide support in civil law issues; the solicitors will refer matters between each other if required

- Since 2017, a financial counsellor with Salvation Army's Moneycare program works out of Linking Hearts once per week
- Financial counsellor can see a Linking Hearts client at any point, including when referred by a Linking Hearts case worker
- Case worker may share background information with financial counsellor (if consent given by client)
- Financial counsellor identifies client's priorities (e.g. budget, fines, Centrelink etc) and may refer on to other services (e.g. legal)
- Case worker will follow-up with client about the next steps

- MWA is a Specialist Housing Service provider and Linking Hearts provides services related to accommodation, tenancy and housing; it has two crisis refuges and has partnerships to provide 31 transitional homes; Linking Hearts will also support clients from their current home
- Case workers can refer Linking Hearts clients to NSW government housing support (via Department of Communities and Justice) and share information (with permission) in similarity to the processes used for legal support and financial counselling
- There are several programs utilised in partnership with government, including NSW's Start Safely scheme (a rental assistance program for people who do not have a stable and secure place to live due to family violence).

Internal referrals between Linking Hearts and other Muslim Women Australia (MWA) services

- Linking Hearts client get priority access to other MWA supports such as youth groups, capability building and settlement services
- Linking Hearts and MWA staff share information so the client does not have to retell their story and there are shared communication protocols between the different MWA services

Linking Hearts (a service of Muslim Women Australia): Case Study (2/3)

Linking Hearts' partnerships are successful through a shared focus on clients' needs, trust and communication, being culturally responsive and utilising client feedback

Linking Hearts approach to working in partnership involves trust and communication, good leadership, a client focus and Linking Hearts-specific enablers related to longevity and cultural responsiveness

Approach to partnerships

- Focus on trust and respect through all aspects of the partnerships, especially how staff communicate and relate to each other by sharing and not hiding information and acknowledging the expertise that each partner organisation brings to the table

"You need to make sure it is implemented well by staff on the ground by encouraging partner staff to informally chat to each other and listen to each other as specialists in their own right" – Linking Hearts management

- Good leadership in both organisations is key to sustaining the partnership

A client focus

- Shared commitment with partners to create better experiences for clients including how organisations must align with Linking Hearts' approach that 'there is not wrong door' to provide support for all victim-survivors that present
- Shared values with partners to focus on client's outcomes, needs, priorities and decisions and 'serve with a purpose' by focussing together on what a client needs and not compete or attack one another

"There are often other areas that we could partner, such as in policy and advocacy, but if it is not meeting client needs there is no point in having a partnership" – Linking Hearts management

- Willingness to seek client feedback in order to improve partnerships, especially for services provided by partner organisations e.g. After becoming a lead agency following the 'Going Home, Staying Home' reforms, MWA sought alternative partners based on client feedback to ensure clients were provided with a better service and thus better outcomes

Linking Hearts-specific enablers

- Deep experience and respect in the sector with partner organisations about what works and what doesn't work to support victim-survivors
- Being culturally responsive, not stereotyping people and deliberately building cultural safety and sensitivity within staff and with clients
- Building staff capability by sharing knowledge of a wide range of other services, including MWA's broader services that helps raise awareness of what supports are available both within Linking Hearts and across broader Sydney

Linking Hearts (a service of Muslim Women Australia): Case Study (3/3)

Linking Hearts takes an organic approach to developing partnerships

Linking Hearts' organic approach to implementation of partnerships

Development of partnerships

- Linking Hearts lets the partnership develop organically before investing too much in the partnership infrastructure, letting the partnership demonstrate potential first and then capturing more formal ways of working

"It's okay for things to happen organically and then build infrastructure around it, because if you build the infrastructure first and then put people into it, it doesn't always work" – Linking Hearts management

Evolution of partnerships

- Linking Hearts' partnerships are open to growth, learning and improvement, focussing on what works in practice, rather than what might work on paper

"It's not a linear process to improve outcomes. Sometimes we had a great plan in mind, but it doesn't come to fruition, because it's not reflective of what happens in actual service provision" – Linking Hearts management

Future directions

- MWA is engaging with academics to effectively document their best practice model, which includes client-centred, trauma-informed, integrated service provision in a culturally, linguistically and religiously appropriate way
- Linking Hearts plans to improve their case reviews, continuous improvement and implementation practices, looking at extending this to better capture input from partners
- Another future focus is internally building mechanisms for diversification and succession planning across all service areas which will allow for better integrated service delivery

EDVOS: Case Study (1/3)

EDVOS has multiple partnerships to provide clients with legal, financial, alcohol and drug, sexual assault, housing, animal abuse and children's services

EDVOS provides onsite legal, financial counselling, drug and alcohol counselling and sexual assault services



Outreach and case management approach



Onsite services from partners



Children's Services

- After receiving an initial referral, EDVOS Specialist Family Violence Advocates (SFVAs) undertake intake, assessment, risk and safety planning
- Women who identify complex and ongoing needs are referred from EDVOS's Assessment and Response Teams (ART) to EDVOS's Case Management (CM) teams. SFVAs then begin to work in a collaborative manner with clients to explore what is important to them and develop meaningful goals. The demand for EDVOS case management changes throughout the year and anywhere from 10-20% of referrals end up with some form of CM response.
- EDVOS SFVAs are also located at partner organisation sites. These SFVAs undertake initial referrals, assessments and consults in the same way as for victim-survivors who go directly to EDVOS. These 'co-located environments' are places that are easily and frequently accessed e.g. schools, maternal child health centres, hospitals:

"This model of outreach helps build trust between EDVOS and the local community; it provides opportunity for those not ready to engage with specialist family violence services and for ongoing follow-up with victim-survivors; and it deepens collaboration between EDVOS and other agencies – helping them to understand family violence and helping EDVOS to understand their services" – EDVOS SFVA in CM Team

- Several partners co-locate at the EDVOS offices including: Anglicare (Family Alcohol and Drug Counsellor, Financial Counsellor); Eastern Health – Eastern Centre Against Sexual Assault (ECASA); Victorian Legal Aid and CIRE Services (Money Matters facilitator for group sessions of Money Matters Groups)
- These onsite services work closely with EDVOS SFVAs in CM. For example SFVAs in CM will do a 'warm referral' to these services and may sit in on sessions and follow up after the sessions to debrief and support the client
- These partners also run training for EDVOS staff, for example, in legal concepts and alcohol and drug related issues:

"You cannot just dump another employee in your office, it takes a lot of work and commitment on both sides of the partnership" – EDVOS SFVA in CM Team

- EDVOS partnered with Australian Childhood Foundation to support victim-survivors strengthen mother-child attachment as part of recovery from family violence
- EDVOS had a SFVA responsible for co-ordinating referrals from EDVOS SFVAs in CM Team, which created a consistent referral pathway, fluid communication between EDVOS and ACF, a better understanding of the supports provided and an easier way for victim-survivors (mothers and children) to access the service
- The EDVOS SFVA observed the ACF groups and eventually became a co-facilitator of it, resulting in more coherent support for EDVOS clients, even after they transitioned from the service



See project webpage for an example of EDVOS' case management procedure

EDVOS: Case Study (2/3)

EDVOS' partnerships are successful through outreach, a focus on monitoring outcomes, accountability and careful recruitment of staff

EDVOS has multiple approaches to partnerships from delivering integrated services onsite to performing outreach by locating case managers in locations outside EDVOS

Approach to partnerships

- Belief in sharing the load between services and having SFVAs collaborate to enhance the experience of victim-survivors
- Willingness to take the services to where the victim-survivors are and locate SFVAs in accessible locations such as community organisations, health services and schools
- Commitment to invest the time and resources required to co-ordinate partnerships and make sure they work on the ground

"To be honest, this kind of work and partnership approach involves a lot of work and it's not as structured as it could be due to the way funding is currently arranged" – EDVOS management



See project webpage for an example of a template for EDVOS' partnership agreements

A focus on monitoring outcomes

- EDVOS analyses service outcomes as aligned with the Victorian Family Violence Outcomes Framework. For example, EDVOS publishes service success indicators that relate to "Outcome 2: Victim survivors, vulnerable children and families are safe and supported to recover and thrive" including client indicators related to whether 'victims are safe', 'victim survivors are heard and in control', and 'victim survivors rebuild lives and thrive'
- Formal and regular communication happens between partner organisations including check-ins and reviews
 - “SFVAs working at partner organisations are supported with regular supervisions and debriefings to *discuss feedback, challenges, goals and opportunities*”
- Team leadership is willing to action feedback from staff
 - “*You have to trust your staff, so when they are giving feedback you can be really guided by what they are saying and take it on board*” – EDVOS management

EDVOS-specific enablers

- Accountability in relation to roles and responsibilities across partner organisations
 - “*It is important to -- in a respectful and collaborative manner -- make sure partners complete the job they said they'd do in the partner agreements*” – EDVOS management
 - “*We think about ourselves as an organisation and our own accountability. We want to stretch ourselves and be responsive to community's needs*” – EDVOS management
- Careful recruitment of staff who work with partners or at partner co-locations, which involves being clear and direct about the role and the kind of person that is suitable for it
 - “*Staff on the ground must have the skills to manage the direct relationships with partners; management does not have the capacity to intervene on a regular basis, so a lot of the time the individual staff member has to make the relationship work*” – EDVOS management

EDVOS: Case Study (3/3)

EDVOS will develop partnerships to provide targeted support when a gap in services is identified

McAuley's 'test and learn' approach to implementation of partnerships

Development of partnerships

- Management builds relationships with partner organisations before staff commence working in that location, which involves discussing the purpose of each organisation and ensuring they have the same values and goals
- Before commencing outreach partnerships, EDVOS will do preparation work in that community or location such as prevention work, conducting external training and attending meetings and community groups. This helps EDVOS to learn about the staff in that location and build general recognition in the community
- When starting in outreach locations, EDVOS is clear about which services are provided and the role of the EDVOS SFVAs and family violence workers in general

Evolution of partnerships

- EDVOS identifies a gap in services based on client feedback and will then design a specific approach to provide that targeted support
“Our approach to co-locate SFVAs in outreach locations; to open on Saturdays; and to provide family law support for property settlement and child arrangements came from women’s voices about their needs” – EDVOS management
- Being flexible and willing to adapt and evolve is critical including using trial and error on how to build the relationship and how to work with clients
“You have to adapt to client needs. Often our overall goals stay the same, but how to work together to support clients will change over time” – EDVOS SFVA in CM Team

Future directions

- To consolidate our learnings for a continuous service improvement and collaborative solutions when gaps are identified
- To apply a more structured and consistent approach to co-location models and include evidence-based evaluation and data collection on the outcomes
- To strengthen existing and build new partnerships to better meet the needs of the victims survivors and our community
- To develop EDVOS' first Victim Survivor Framework, underpinning EDVOS's commitment to ensure they are informed by victim survivors' voice and focussed on intersectionality and diversity

Endnotes

Slide 11

1. 'How multi-agency responses to family violence can generate positive systemic change', Plunkett, Churchill Fellowship Report, from: <http://dvvic.org.au/wp-content/uploads/2018/03/Plunkett-Churchill-Report-Full.pdf>.
2. DV Vic Code of Practice, Domestic Violence Victoria, from <http://dvvic.org.au/members/practice-development/>
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4. 'Victorian Service Co-ordination Practice Manual', (2012) Health.vic.gov, Victorian government, from: <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/victorian-service-coordination-practice-manual-2012>.
5. 'Meta-evaluation of existing interagency partnerships, collaboration, coordination and/or integrated interventions and service responses to violence against women', (2016), Australian National Research Organisation for Women's Safety.

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6. "Women prefer a centralised, integrated service where they can access multidisciplinary information and support, e.g. legal, financial, and counselling, at the same time and location", 'When is the Right time to talk about money', WIRE, p 13-14.. ; Principle 2.2, "Victorian Service Co-ordination Practice Manual", (2012) Health.vic.gov, Victorian government, from: <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/victorian-service-coordination-practice-manual-2012>.
7. As above.
8. As above.
9. 'Service Models on the Health Justice Landscape', Health Justice Australia, from: <https://www.healthjustice.org.au/wp-content/uploads/2018/12/Health-Justice-Australia-Service-models-on-the-health-justice-landscape.pdf>.
10. 'When is the Right time to talk about money', WIRE, p 23.

Endnotes

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11. 'When is the Right time to talk about money', WIRE, p 12.
12. 'How multi-agency responses to family violence can generate positive systemic change', Plunkett, Churchill Fellowship Report, from: <http://dvvic.org.au/wp-content/uploads/2018/03/Plunkett-Churchill-Report-Full.pdf> .
13. 'Meta-evaluation of existing interagency partnerships, collaboration, coordination and/or integrated interventions and service responses to violence against women', (2016), Australian National Research Organisation for Women's Safety.
14. 'Integrated Practice Toolkit', Federation of Community Legal Centres.
15. 'Chalmers Budget Consultation', Health Justice Australia (2017), <https://healthjustice.org.au/wp-content/uploads/2017/01/Jim-Chalmers-MP-Budget-consultation-270317.pdf>
16. As above, 'Chalmers Budget Submission'.
17. Interview with InTouch Multicultural Centre against family violence and 'RCFV Summary Report', Royal Commission into Family Violence from: <http://rcfv.archive.royalcommission.vic.gov.au/MediaLibraries/RCFamilyViolence/Reports/Final/RCFV-Summary.pdf>
18. 'How multi-agency responses to family violence can generate positive systemic change', Plunkett, Churchill Fellowship Report, from: <http://dvvic.org.au/wp-content/uploads/2018/03/Plunkett-Churchill-Report-Full.pdf> . p.23 and 41.

Slide 14

19. 'Working across sectors to meet the needs of clients experiencing domestic and family violence', ANROWS Research Synthesis (2020), from: <https://d2rn9gno7zhxqg.cloudfront.net/wp-content/uploads/2020/08/27083147/Interagency-Synthesis-ANROWS-Insights.pdf>