

Centre for
Innovative Justice

Multidisciplinary Response Models

Report to the Southern
Melbourne Integrated
Family Violence Partnership

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Southern Melbourne Integrated Family Violence Partnership

The Southern Melbourne Integrated Family Violence Partnership ('the Partnership') was established in 2005. Its aims were to implement the Government's family violence reform agenda by providing a collaborative and integrated service-system response to family violence that is sensitive and appropriate for people from diverse backgrounds; and strengthening interagency coordination in areas of planning and service delivery including prevention, early intervention, crisis, response and recovery approaches. Its aims were also to, where possible, co-locate family violence organisations; and increase organisational capacity to align goals and responses; and to deliver high quality services for the safety of women and children experiencing family violence, while holding men who use violence against a family member to account.

Centre for Innovative Justice

The Centre for Innovative Justice was established by RMIT University in 2012 and formally opened in March 2013 by former Prime Minister, Julia Gillard. The CIJ was established to research, advocate, teach and translate into practice innovative approaches to justice. The CIJ is about designing and driving better ways to do justice – ways that better fit the diverse needs of the people who use the system.

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Executive Summary

In early 2016, the Centre for Innovative Justice was commissioned by the Southern Melbourne Integrated Family Violence Partnership to recommend a model for a multidisciplinary response to incidents of family violence reported to police. This model needed to address the particular strengths, needs and challenges of the region - potentially targeting the gaps left by the current service response and taking into consideration the recommendations of the Royal Commission into Family Violence once these were released.

Accordingly, the CIJ reviewed relevant material and data provided by Partnership agencies; scanned wider models of multidisciplinary responses; reviewed the Commission recommendations and, most significantly, consulted a wide range of personnel from Partnership agencies. This work revealed a dedicated service sector swamped by overwhelming demand, as well as a strong police focus on recidivist offenders and improved quality of L17 referrals. Consultations also revealed multiple examples of how agencies within the region had already adopted a range of collaborative and integrated working arrangements.

Despite these strengths, the CIJ's work also identified significant gaps within the service response currently on offer. These included gaps in responses to perpetrators; as well as in relation to matters where the victim and perpetrator remain in the same home. Consultations indicated that this situation occurred either because of cultural imperatives which mean that leaving is not considered an option by the victim; because the perpetrator is an adolescent or adult dependent child whom the victim would not consider abandoning; or because all members of the family have complex needs, with family violence not necessarily considered by the victim to be the most urgent one.

The CIJ's task was to examine a range of approaches to better integration and collaboration, and to identify which – if any – may be appropriate to fill these gaps and complement the existing service response. Accordingly, the CIJ drew on previous work in its 2015 report *Opportunities for early intervention: bringing perpetrators of family violence into view*, as well as scanning comparable national and international examples of multidisciplinary responses. In doing so, the CIJ also examined the most current research around the benefits of different multidisciplinary approaches, noting conclusions by prominent researchers that insufficient evidence exists to suggest whether one particular approach is more effective than another overall. Instead, the research notes that certain principles must inform the evolution of a model which is *most appropriate to each relevant community*.

The CIJ also looked in detail at the program and operation of Taskforce Alexis (TFA), a response which is particularly relevant as it has been running in a neighbouring division of the Victoria Police Southern Metro region and has just been rolled out to a further two. This model is not designed to be a generalist response, but instead targets repeat cases where the family has been the subject of three or more police referrals.

Like other integrated responses highlighted in this report, the TFA response was developed in recognition of the low rate of referral engagement among particular cohorts, with the conventional response of specialist services phoning or texting individuals gleaning relatively low uptake. Equally, the TFA model was also developed in recognition of the fact that many of these repeat contacts involved women for whom 'leaving was not on the table'; or perpetrators with complex needs which were either contributing to their violence, or preventing effective engagement with the prospect of change.

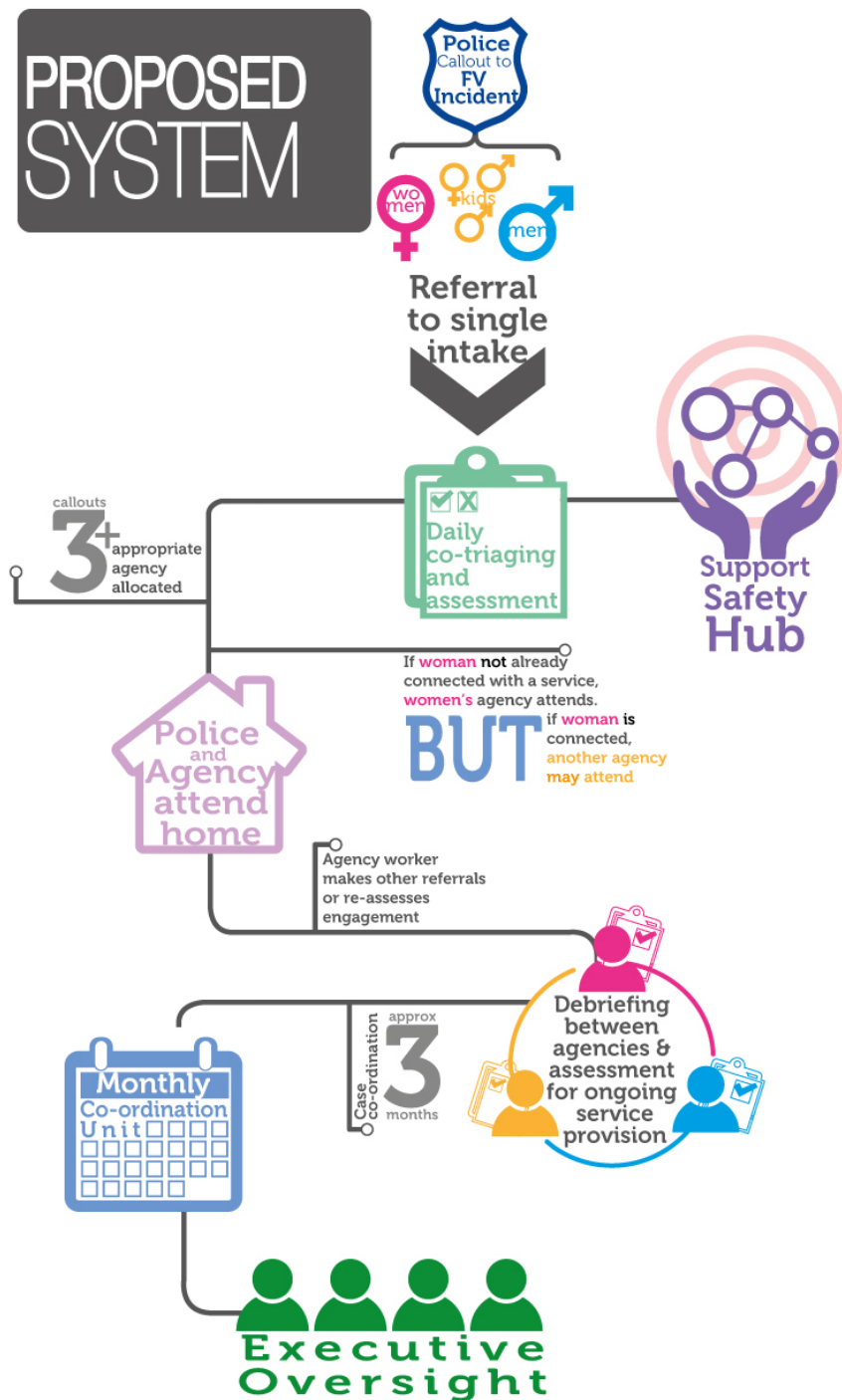
The CIJ approached the project with no fixed view about what kind of response would be appropriate to meet the needs of the Southern Melbourne region. Certainly, like the broader research, the Royal Commission into Family Violence emphasised the need for models to be developed in direct response to the needs of any particular area.

However, the CIJ was struck by the synergy between the challenges it identified in the Partnership's catchment and the 'program logic' of the Taskforce Alexis model. That said, it also identified certain reservations about this model, which are described in this Report.

Just as importantly, in reviewing the Final Report of the Royal Commission into Family Violence, the CIJ identified broad themes and specific recommendations which seemed directly applicable to the objectives of the Partnership. These included the recommendation for integrated 'whole of family' intake and triage through the establishment of Support and Safety Hubs, and better recognition of the need to provide services to address violence occurring within a household.

Accordingly, the CIJ has recommended that the Partnership adopt a model which combines the benefits of the Taskforce Alexis model with the recommendations of the Royal Commission. This includes:

- Integrated, 'whole of family' intake and triage by specialist women's services; men's services; and Integrated Family (ChildFIRST) services; to be combined in addition with Victoria Police (the CIJ has recommended a number of options for the location of these triage meetings).
- Integrated, flexible outreach to families who meet the criteria for repeat contacts and who may not be well serviced by the current response. This includes families where specialist referral uptake has been low; where the perpetrator is still in the home; where cultural imperatives act as barriers to safety; or where an adolescent or adult dependent child is the perpetrator.
- Integrated debriefing and case management discussions following outreach visits.
- Support from Case Coordination teams and an Executive Group with broad representation which can increase information sharing and build collaboration.
- The development of appropriate Memoranda of Understanding and Confidentiality Agreements to ensure that working arrangements are overseen with care and that information is handled discretely.
- Provision for appropriate and targeted evaluation of the model as it is undertaken.



Rather than reinvent the wheel, or guess at alternatives where evidence does not exist, the CIJ has attempted to make a useful contribution which draws on the strengths of existing examples, as well as reform already underway. A significant amount of uncertainty still faces agencies across Victoria as the implementation of the Royal Commission recommendations fall into place. The CIJ hopes that, within the constraints of a limited engagement, this work can serve to highlight the needs of the Southern Melbourne region and support more nuanced approaches at 'the front end' - potentially contributing to less demand on services down the track.

Background and Context

The Southern Melbourne Integrated Family Violence Partnership ('the Partnership') was established in 2005. Its aims were to implement the Government's family violence reform agenda by:

- Providing a collaborative and integrated service-system response to family violence that is sensitive and appropriate for people from diverse backgrounds.
- Strengthening interagency coordination in areas of planning and service delivery including prevention, early intervention, crisis, response and recovery approaches.
- Where possible, co-locating family violence organisations; placing different services and increasing organisational capacity to align goals and responses
- Delivering high quality services for the safety of women and children experiencing family violence, and hold men who use violence against a family member to account.

The Partnership's catchment covers three local government areas ('LGAs'), being the City of Greater Dandenong, City of Casey and Cardinia Shire. This catchment area changed recently following a realignment of regional boundaries under the Department of Health and Human Services, with the re-adjusted Partnership signing a new agreement in 2015. A profile of this area features in the next section of this Report.

In late 2015, the Partnership made a commendable decision to explore opportunities for greater collaboration. In particular, the Partnership wanted to explore the value of multidisciplinary responses to police callouts, drawing on the success and lessons learned in other Victorian and interstate regions. These included the Domestic Violence Integrated Response Team ('DVIRT') in Queensland in 2010-2011; the Police and Community Triage (PACT) Project in Melbourne in 2011-2013 and the Task Force Alexis model that has been in operation in Division 2, Southern Metro Region. All these models have as their core objectives:

- To strengthen integration between police and services.
- To prevent the escalation of risk to women and children by early intervention.
- To promote successful and ongoing engagement in the mainstream service system including a smoother interface for clients working with multiple agencies.
- To focus on reducing the incidents of police attendance where there is a history of recidivism.

Accordingly, the Partnership established a Steering Committee to oversee the project and developed a project plan which, amongst other things, proposed that a consultant be engaged to develop a business case for a Multi-Disciplinary Integrated Response that 'would address repeat and chronic family violence cases'.

Project Plan

The project plan indicated that the proposal should involve a collaborative approach across government departments, community agencies and the police; work proactively with programs funded to provide family violence services; and align with the Victorian Government's reform agenda and the ultimate Royal Commission recommendations to:

- Increase the safety of women and children in the Southern Metropolitan region.
- Reduce recidivism overall through effective intervention both with victims and perpetrators. Here the proposal noted that 'typically, these cases include factors such as mental health, drug and alcohol abuse, as well as children and youth as victims and abusers'.
- Deliver this intervention through an integrated and coordinated response from all family violence services agencies, including Victoria Police.
- Develop an integrated relationship with other responses, such as RAMP.
- Strengthen relationships of services across all sectors.
- Draw on lessons emerging from the ongoing evaluation of Taskforce Alexis.
- Draw on the recommendations of the Royal Commission into Family Violence.
- Involve the use of existing Victoria Police resources.
- Develop a business case for a model which could potentially be applied more widely.

In early 2016, the Centre for Innovative Justice ('the CIJ') was commissioned to conduct this work. As the project only had a limited working budget, the Steering Committee proposed that a consultant would be engaged on the basis of two days a week over a period of three months, or equivalent to 24 days, which meant that consideration of all of the relevant issues were limited by these significant constraints.

While additional time and resources were dedicated to the project as an in-kind contribution from the CIJ, a more comprehensive piece of work would nevertheless have been desirable. It is important, therefore, that the recommendations in this Report and any decisions which may flow from them are viewed in this light.

Part One - Reflections of a wider need

Though engaged on the basis of a short term consultancy, rather than to conduct in-depth research, the CIJ saw value in placing this project within a wider context – one which reflected the fact that many other regions are grappling with the same challenges that the Partnership faces. This broader context may also function as useful background for a wider number of agencies over time.

As discussed in more detail later in this report, however, research conducted by experts in this area confirms that, because multidisciplinary responses are an emerging practice, insufficient evidence currently exists to indicate whether one particular approach (such as co-location of agencies versus embedding of a worker within a partner agency, for example) is more effective than others. This research suggests that, instead, approaches should be informed by certain underlying principles, but should also be developed in direct response to the particular needs of each relevant region.

For this reason, it would not be credible for the CIJ to draw conclusions about the merits of one specific example (nominated below) over another – particularly as the scope of the project did not allow for in-depth investigation in this regard. The following section therefore offers a ‘snapshot’ of the way in which the desire for a move towards a more multidisciplinary response is being echoed elsewhere around the globe. In doing so, where appropriate it draws on the CIJ’s 2015 report, *Opportunities for early intervention: bringing perpetrators of family violence into view*,¹ which – amongst other things – explored how police may build on relationships with service providers to respond more effectively when called to incidents of family violence. This included the capacity to make more active referrals for those experiencing *and* using violence.

The importance of initial responses

Certainly, as first responders to reported incidents of family violence, police can set the tone for how, or whether, a pattern of violence continues. Historical police indifference has, of course, been widely acknowledged as a significant part of the problem in terms of victim safety and perpetrator accountability, while more recent improvements have been seen as a significant part of the solution.

Once almost viewed as the opposition by specialist women’s services, police forces around Australia are now, for the most part, partners in the response - sitting at the same table;² appointing specialist officers and response units;³ and training members to appreciate the gravity and complexity of the situations they confront.⁴ The extent of this shift in practice and relationships over the last ten years, therefore, should not be underestimated.

¹ Centre for Innovative Justice, *Opportunities for early intervention: bringing perpetrators of family violence into view* March 2015, RMIT University, Melbourne. At <http://mams.rmit.edu.au/r3qx75qh2913.pdf>

² C Waterman & F McCormack, *Reforming the Family Violence System in Victoria: A shared experience*, Victoria Police and Domestic Violence Victoria, 2010.

³ The number of family violence units within Victoria Police has tripled since November 2011, with more than 30 now operating across the state. Victoria Police report that they are now responding to 60,000 family violence callouts a year. Victoria Police Blueprint 2012-2015.

⁴ P O’Leary, D Chung & L Bahnisch, Project S.A.F.E.R. (Safety Assessment for Every Response), *Evaluation Report*, A Joint Initiative of Research and Education Unit on Gendered Violence, University of South Australia & Domestic Violence Prevention Centre, Gold Coast Inc, Queensland Police, February 2007.

This being said, the task that police members still face is an unenviable one. Our collective desire to see family violence recognised as a serious wrong can sit at odds with the complex context in which it occurs – one in which a relationship between the parties often continues or resumes; in which the parties may share responsibility for children; in which the victim may be dependent upon the perpetrator financially; in which all parties may have other vulnerabilities; and in which complicated cultural considerations may exist.

Certainly, many women report that they want the violence to stop and their partner to take responsibility for it, rather than to see him punished or for families to separate.⁵ This does not mean, however, that women do not need a strong, expert and nuanced response at the time they call the police. Overall, the initial response that women receive will be a crucial contributor to whether they call the police again, or whether they are deterred from doing so by concerns that they will be subject to criminal sanction themselves; risk retaliation from the perpetrator afterwards; or risk their children being removed.⁶ This means that, if police are to respond as proactively as we might hope, they need to be equipped with a range of interventions.

Obviously, this already occurs to a significant extent. The aims of Victoria Police's *Code of Practice for the Investigation of Family Violence*⁷ include, as well as increasing victim safety and perpetrator accountability, to 'provide early intervention and disruption to break the cycle of family violence'.⁸ The Code also states that, to fulfil its aims, attending police and supervisors must consider if the action they have taken has resulted in, amongst other things, 'sensitivity to the complexities of diverse communities' and 'appropriate referral/s...'.⁹

Useful to note is that the Code also emphasises the importance of 'not making assumptions based on one's own belief system or practices' and that 'violence may be so normalised and alternative options may seem so limited...that some victims may appear to 'choose' to remain in a violent relationship. It is critical', the Code goes on to note, 'that police...do not in effect endorse these attitudes by a failure to intervene effectively...'.¹⁰ These requirements of being sensitive to others' beliefs while being sure to avoid collusion reflect the difficult balancing act that faces *all* agencies working with families experiencing violence.

Referrals made by police upon attending a family violence incident include formal and informal referrals. Formal referrals involve what is known in Victoria as the 'faxback' or 'L17' system, in which a Risk Assessment and Risk Management Report (VP Form L17) is filled out and faxed to the relevant specialist services for both victims and perpetrators. Police do not require the parties' consent to make this referral, but must advise them that the referral is being made before it is sent.

Once these referrals are received, the relevant agency contacts the victim and perpetrator respectively, either by phone or text or both, to attempt to engage them in service provision. While a few attempts at contact are made, the CIJ heard that too many (such as more than two phone calls to a female victim when a man answers the phone) is seen to increase risk, with text messaging being more effective.

⁵ Loddon Campaspe Community Legal Centre, *Will Somebody Listen To Me? Insight, Action and Hope for women experiencing family violence in regional Victoria*. April 2015

⁶ Koori Family Violence Police Protocols: *What Can You Expect?* At www.fvpls.org.au

⁷ Victoria Police, *Code of Practice for the Investigation of Family Violence*, Edition 3, V2, 2014.

⁸ Ibid, 1.2 Aims of the Code of Practice

⁹ Ibid 1.4

¹⁰ Ibid p 12, p 13.

If individuals engage, a variety of responses are available depending on the circumstances. Where women have not yet left the family home but are seeking to do so, they may be encouraged to come to a support service or safe accommodation and be provided with a cab charge to do so. Alternatively a specialist worker may provide outreach and visit the woman and children at a safe location.

The **Inner Middle Crisis Assistant Response**, or IMCARs, involves the South East Centre Against Sexual Assault working with the Salvation Army specialist family violence service to provide after-hours face to face response to victims of family violence, as well as victims of sexual assault. A Memorandum of Understanding with Safe Steps, the statewide family violence crisis service, means that after hours Safe Steps L17s are forwarded to the SECASA worker on roster. This worker will then meet with the client, provide them with clothes, a cab charge and the 'options talk' to help clients consider the pathways available. The CIJ heard that this was effective as 'you get much further face to face'.

In addition to these crucial services for victims, of course, a further response available to police is a referral to appropriate services for the perpetrator. This includes to a men's information line or behaviour change program (MBCP). Various men's lines operate around Australia which can be rung by men, their partners or concerned family members or friends to access information and advice.¹¹ MBCPs, meanwhile, can connect with men at all points along the trajectory of violence, without necessarily requiring contact with police.

In Victoria – and now recently expanded to NSW – referrals can be made to **Men's Active Referral Services (MARS)**, largely run by local MBCP providers, or to the After Hours Service which is attached to the statewide Men's Referral Service.¹² A similar service runs through Communicare in Western Australia. These referrals are triaged, with an intake worker attempting phone contact to reinforce the unacceptability of the man's behaviour; assess ongoing safety and risk; and to provide direct referrals and information as required.¹³

Workers try to encourage further contact where men may not be ready to participate in a face-to face assessment for an MBCP, but may participate in a second intake call later.¹⁴ Services identify this period as vital in order to seize the windows of opportunity which present following police callout, being one to three days following police attendance - at which stage a man is likely to be in a state of crisis; within a few days of attending court - at which point the reality of the situation may have sunk in; and two to three weeks after police attendance - at which point openness to change might be closing.¹⁵ Recent WA research has also recommended introduction of a service which contacts men within 24 hours of being served with a protection order to ensure that they understand its legal basis and conditions.¹⁶

¹¹ Men's Line Australia, at <http://www.mensline.org.au> . Men's Referral Service at <http://ntv.org.au>.

¹² NTV MBCP Provider Consultation Project, January 2014. At <http://ntv.org.au>

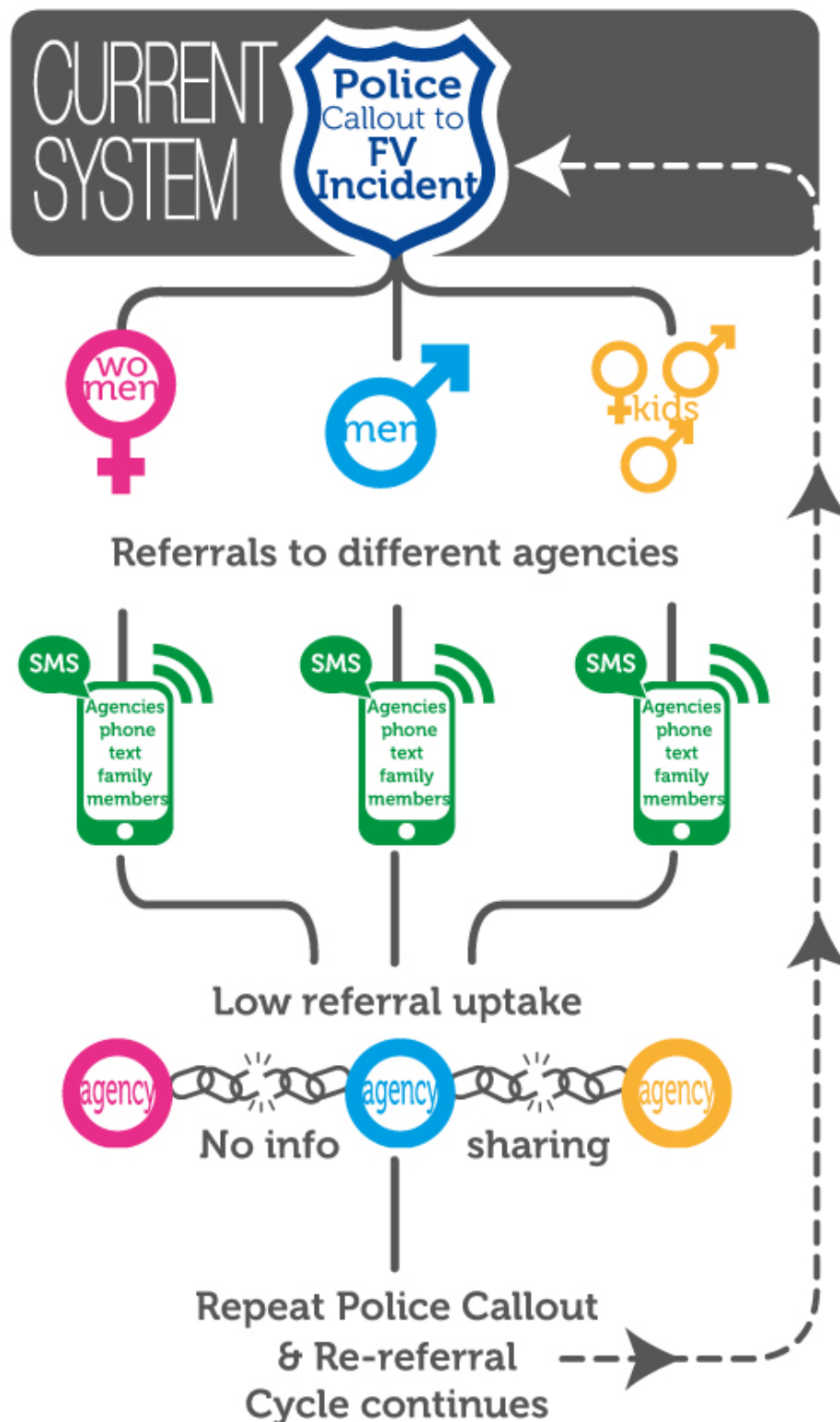
¹³ No To Violence, 'Enhancing front-end work of responding to police active referrals for men', 2014, *Ending Men's Violence Against Women and Children: the No To Violence Journal* Spring edition, 2014.

¹⁴ Ibid

¹⁵ J Edleson, *Promising practices with men who batter: report to King County Domestic Violence Council*, January 2008.

¹⁶ Curtin University, Communicare and Department for Child Protection and Family Support, *Breaching Safety: Improving the effectiveness of violence restraining orders for victims of family and domestic violence*. At <http://ntv.org.au/wp-content/uploads/2014-Breaching-Safety-Final-Report.pdf>

Nevertheless, engagement rates remain understandably modest given that this system relies on (a) being able to make contact with the relevant individual and (b) that same individual feeling in a position to engage with the service on offer. What's more, the majority of specialist family violence services are already exceeding their funded targets in terms of referral receipt and service provision to an extraordinary - and, presumably, unsustainable - degree. This means that the majority do not have the capacity to follow up referrals in a more proactive way and are therefore only likely to engage a certain proportion of clients. This in turn makes it more likely that a certain proportion of clients will inevitably cycle through the system again.



Barriers to engagement are also affected by the fact that funding and service delivery models are primarily designed to target circumstances of intimate partner violence in which the victims leaves the home or is planning to leave, or in which the perpetrator has been removed. Given these challenges with engagement – with victims, and even more so, with perpetrators - a number of programs overseas have attempted to make more of the opportunity that a police callout presents. Some examples include:

In Austria, police callouts usually result in a perpetrator being evicted from the family home for a period of ten days. The callout is then followed up by a **specialist women's service attached to police** which visits women to provide referrals and support. Women can then apply to a court for the eviction and order to be extended.¹⁷

A longstanding women's service in Scotland called **ASSIST** is now co-located with police and, where an arrest is made, specialist workers visit the victim to ascertain what support she needs. Police and ASSIST have also begun to audit each other's files and develop a monitoring process for serial perpetrators.¹⁸

In Winnipeg, Canada, **police-social worker teams** respond to households in which the police have been called out, often numerous times, but *where there is insufficient evidence to lay a charge*. These are cases flagged by the responding officers as having the potential to escalate. The specialist team visits the household upon agreement of the complainant and checks to see if there is further evidence that might result in a charge as well as making referrals to services for both the complainant and the alleged accused. This program was designed to intervene *before* escalation.¹⁹

These similar practices, emerging organically in different locations, all indicate an aim to provide more proactive engagement with those who may need their support. Closer to home, personnel involved in other integrated responses have also noted that one of the reasons for the development of their programs was a concern about low levels of referral engagement and follow up.

Co-location between Western **Victims Assistance and Counselling Program** (VACP) and Werribee Police occurred from February to November 2010. This pilot placed VACP case managers at Werribee Police Station so that victims presenting to police could be referred to face to face support on the spot. An evaluation confirmed the benefits of victims being able to access the service straight away and having contact with a service that they might not otherwise have accessed. Police and VACP staff alike observed better understanding of each other's roles and service; improved referral pathways and advocacy for victims; increased capacity of police to focus on policing; as well as victims feeling that the police had done more to help them and safer when accessing services. The evaluation suggested extending the model to other locations and encouraged refinements to improve understanding between roles; adequately resource staff in terms of equipment, and increase efforts to orientate each agency to the other's culture.²⁰

The CIJ understands that a systemic approach to co-location between Victims Support services and Victoria Police is being explored.

¹⁷ R Lagar, *The Austrian Model of Intervention in Domestic Violence Cases*, UN Division for the Advancement of Women pp 10-11, At <http://www.un.org/womenwatch/daw/egm/vaw-gp-2005/docs/experts/logar.dv.pdf>

¹⁸ M McGowan, 'What does it take?' Keynote Presentation to Domestic Violence Resource Centre Forum, 'What Does it Take? Addressing high risk family violence through an integrated response', Melbourne, 11 September 2014. At <http://www.dvrcv.org.au/knowledge-centre/multimedia/podcast/what-does-it-take-cathy-humphreys>.

¹⁹ L Tutty, K Wylie, P Abbott, J Mackenzie, EJ Ursel & J Koshan *The Justice Response to Domestic Violence: A Literature Review*, November 2008

²⁰ Evaluation supplied to the CIJ by the Victims Support Agency.

Similar programs, of course, operate specifically in relation to family violence:

Police in Caboolture have established a **Domestic Violence Integrated Response Team (DVIRT)**. The team comprises four Queensland Police Service members – three general duties officers and a District Domestic Violence Liaison Officer (DDVLO) – and a High Risk Domestic Violence Liaison Intervention Officer (HRDVIO) employed by the local specialist family violence service. Despite a longstanding policy of referrals to this service, police noted a low rate of engagement, seen as the result of the time delay between the incident occurring and the agency making contact. It was also seen as the result of the onus being placed on the victim to be proactive in accessing services. The DVIRT team was established with the aim of physically reaching the clients while they were still in crisis and then advocating on behalf of the victim to the support service sector, which may include mental health, drug rehabilitation or housing. Data indicates that engagement with services has lifted from three to 60 percent since the program started.²¹

The **Repeat Police Attendance and High Risk Response Program** operates out of Glen Waverley and Croydon Police Stations and involves joint Victoria Police and Eastern Domestic Violence Service (EDVOS) visits to women affected by recidivist offenders. At these visits the family violence team members give the woman information about intervention orders and take statements concerning criminal offences. EDVOS assesses the woman's needs and provides information and referral to appropriate services. In addition, representatives of EDVOS and Victoria Police (Child Protection officers are also invited) meet monthly to report on the progress of clients and discuss any concerns. EDVOS has found that the program's success rate in engaging with women is significantly higher than the standard engagement strategy of phoning women to offer information and support. For example, from March 2014 to February 2015 the Glen Waverley team made 174 home visits and 79 per cent of women engaged with EDVOS and participated in safety planning.²²

This kind of collaboration, of course, does not need to be reserved for the context of police responses.

Regarded as the 'gold standard' by many across the sector, the **Gold Coast Domestic Violence Integrated Response** incorporates a partnership between a hospital, specialist court, specialist women's service, an MBCP of 24 weeks duration and Corrections. The women's service, MBCP and Corrections office are co-located, enabling information sharing and consultation to occur easily, including about other forms of offending. Men's compliance with conditions of orders – including protection orders - are monitored closely by probation and reported to the MBCP and women's service, as well as to the court.²³

As we know, family violence is not only cyclical in terms of its intergenerational aspect but in terms of the frequency with which perpetrators, particularly high risk ones, reconcile with partners, or move onto subsequent partners and start the cycle again. Stepping in before further victims are subjected to abuse seems a persuasive reason for adopting an early intervention perspective.

Collaboration and outreach by specialist family violence services of this kind is essential. Rightly, these services work with people in extreme crisis – women who have fled their home; who are planning to leave; or who remain in their home once the perpetrator has been removed, but who continue to live in fear about his ongoing violence and retaliation.

²¹ Information provided to the CIJ by the Partnership

²² Royal Commission into Family Violence, *Final Report*, Volume III, p 63.

²³ Rosemary O'Malley, 'CollaborACTION', *Ending Men's Violence Against Women: the No to Violence Journal*, Spring 2013.

As the community is slowly beginning to understand – and as Rosie Batty has been so effective in explaining - separation is often the time of greatest risk to women and children, when a perpetrator may feel that his power and control has been undermined. Women living with violence know this and often feel that staying is the safest option, given that separation may not only risk escalation of violence, but likely expose the children to contact with their father without their mother’s intervening presence.²⁴ In addition, many women are unaware of the support services available; are financially dependent on the perpetrator and fear that they will have nowhere to go. Yet, as the Partnership’s submission to the Commission argues:

*When a mother is acting protectively and leaves a perpetrator, Child Protection services withdraw their involvement. This is in spite of the fact separation is a high-risk time which carries a heightened threat of perpetrators killing women and children. This is the very time that Child Protection needs to be further involved, as it is one of the few agencies which has a statutory mandate to protect.*²⁵

Services working with women in this cohort – services historically underfunded and who see the most extreme and often lethal cases - therefore face an enormous challenge. The acute violence, insidious control and sophisticated tactics of certain perpetrators mean that the priority of these agencies is always to remove women and children from the situation. It is understandable, therefore, that they perceive the greatest need through this lens. The snapshot of examples nominated above are all indications that services are working proactively and creatively to ensure that their response to this scenario is as effective as possible.

When leaving is not on the table

Service provision which *only* responds to these kinds of scenarios, however, means that we are left with significant gaps. Certainly, leaving is not a realistic option for many women, for the reasons described above, while some families are in such myriad forms of crisis that - somewhat extraordinarily - family violence is not seen by the woman as the most serious issues with which she is dealing.

Where this is the case – and where women and children do not receive an adequate response which meets their particular needs at the time – this may mean that the system colludes in a perpetrator’s control by failing to engage. Once risk inevitably escalates, the family will hit the service sector down the track and any opportunity for early intervention has been lost.

To this extent, the Department of Health and Human Services reports that many people subjected to L17s have needs across all other life areas and, where they can receive it, benefit from multidisciplinary support. The CIJ heard that these clients included perpetrators who were young, female or transgender; families who choose to stay together; women who do not want to leave their adolescent child behind if they leave the family home; and people who have a broader range of support needs.

²⁴ Dr D Kirkwood, *Just Say Goodbye: Parents who kill their children in the context of separation*, Domestic Violence Resource Centre, Discussion Paper No. 8, 2012.

²⁵ Submission to the Royal Commission into Family Violence by the Southern Melbourne Integrated Family Violence Partnership, p 9. Provided to the CIJ by the Partnership.

Certainly, this cohort is more substantial and varied than the community might expect. In addition to all the barriers described earlier, there are many reasons why women genuinely feel that they cannot leave. Women from CALD communities, for example, face a mountain of barriers to service provision, as well as to leaving the family home. As the Partnership's submission to the Royal Commission notes:

Women from a CALD background experiencing family violence are certainly vulnerable. An already difficult situation is accentuated by language difficulties, unfamiliarity with service systems, social dislocation due to immigration, alienation from culture and community, grief related to experiences of torture and trauma and limited culturally appropriate services. Issues of stigma associated with family violence, lack of access to financial resources and a lack of family and community support may dissuade CALD women to seek assistance....

The Partnership's submission goes on to note that:

Mainstream services face serious challenges in effectively addressing family violence in immigrant communities. Multiple factors have contributed in creating these challenges, but primarily the differences lie in conceptualization of violence against women between mainstream services and immigrant communities. Mainstream service providers, based on a model of individual rights, perceive violence and abuse against women as non-negotiable, and the safety of abused women is the priority in these situations. While immigrant cultures also see abuse as unacceptable, the approach tends to differ. Family violence against women is often seen as a family matter, which implies that only family can and should resolve it without intervention from anyone outside the family... There is an expectation that personal needs will be subordinated to those of the collective. Women are expected to maintain harmony in order to uphold the family's status and reputation.²⁶

Equally as relevant, parents whose adolescent or adult children are perpetrating violence against them are not in the cohort usually targeted by specialist family violence services. The Partnership's submission to the Royal Commission notes that the number of adolescents using violence against their parents is increasing in the Southern Melbourne Region.²⁷ Unsurprisingly, parents experiencing this violence – the majority of them being women as sole parents – are not likely to flee their dependent child in the middle of the night.

ANROWS and the Royal Commission have both identified the need for greater policy attention regarding the use of family violence by young people. As the Royal Commission noted:

The Centre for Innovative Justice recently reported that adolescent violence against family members requires increased attention, 'both as a standalone subject and as a consideration in family violence policy'. The Commission agrees. ²⁸

²⁶ Partnership submission to Royal Commission, p 17

²⁷ Ibid, p 4

²⁸ Royal Commission into Family Violence, Vol IV, Chapter 23, p 167.

While disparate programs across Australia offer services in this context, a considered policy response has not been developed, with practices differing within and across jurisdictions. As an expert witness also told the Commission in this regard, 'the family violence sector struggles with...[the idea] that children can be victims...as well as offenders'.²⁹ Mutually exclusively responses which treat people as if they belong to one of the two categories, but not to both, can then leave families without any support.

Meanwhile, many women may be experiencing a range of issues themselves, such as mental illness, acquired brain injury, substance abuse, debt or problem gambling. These may well be the consequence of the violence itself, as the CIJ's current work around ABI,³⁰ as well as one of its CIJ's submissions to the Royal Commission explores,³¹ a link which is not yet adequately understood. Regardless, these issues can further limit these women's capacity to separate effectively from the perpetrator.

Similarly, mental illness, substance abuse, ABI or gambling issues may function as a reason for the family or community to excuse or ignore the violence which men are perpetrating in their home. In this way, the violence can come to be seen as a consequence or symptom of these other issues, rather than as a serious and unacceptable violation in its own right. These associated issues can also prevent people from breaking the cycle of contact with the criminal justice system in which so many find themselves caught.

Informal referrals

For this reason, police and policy makers alike are looking for ways in which to remove the excuses that perpetrators use for their violence or to address the issues which genuinely prevent all parties from functioning effectively or complying with the law. As a witness told a Queensland Parliamentary Inquiry into this issue heard:

*...One of the frustrating things for police is some of the underlying causes to the problems that they interact with every day of the week. They do not have the answers... but other agencies do.....*³²

²⁹ Submission by Kildonan UnitingCare to Royal Commission on Family Violence, Submission 770, p 9. At www.rcfv.com.au

³⁰ Centre for Innovative Justice and Jesuit Social Services, *Enabling Justice Project Consultation Paper*, June 2016, Melbourne. <http://mams.rmit.edu.au/1079myx32meyz.pdf>

³¹ Submission to Royal Commission, Mental Health Legal Centre, Inside Access & Centre for Innovative Justice, May 2015. At <http://www.rcfv.com.au/getattachment/8E5F49BB-1D8C-4893-B6EC-F39B4C3F0B79/Mental-Health-Legal-Centre-Inc;-Inside-Access;-Centre-for-Innovative-Justice>. See also Submission to Victorian Law Reform Commission *Inquiry into the Role of Victims of Crime in the Criminal Trial Process* At http://www.lawreform.vic.gov.au/sites/default/files/Submission_CP_36_Centre_for_Innovative_Justice_30-10-15.pdf

³² Legal Affairs and Community Safety Committee, *Inquiry on Strategies to prevent and reduce criminal activity in Queensland* Report No 82, Queensland Parliament, November 2014, p 167.

Accordingly, the Victoria Police Code of Conduct notes that an informal referral must occur in all family violence incidents responded to by police where a formal referral has not been made.³³ However, in contrast with formal referrals - in which an agency attempts to make contact with the relevant parties - informal referrals put the onus on parties to make contact with the relevant agencies themselves.³⁴

Police are not in a position to compel uptake, nor to follow up whether individuals have engaged. When police are aware that a range of issues will contribute to a repeat of the violence or other forms of offending, this can be a source of extreme frustration and prove highly inefficient. With this in mind, various approaches have been adopted to try to address the complexity of issues with which many individuals present.

The Police and Community Triage (PACT) team is a pre-trial diversion program targeting repeat police contacts with people who are experiencing health, social or welfare problems. The project embeds mental health clinicians within the team and, once triaged, enables clients who consent to receive an assessment by the clinician for all their associated issues and then be provided with active referral to relevant support services. The project commenced in 2011 and ran over three years, with an evaluation revealing that clients were being connected to an appropriate service more effectively; that contacts between the police and repeat clients had reduced; that police were better able to focus on policing and that relationships between police and the service sector had improved. Amongst matters referred to PACT were many callouts to family violence incidents.³⁵

In some Australian jurisdictions, police callouts are being seen as a chance for more effective intervention:

SupportLink is a broad-based referral service to which police can refer clients. The service assesses client needs and then proactively sources appropriate services for them, rather than leaving them to make the contact themselves.³⁶ Data comparing the number of repeat calls pre and post SupportLink referral has identified that there has been a 39% reduction in repeat calls...since the service's deployment.³⁷

Further afield, a trial in Ontario, Canada, has applied the concept of 'second responder' models:

Perpetrators who had previously been arrested and who were assessed as moderate to high risk were contacted to see if they wanted referrals to health or treatment services. The men were also advised that participation in any intervention would not contribute to a lesser sentence. Subsequent charges for domestic violence related offences, as well as more general police involvement, were less than half in the intervention group than the comparison group, which comprised men who could not be contacted. This was the same at the 1 and 2 year marks, with less police time attributed to this group as well.³⁸

³³ Victoria Police, above note 7

³⁴ This contrasts with 'active' or 'warm' referrals, in which a relevant authority makes the contact on behalf of the individual, or supports the individual in making the contact themselves. The CIJ's 2015 Report noted that research confirmed the value of 'active' or 'warm' referrals in a range of contexts.

³⁵ Dr D Kesic & Ass Prof Stuart Thomas, *Evaluation of Police and Community Triage (PACT)* Final Report, Monash University and the Centre for Forensic Behavioural Science, July 2012.

³⁶ SupportLink National Pty Ltd, Submission No. 71, to Queensland Inquiry, above note 32. A limitation noted by the services is that referrals are strictly contingent on the consent of the party who is at risk. Further limitations are that services are not always available, particularly in remote communities.

³⁷ SupportLink National Pty Ltd, Submission No. 71, p 1, Queensland Inquiry, above note 32, p 167.

³⁸ In noting the results as 'surprisingly positive', the authors of the study attributed three possible reasons to its success. The first was that the interventions were tailored to the individual risk and needs, or 'RNR', of the clients.

While this trial was small, it signals the potential value of early referrals and risk identification. Just as importantly, it suggests the value of *any* service provision, given the additional finding that ‘lack of access to services and referral failure [wa]s the norm’.³⁹ In fact, many of the men would have otherwise been ineligible for services precisely because they were perpetrators. Here it is also important to note that this can be an issue for women who have been wrongly identified as the primary aggressor in a family violence callout, meaning lack of services for them and their children. Meanwhile, lack of service provision and case management for men can result in further isolation which entrenches violent and controlling behaviour.

As the Partnership’s submission to the Royal Commission argues:

*Many men attending MBCPs have dual diagnoses and other complex issues that would benefit from wrap-around case management... Women and children may be able to stay safer in their homes... if men were supported with case management.*⁴⁰

Even where perpetrators are eligible for services, lack of service *availability* – and men’s willingness to access it – is a theme echoed throughout the relevant research. Certainly, the CIJ’s work in this area has confirmed that contact with the justice system is often the only context in which a perpetrator’s risk and needs – in relation to family violence, but also in relation to other areas – are assessed, with men less likely to disclose or access support directly from other services. An example of this kind of contact with the justice system can be found in the Defendant Health Liaison Service operating in the Tasmanian Magistrates’ Court.⁴¹ This means that it is important to look at all the associated needs – and the risks that these present – of *every* member of the family.

The Multi Agency Protection Service (MAPS) is a partnership between South Australia Police, the Department for Communities and Social Inclusion, the Department for Education and Child Development, SA Health and the Department for Correctional Services. MAPS complements the Family Safety Framework (the process used to monitor high-risk cases) by establishing a process for gathering information and for agencies to raise cases at an earlier point. The MAPS concept co-locates participating agencies under one roof to facilitate real-time information sharing, risk assessments and allocation of responses. Initially starting with police referrals, when fully implemented the MAPS process will include referrals about domestic violence and child protection concerns from all partner agencies.⁴²

The second was the immediacy of the intervention, being after arrest but before the perpetrators had attended court. Most curiously, the authors proposed that a significant factor may have been that, in determining their eligibility for the program, the participants were advised at a relatively early point that they posed at least a moderate- to high-risk. The authors suggest that, as in health settings, early advice that a client is ‘at-risk’ can often lead to a change, even small, in behaviour. K Scott, L Heslop, T Kelly & K Wiggins, ‘Intervening to Prevent Repeat Offending Among Moderate- to High- Risk Domestic Violence Offenders: A Second-Responder Program for Men’, *International Journal of Offender Therapy and Comparative Criminology*, 10 December 2013. SAGE. At <http://ijo.sagepub.com/content/early/2013/12/03/0306623X13513709>

³⁹ Ibid p 16.

⁴⁰ Partnership submission to Commission, p 9

⁴¹ Centre for Innovative Justice, above note 1, p 50 & 55

⁴² Ibid, p 52

MAPS is primarily based on ‘multi-agency safeguarding hubs’, a child protection mechanism in the UK,⁴³ and as a result of the co-location of agencies has the capacity to triage cases much more quickly than would otherwise be the case. Cases are examined in order of priority, with agencies identifying who is involved, what action needs to be taken, and what information needs to be shared. Risk is determined not only on whether each incident meets a high risk threshold, but whether there are repeat victims involved. Although in its infancy the CIJ was told that intervention is occurring more quickly, with relevant agencies being alerted to drug use, self-harm or re-offending in a way that helps them to step in at an earlier stage.

Familiar to many in the Partnership and a specific subject of this project’s parameters, is the Integrated Family Violence Response, otherwise known as **Taskforce Alexis** or **TFA**. This model has been in operation in Victoria Police Division 2 for over 12 months and is currently being extended to Division 1 and 4 respectively. The CIJ is advised that work is occurring to refine and adapt the model to a certain extent, and that the model as it has operated in Division 2 has evolved since it first commenced. Broadly, however, this model seems designed to meet a number of the challenges described throughout this part of the Report, being the need for:

- Better engagement with specialist services by harnessing the value of face to face contact
- Connection to universal support services for individuals with a range of associated needs which may be contributing to the violence or functioning as an excuse
- Provision of support to women where the perpetrator remains in the home
- Provision of support to women experiencing violence from their adolescent or dependent adult child.

The CIJ heard that the TFA model was developed after analysis of data which revealed that, of the 3014 referrals to the relevant specialist family violence service in the 2014 – 2015 financial year, 64% were not successful at engaging the affected family member. Data also demonstrated that, of those families with whom engagement had not been successful, a significant number were repeat contacts, with a certain cohort having an average of 5.7 L17 referrals per affected family member. The CIJ also heard that police were noticing that a significant number of these repeat contacts included violence from adolescent or adult dependent children.

TFA is a 24 person unit which includes a family violence team, a mental health team, and a proactive policing team (focusing on youth support and crime prevention). In particular, it involves the ‘embedding’ of a specialist family violence ‘key worker’ in the family violence unit who participates in daily triage of L17 referrals with police and helps to identify recidivist or high risk families. Clients are eligible if they have had 3 or more police callouts, although there is discretion within the criteria. The worker attempts to make contact with the parties by phone and then accompanies police members on assertive outreach visits to these families to encourage take up of specialist and universal referrals, often through face to face introduction. Where assessed as safe, the key worker will conduct subsequent visits on their own, usually in a public place such as a café. The key worker’s role with the families ends once a service has been able to engage successfully. Where a woman and her children are already supported, the key worker will also attempt to engage perpetrators in referrals.

⁴³ Safeguarding Children, United Kingdom. At <http://www.londonscb.gov.uk/mash/>

Police members of TFA, meanwhile, adopt an investigatory approach. Each case manage around six families at a time and is expected to do at least one proactive visit every week. Police are responsible for cross-checking the LEAP database, while the key worker cross checks the Salvation Army database. A multidisciplinary **Co-ordination team** including Child Protection and men's services meets monthly to identify issues impacting on recidivism and to fast track intervention and support. An **Executive Group** oversees the model's operation.

The CIJ heard that, while there is no set time frame for the key worker's involvement, the average support period lasts for 37 days. After that, the key worker's file on the client is either closed because there has been no further incident or because the file has been handed over to a partner agency to manage. The police team will continue to manage a perpetrator's behaviour for three to six months. A Confidentiality Agreement signed by the key worker ensures that LEAP or other police data is not used or disclosed inappropriately.

More broadly, the multidisciplinary approach of TFA allows for the deployment of a mental health team or youth support/crime prevention team to families where this is appropriate. The mental health team - otherwise known as a Police and Clinical Emergency Response (PACER) unit - includes the embedding of a mental health clinician auspiced by Monash Health. This means that, where a police incident involves individuals with identified mental health issues, the response would include the mental health unit. Alternatively, where it involves a young person using violence in the home, the response is led by the family violence unit in collaboration with the youth support officers. The CIJ was told that, while the key worker focuses on appropriate referrals, police members focus on intelligent policing, evidence gathering and enforcement, with an emphasis on remand and prosecution of every individual breach of any IVO.

TFA is currently the subject of a three year 'action research' evaluation in which findings are incorporated into the ongoing operation of the model as they emerge. Preliminary results provided to the CIJ indicate that:

- The number of callouts to families who have been managed by TFA has reduced by 84%.
- The family connected with the highest number of L17s in the district had, since being taken on by the TFA, not been the subject of any known family violence incidents for three months.
- Nearly 40% of respondents in matters managed by TFA are dependent adult children.
- Crucially, risk assessed has reduced significantly for clients whose files have been closed.

In addition to these improved results for families, the CIJ was also told of improvements in policing, such as:

- Improvements in the quality of L17 forms and an increase in Family Violence Safety Notices issued, intervention order applications made and charges laid for breaches of these orders.
- Exposure of operational police to investigative approaches which is seen as valuable professional development. Where police are seconded to the unit, they take these new skills to their other roles.

More broadly, the CIJ heard that Co-ordination Team meetings have created a smoother interface between agencies, who are now engaging outside these meetings in a way that did not previously occur.

Reconceiving early intervention

As the Partnership told the Royal Commission in its submission:

Cases that may have responded to early intervention miss out because of the pressures on the system and often return as late-stage cases...The Partnership recommends that triaging should not be based solely on the severity of a case...⁴⁴

With this in mind, a more diverse range of interventions may need to be offered to the diversity of clients presenting to the system. Certainly, a sobering realisation in the context of family violence is that *any* effective intervention is early if it prevents a homicide.⁴⁵ What's more, while the Common Risk Assessment Framework, or CRAF, and RAMPS system represent Victoria's attempt to identify cases most likely to escalate or become lethal, experts point to the complexities of risk assessments, noting that high frequency and high severity, for example, do not necessarily equate to the same thing.⁴⁶

Meanwhile, though women are usually the most reliable assessors of the risk they face, those whose cases attract a low risk assessment often confront barriers in receiving an appropriate response later on.⁴⁷ As most in the field acknowledge, it is not possible to identify all high-risk situations,⁴⁸ especially while agencies are grappling with such high demand. This means that additional measures are needed – measures which can:

- Intervene in as many matters as possible at an earlier point in the trajectory of violence by making the most of the 2-3 week window of opportunity which researchers identify as crucial.
- Interrupt the cycle of violence with those at the lower risk end and, in doing so, reduce the volume.
- Consequently prove more effective in spotlighting those whose violence is more entrenched.
- Shift to proactive interventions which 'go to the source of the problem...'⁴⁹

This also means making decisions about how best to support and encourage referral uptake – both with specialist women's and men's family violence service providers, but also with services which may address contributing factors. Further, it means identifying ways to engage families who do not currently seek out this system's help or engage with it effectively, but who nevertheless place a burden on police and specialist services when they cycle through the system.

⁴⁴ Partnership submission, p 14-15

⁴⁵ Queensland Inquiry, above note 32, p 142.

⁴⁶ Dr M Salter, 'Managing Recidivism Among High Risk Violent Men', Australian Domestic & Family Violence Clearinghouse Issues Paper No 23, January 2012. .

⁴⁷ Ibid. Salter notes that women may underestimate their own level of risk and that risk assessments can obviously not meet the needs of women who have not yet presented as clients.

⁴⁸ Professor Cathy Humphreys notes that high risk collaborations would not necessarily identify individuals who chose to murder their children in retaliation against their wife. Address to 'Just Say Goodbye' conference, Domestic Violence Resource Centre. At <http://www.dvrcv.org.au/knowledge-centre/multimedia/podcast/just-say-goodbye-cathy-humphreys-address>

⁴⁹ Queensland Inquiry, above note 32, p 173

To this extent, the CIJ notes that TFA is not proffered as a generalist response to all family violence but, instead, as a response targeted at 'recidivist households'. Feedback emerging from the ongoing evaluation of TFA suggests that clients serviced by TFA represent a group that is not otherwise well serviced by the existing system and that, rather than a program designed to support a victim/affected family member with separation, the 'focus is to stop the violence occurring within the household'.

Similarly, other models highlighted throughout the first part of this Report explore a range of ways to engage with different families in different circumstances. As is so often the case, many of these initiatives developed at a community level, driven by local service providers to address the particular needs and challenges – and to harness the particular strengths – of their region. The question for the CIJ, therefore, is what kind of model can best meet the needs, strengths and challenges of the Southern Melbourne region.

Part Two – Results of Consultation with the Partnership

Work conducted by the CIJ

Once commissioned for the project, the CIJ conducted a range of work including:

- Reviewing material and data provided by relevant agencies.
- Reviewing broader literature around the benefits of integrated responses.
- Attending Steering Committee meetings and a Practice Forum on information sharing.
- Reviewing examples of different collaborative arrangements in other regions.
- Reviewing the recommendations of the Royal Commission into Family Violence.

Perhaps most significantly, the CIJ conducted a wide range of detailed consultations with representatives of agencies across the Partnership area. Most of these were individual and small group based, almost all were in person⁵⁰ and in many cases included multiple representatives of relevant agencies which work across large catchment areas. These therefore included travel to different parts of the Partnership catchment.

Consultations included a semi-structured discussion of around an hour's duration. Participants were informed that their comments would not be directly attributed to them, and asked for their views about strengths and challenges of the region, including the effectiveness of referrals; examples of successful integrated practice in the region, and their views about models that they were aware of elsewhere.

Individuals consulted included representatives of:

- South Eastern Centre Against Sexual Assault and Chair, Southern Melbourne Integrated Family Violence Partnership
- Regional Integrated Co-ordinator, Southern Melbourne Integrated Family Violence Partnership
- Victoria Police
- WAYSS (the relevant specialist Family Violence Women's Service)
- RAMP Co-ordinator
- Connections UnitingCare (City of Greater Dandenong , Casey and Cardinia catchments)
- Windermere Family Services
- Victims Assistance Program
- Launch Housing
- inTouch Multicultural Centre – both legal and case management staff
- Peninsula Health (provider of Men's Behaviour Change Program and Men's Referral Service)
- Relationships Australia (provider of Men's Behaviour Change Program)

⁵⁰ The spread of the Southern Melbourne catchment and the demands on people's time meant that a small number of consultations had to occur by phone.

- DJR (Community Corrections), including staff who work with offenders on CCOs and on parole
- DHHS (Community Participation unit, Child Protection, Senior Management)
- Indigenous FV Regional Co-ordinator
- Dandenong Magistrates' Court
- Monash/Springvale, Peninsula and Casey-Cardinia Community Legal Centres
- City of Greater Dandenong (Family Violence & Youth Services)
- City of Casey (Family Violence services)
- Cardinia Shire
- Salvation Army (Bayside Peninsula Partnership region)

Themes from the consultations were fairly consistent and are featured, though unattributed, throughout the remainder of this Report.

Southern Melbourne Region – A Profile

The catchment covered by the Southern Melbourne Integrated Family Violence Partnership includes three Local Government Areas (LGAs), being the City of Greater Dandenong, the City of Casey and Cardinia Shire.

The City of Greater Dandenong has 156,000 residents as at 2016 and is expected to grow to 179,000 by 2026. Most significantly, the population of CGD is one of the most diverse in Victoria, with over 150 different nationalities represented. The CIJ heard that it is also one of Victoria's most economically disadvantaged, with a high representation of intergenerational poverty amongst families of Anglo-Celtic origin.

The City of Casey has 305,000 residents and is expected to grow to 460,000 by 2030. As at August 2016 this LGA is home to the largest number of Aboriginal and Torres Strait Islander people in metropolitan Melbourne and, like the City of Greater Dandenong, is also populated by communities from over 150 nationalities, with 36.5% of the population born overseas. CALD populations most significantly represented include Indian, Sri Lankan and Afghani communities.

Cardinia Shire is also growing rapidly, although from a smaller base of around 91,000 in 2016. Population density is much more diluted than in the City of Greater Dandenong, while a much smaller percentage of residents come from backgrounds where English is not their first language.

Data provided to the CIJ by the Partnership indicated that the Southern Melbourne region is struggling with an extraordinary demand on all services. In fact, the area covered by the Victoria Police Southern Metro Division currently has the highest number of family violence incidents recorded by police in Victoria, with 21,852 recorded from July 2014 to June 2015, an increase of 63.5% since 2010-2011.⁵¹

Specific to LGAs, by 2013-14 the City of Casey rated the highest in Victoria with 3,572 incidents, the City of Greater Dandenong eighth with 2,133, and Cardinia Shire 11th, with 1,181 reports. Of note, however, is the fact that the number of incidents in Greater Dandenong declined by 5.3% between 2012-13 and 2014-15, which may reflect the increased focus on recidivist offenders.

The CIJ heard that, of particular concern, is the number of matters which involve repeat victims and perpetrators of family violence. These matters often feature a range of other interconnected and complex issues including mental health, dual diagnosis, unemployment, youth, disability, drug and alcohol misuse, homelessness and housing crisis, aged care, social isolation, gambling and legal problems.

The CIJ was also told that there was a very high correlation between family violence incidents and child protection notifications and substantiations. The City Of Casey had the highest number of child protection reports and substantiations in Victoria in 2010-2011. Victoria Police data for 2014 highlights that the Southern Melbourne region also recorded 2,519 family violence incidents in which children were present, with Casey having 1,333, Greater Dandenong 697 and Cardinia 489. At 41.4% of overall incidents in Cardinia, this is a higher proportion than Casey and CGD, and reflects the broader trend in rural areas.

⁵¹ Overall, the number of incidents recorded by Victoria Police across the state is increasing and has generally been occurring at a faster rate in non-metropolitan areas and areas of strong population growth on the urban fringe.

2013/14	Police Division	LGA's	Family Incidents	Where Charges Laid	Where Children Present	Where IVO Applied for	Where Safety Notice (SN) Issued	IVO+SN*
		DIVISION TOTAL	2,614	1,012	703	318	324	642
	SD3	CARDINIA	1,181	535	489	216	99	315
		CASEY	3,752	1,613	1,333	628	381	1,009
		GREATER DANDENONG	2,133	1,001	697	267	301	568
		DIVISION TOTAL	7,066	3,149	2,519	1,111	781	1,892

Table from Victoria Police 2013/14

As the above table indicates, the number of family violence incidents in which charges were laid increased by around 25% overall between 2010 – 2014, reflecting the focus on pro-arrest, pro-prosecution approaches by Victoria Police who have been targeting recidivist offenders.

Consistent with this, this table also reflects that, while referrals are made in the majority of cases, the number of IVOs applied for, or Family Violence Safety Notices issued, is smaller as a proportion when compared to arrests made – a trend not necessarily reflected in other police divisions across the state. This is interesting to note when also considering the application of what is sometimes known as the 'Dandenong response' – the fast-tracking of family violence offences in the local Magistrates' Court which has now been extended to other court locations.

As the Partnership's submission to the Royal Commission argues, inadequate resources exist to meet this overall demand, with agencies responding to family violence all exceeding their funded targets. For example:

- The Magistrates' Court is equipped to hear 25 family violence matters a day but instead hears approximately 60 matters per day, every day.
- Specialist women's services received 5,134 L17s in the 2013-14 financial year, an extraordinary 42,783% over their funded targets. In the 2015 calendar year, WAYSS received 7812 L17 referrals and recorded a total of 1485 new clients engaging with its crisis and outreach services.⁵²
- The Men's Active Referral Service covering the Southern Metropolitan Region received 5,619 L17s for the 2013-14 period. This was 1,800% over their funded targets.⁵³
- In the last 12 months, MBCP providers in the region reported waiting lists of up to seven months for access to their programs.

⁵² This figure was provided to the CIJ by WAYSS

⁵³ Partnership Submission, p 3

More broadly (and not exhaustively), the CIJ was informed that:

- Windermere, an agency offering a wide variety of services to families and youth at risk, records that family violence is present in between 83 – 100% of the families serviced across the various programs that the agency provides.
- Connections UnitingCare - a community agency which has received L17 Child FIRST referrals from Victoria Police since 2013 - reports that 60% of the families it services experience family violence, with a higher proportion of 80% in its Stronger Families program. In the 2014-2015 this service received 196 Child FIRST L17 referrals.
- Around 80% of housing clients also identify family violence as an issue, although over 60% have not had contact with specialist family violence services.
- In the relevant catchment area, approximately 40% of Community Corrections clients are known to have been impacted by family violence.
- Child Protection informed the CIJ that 9 out of 10 cases they see involve family violence, while 1 in 5 involve sexual abuse.
- The Victims Assistance Program notes that 30% of its cases are family violence related where criminal charges have been laid. This includes male victims.
- Springvale and Monash Community Legal Centre, which provides duty lawyers at Dandenong Court in the Children's Court jurisdiction and assists children as respondents to intervention orders, observes that 80% of these clients have observed family violence and 90% are from sole parent families.

As the Partnership's submission to the Royal Commission explains:

The gap between the increase in family violence reports across the three LGAs in Southern Melbourne and an ability to meet the demands of service delivery is becoming increasingly wider.

One individual consulted phrased things a little more bluntly:

...the windscreen is shattered and we're holding it together with sticky tape.

Network of Services in the Southern Melbourne Region – the Strengths

Consultations revealed a wide range of agencies with dedicated staff working hard to address a very complex and pervasive problem. Strengths in the catchment area include (but are not limited to):

- A well-established specialist family violence service run by WAYSS, with a purpose built facility (SWISS) providing secure accommodation for women fleeing violence as well as a range of outreach services and transitional housing. The CIJ heard that specific places were reserved in the crisis service for women with uncertain immigration status and also for single women.
- A clear commitment by Victoria Police to addressing recidivist offending, reflected in an increase in the quality of L17s, as well as higher arrest and prosecution rates for recidivist offenders.
- The introduction of High Risk Liaison Officers in each FV Unit (the CIJ heard this was unique to Division 3) who liaise directly with the women's service and RAMP Co-ordinator.
- Increasing emphasis on family violence specialisation by child protection.
- A dedicated focus on family violence by the local Councils who have, amongst other things, run the CHALLENGE program – a three-year project funded by DOJR modelled on principles of White Ribbon which involves engaging local mentors to challenge attitudes and sexist behaviours.
- The CIJ also heard that local government has taken the initiative to provide family violence training to council officers so that they might become more aware of family violence and do not contribute to an incident. The CIJ was told that the City of Casey recently won an award for this approach.
- A concerted emphasis from local government to work with families with high needs. In particular, the CIJ heard about a focus on engagement and outreach to fathers from CALD communities where there were no other services available. This work is done to raise awareness of the harms of family violence and the fact that it is not considered acceptable under Australian law.
- Commitment by other agencies to conducting specialist work with the substantial proportion of their clients who present with family violence issues but who have not accessed the specialist service sector. It is notable that many of these agencies, such as Windermere, facilitate the provision of specialist family violence training to staff of their own volition, despite not being resourced to do so.
- Funding for an Enhanced Family Violence Worker, auspiced by Connections UnitingCare, who liaises with agencies which work with families affected by violence but who are not currently involved with specialist services. This CIJ was told that this role focusses on building relationships and capacity; facilitating secondary consults and outreach; forming referral pathways; providing short term co-case management; and building insight into family violence behaviour.

Strengths also include a range of current or previous efforts to model an integrated approach across the catchment. These include multiple examples in which workers from one agency spend a day a week or more located on outreach to other agencies, or accompanying other agencies on outreach visits, such as:

- Community Legal Centres providing duty lawyer services at the Dandenong and Frankston Magistrates' Courts and the legal service from inTouch providing duty lawyer services at Dandenong.
- Relationships Australia providing a respondent worker at the court one day a week while a funded position awaits the completion of renovations at the court.
- Child protection workers attending court to provide advice, and DHHS and Youth Support and Advocacy Services (YSAS) attending court to work with child respondents to IVOs.
- Casey-Cardinia CLC attending the WAYSS SWISS facility once a week to provide women with legal advice. Follow up assistance is provided at the CLC office.
- Springvale/Monash CLC lawyers providing women with access to legal services at Monash Health.
- InTouch attending Dandenong Hospital to provide the same.
- Peninsula CLC providing duty lawyer services in the Family Law jurisdiction at Dandenong.
- Victoria Police accompanying Community Corrections on home visits.
- Group email conferencing between youth support officers and other support services.
- Plans to place child protection workers in police stations in Cranbourne (ultimately not adopted).

Particular examples of collaboration which have been or continue to be in operation in the Southern Melbourne region which may not be related to family violence, include:

The **South Eastern Melbourne Partnership in Recovery** (SEMPiR) provides coordinated support for people with severe and persistent mental illness and complex needs, with a particular priority identified as recently released offenders. To meet the needs of this group a Specialist Support Facilitator was co-located at Corrections to provide care coordination for recently released offenders; assist other SEMPiR team members working with this client group; drive capacity building within the team and establish networks and relationships within the area. In addition, SEMPiR identified that clients in this group were not getting access to health treatment. In consultation with management at Dandenong Community Corrections Services, the facilitator ran a pilot program for a Psychiatric Nurse to be co-located at CCS in collaboration with Monash Health (Clinical Mental Health Services) and Care Connect.⁵⁴

⁵⁴ Information provided to the CIJ by the Department of Justice and Regulation.

To this end the CIJ was told that an increasing number of offenders had complex mental health conditions which affected their ability to complete court order conditions and that offenders were often caught in a cycle of treatment, crisis, hospitalisation and remand. Since the co-location model commenced, staff confidence in terms of working with these complex offenders had significantly increased.

Others examples of existing collaboration are specifically related to family violence, such as:

Fortnightly **AFM Case Management meetings** at the WAYSS SWISS facility which involve Victoria Police Family Violence Unit Teams and their respective High Risk Liaison Officers; Child FIRST; Child Protection, Community Corrections, L17 Response Teams and the RAMP Coordinator. The CIJ heard that an example of these meetings' effectiveness included a matter in which a high risk respondent had been missing for three months. After pooling information with Community Corrections and cross-referencing with the Sherriff's Office, the respondent was located and the risk to the AFM reduced. The CIJ also notes that the RAMP in this region is recently up and running, with core and associate membership from a range of agencies.⁵⁵

Further, the CIJ heard that a model of co-locating Family Linkages workers in police stations in Cardinia had also proved highly encouraging. This was developed because of observations by Connections UnitingCare staff that 'if engagement isn't timely, families will drop out of sight. Potentially this means a further incident of violence, which only results in a re-referral down the track.'

In July 2014 Victoria Police and Connections UnitingCare agreed to operate the **Family Violence Linkages Project**. A FVL project worker was based at Pakenham Police Station two days per week, with an MOU developed which set out key agreements between Victoria Police and Connections UnitingCare. These included that the FVL project worker would participate in a triage process; attend with Pakenham Police FVU where appropriate to engage families; conduct a CRAF assessment separate to that of police; provide early intervention and assessment; refer individuals to the appropriate community based service/s and reduce the likelihood of police attending repeat contacts. Police in turn provided a work space and police transport, with members responsible for accessing Law Enforcement Assistance Program (LEAP) data bases, submitting L17s and other documentation; maintaining safety; and liaising with the primary police unit.⁵⁶

This program was funded by Connections UnitingCare from 1 July until October 2015, with Connections providing supervision and debriefing to the FVLW and relevant employee conditions. In the period 1 July 2014 to October 2015 the FVLW saw 297 families which included 615 children. Respondents in the relevant matters involved 139 ex-partners; 58 husbands; 24 sons and 16 daughters – reflecting the Partnership's observations that violence from dependent children was a growing concern. The project formally ceased as of October 2015 upon advice from Victoria Police that they were unable to continue. Due to this, the CIJ was told that the evaluation which had been in development was not able to be completed.

⁵⁵ Information provided to the CIJ by WAYSS and the RAMP Coordinator.

⁵⁶ Information provided to the CIJ by Connections

Network of the Family Violence Services in Southern Melbourne – Gaps and Challenges

Despite these numerous examples of impressive work by the Partnership agencies, the CIJ identified some gaps in the catchment response which represent an opportunity to be addressed. These are reflected to some extent in the Partnership's submission to the Royal Commission, but also in what the CIJ observed to be the somewhat limited availability of data, with the bulk of it focusing on inputs or outputs from agencies, rather than outcomes for clients. Levels of sustained referral engagement were not especially clear from the material provided to the CIJ, while the CIJ also heard that the funding model was the driver of the way that services recorded data and provided services. Other challenges included:

Lack of clear understanding between agencies

This included lack of awareness about how each conducted its practice, as well as pathways for clients between agencies, with various personnel consulted suggesting that 'agencies need to know what each other does'. This is no doubt a symptom of lack of time and high caseloads, but also appeared to be a symptom of siloing between specialist family violence services and broader family or universal services, as well as the lack of technological support and information sharing that the Royal Commission has sought to address. As the Partnership told the Royal Commission, 'there is still no common framework or even language amongst different services. This results in tensions, gaps and duplication of effort'.⁵⁷

One individual consulted for this project also observed:

Agencies are funded separately and competitively, and yet we expect genuine partnerships.

Lack of clear responses for women who elect or feel compelled to stay in the family home

This second challenge was identified by those consulted as particularly relevant to women from CALD backgrounds, who often did not want police to apply for an IVO, and for whom cultural imperatives made them feel responsible for holding the family together. The CIJ heard that various forms of violence experienced by these women – such as abuse from a husband's parents or other family members in some cultural groups – were not well recognised by specialist services. The expectation that a woman should leave her violent partner ignores historical and cultural imperatives in Indigenous communities as well.

Meanwhile, women who did not wish to leave the family home despite experiencing violence from adolescent or dependent adult children had limited responses available to them, while families where both parents were experiencing a range of complex issues, but where they did not necessarily perceive family violence to be their main presenting issue, cycled through referrals without any effective intervention.

This challenge is perpetuated by service delivery and funding models. For example, members of the Partnership relayed an example in which a woman sought private rental assistance to prevent being evicted from her home. As the perpetrator (who had caused substantial damage to the property) was still residing there, service providers concluded that they needed to wait until the woman was thrown into homelessness before she could qualify for assistance. The CIJ heard that the South East Family Service Alliance has found that between 81 – 83% of its clients present with various forms of family violence, with Alliance agencies striving to provide assistance to women who are not leaving relationships for a variety of reasons.

⁵⁷ Partnership Submission p 4.

Geographic distance between agencies and services

The police catchment covered by the Southern Melbourne region is effectively as big as the other three police divisions in the South combined, and is not well serviced by public transport. The CIJ heard that this was relevant not only to the ability of clients to access services, but also to the capacity of agencies to meet regularly where they are not supported by technology to communicate remotely. In particular, the CIJ heard that distance was especially relevant to women in the growth corridors of Casey and Cardinia, with geographic isolation compounding cultural and economic isolation experienced by women from CALD communities.

Of specific note, one individual explained that diversity and geographic could compound in a particular way when women seeking to travel to crisis services were provided with a cab charge to get there. Since the majority of taxi drivers are from CALD backgrounds represented in the local area, this led to potential exposure of the woman's location within her community. The CIJ heard that 'pink cabs' – with women only drivers – could make a difference in this regard.

Lack of adequate response to diversity

Further to this, the CIJ heard that 'CALD clients are slipping through the cracks', with no systematic way of recognising specific needs or facilitating referrals. For example, the CIJ heard that the specialist family violence service attends court each week with a list of matters based on L17 referrals. As CALD background is not usually recorded on the L17s – with no relevant box to tick – WAYSS, inTouch and the relevant CLC must decide which service is going to see which client based purely on the parties' names. The CIJ was told that this often led to confusion, and a missed opportunity to seek interpreting services. Where police have brought the application because the woman does not actually want the IVO in place, the complexity of the situation is further compounded.

Across the board, the CIJ heard that the needs of local Indigenous populations were not always highlighted. The CIJ was told that many Indigenous families lived in perpetual crisis and needed flexible support and culturally safe services. The CIJ also heard that, in contrast to the hidden nature of violence in other communities, family violence was often 'overshared' in Indigenous communities, with 'everyone knowing everyone else's business'. For this reason an appropriate response was not necessarily a visible co-location of services, as clients would not want to be seen risking involvement of their partner with police.

Of concern, the CIJ also heard that there were few specific services available for victims or perpetrators with disabilities. Where a mother is experiencing violence from her adolescent or adult dependent son, who in turn has an intellectual disability, isolation and complexity is further entrenched. The CIJ also heard that there is a significant gap in services for male victims of family violence.

Variable recognition of diversity and relevant service delivery

Further to the lack of adequate response to diversity was its variable recognition. For example, while the cultural diversity of the City of Greater Dandenong was comparatively well recognised, some personnel felt that the rapidly growing diversity of the City of Casey was not as well understood. This led to perceptions - whether accurate or not - of service saturation in the CGD, with the geographic isolation referred to above preventing women from feeling able to access these services. As one individual remarked: 'we need to start shifting services out to where the population actually lives'. This reflects the need for careful consideration when co-designing the region's Support and Safety Hub to ensure that it best serves the region's population.

Similarly, the rural and regional nature of much of Cardinia Shire was not seen to be adequately addressed by the 'urbanised' service delivery model in the CGD. This meant that the entrenched poverty of some families in these areas and the flow on effects of this poverty were not necessarily well understood. The combination of these different factors all in one Partnership catchment presents significant challenges with which other Partnerships may not have to grapple.

Lack of considered response to perpetrators

As the Partnership noted in its submission to the Royal Commission, case management is essential to keep men who pose a risk on the radar. The majority of those consulted agreed that case management and referral pathways for respondents was a significant gap in service delivery which should be addressed, although not everyone wanted to play a role in filling it. 'If people would get into case management early, would we actually need more resources, or would we reduce demand at the crisis end instead?'

In addition to repeat perpetrators, the CIJ heard that 'first timers [were] just as important, as we have an opportunity to make a difference'. Some identified a particular gap in service delivery to offenders 18 – 25 years old, or to young parents living in chaos, with agencies repeating their concern about violence from adolescent or adult dependent children, or right across the family structure. To this extent the CIJ heard that men from certain newly arrived communities faced specific barriers which stemmed not only from the cultural hierarchy *within* families, but also the hierarchy of the family in relation to external authority.

Lack of consistent integration with universal services and early intervention

The CIJ heard that there was inconsistent recognition about the role that universal services could play in providing a referral pathway. Particular examples repeatedly cited included Maternal and Child Health, as well as primary schools. Various personnel consulted observed that, while 'child protection was drowning', families were often more willing to engage with support services through a universal – rather than family violence specific – doorway. With robust referral pathways established, they could then go on to access specialist support.

Proliferation of partnerships, alliances...and meetings!

During consultations personnel repeatedly referred to various partnerships and alliances, sometimes getting confused about the context for a certain initiative or conversation. This suggested significant duplication. In particular, the CIJ was struck by how many meetings agencies attended, potentially a drain on time while not necessarily contributing to common understanding. Varying hierarchies of memberships within these partnerships, meanwhile, seemed to undermine full engagement, with many feeling that they were 'not allowed' to have a say in certain things. As one individual remarked 'family violence is everyone's responsibility. To assume this responsibility properly, however, we have to be brought into the fold'.

Royal Commission recommendations – How the landscape will change

Beyond those specific issues facing the Partnership, widespread reform faces all regions of Victoria in response to the recommendations of the Royal Commission. This will require greater integration, flexibility and collaboration, as well as a range of reforms to information sharing, housing models and court processes. Despite this clear reform agenda, however, uncertainty remains about how these recommendations are to be implemented, or how this implementation will be timed or resourced. This means that any additions or adaptations to the Partnership's current response may require agility or further flexibility down the track.

Regardless, many of the 227 recommendations are either directly or indirectly relevant to the focus of this project, as are a number of the Commission's broader observations throughout its extensive report. Some are relevant to *all* agencies working to address family violence, such as the review and implementation of a strengthened CRAF; increased training across the sector and the injection of resources into a range of areas. Others are directly relevant to information sharing and collaborative working arrangements and these include (but are not limited to):

Information sharing

Recommendations 5 – 9 include welcome recommendations for improvements to information sharing regimes. Of particular note, Recommendation 7 calls for the establishment of a statewide Central Information Point led by Victoria Police with representatives from Victoria Police, the courts, and the Departments of Health and Human Services and Justice and Regulation (Corrections) who are authorised to obtain information from their respective databases. A summary of this information must be made available to RAMPs, the recommended Support and Safety Hubs (discussed below), Safe Steps and MRS to permit effective assessment and management of risks.

Feedback loops

Many of the recommendations encourage the feedback of information following referrals (eg to police once a referral to a service has been made). Recommendation 25 specifies that DHHS should work with Victoria Police to develop these loops in order to obtain and share information about perpetrators.

Collaboration of sexual assault and specialist family violence services

Recommendation 31 calls for adequate funding to ensure that the above services consider shared casework models, secondary consultation pathways, information sharing, and joint education and training.

Pathways to services

Recommendations 35 – 40 cover issues relevant to all regional integrated partnerships including, most significantly, the establishment of Support and Safety Hubs in each of the state's 17 DHHS regions by 1 July 2018 (Recommendation 35). The establishment of a Support and Safety Hub in the partnership region will obviously have significant implications for the partnership's agencies, as the hub will be designed to:

- Receive L17s for victims *and* perpetrators, as well as referrals from Integrated Family Services.
- Provide a single, area-based entry point into local specialist family violence services, perpetrator programs and Integrated Family Services, linking people to other support services as well.

- Perform risk and needs assessments and safety planning using information provided by the recommended statewide Central Information Point, described above.
- Provide prompt access to the local RAMP.
- Provide direct assistance until the victim, perpetrator and any children are linked with services.
- Book victims into emergency accommodation and facilitate their placement in crisis accommodation.
- Provide secondary consultation services to universal or non-family violence services.
- Offer a basis for co-location of other services likely to be required by victims and any children.

Importantly, the Commission has also recommended additional funding to allow for:

- Co-design of the hubs with local providers.
- Appropriate infrastructure, including technology.
- Establishment of integrated intake teams.
- Practice leadership from an advanced family violence practitioner.
- Capacity to activate an after-hours crisis response where required.
- Provision of secondary consultation by other specialist organisations to the intake team.

Perpetrators

The Commission also made a range of recommendations designed to increase the focus on perpetrator accountability and integrated responses (Recommendations 85 - 93).

Adolescents who use family violence

The Commission's recommendations in relation to adolescents who use family violence also provided for greater integration between responses, (eg Recommendation 128), as well as collaboration between services. Recommendation 125, in particular, calls on Victoria Police to appoint dedicated youth resource officers to provide support to young people and their families following police attendance at an incident, akin to the youth resource officers currently connected with Taskforce Alexis.

Health

The Commission recommended (Recommendation 98) that specialist family violence advisor positions be located in major mental health and drug and alcohol services; and (Recommendation 99), that mental health, drug and alcohol and family violence services be encouraged to collaborate within 12 months by resourcing and promoting shared casework models and by ensuring that these mental health and drug and alcohol services are represented on RAMPs and other risk assessment models.

Cultural and linguistic diversity

The Commission also recommended that training be provided to specialist family violence and universal services to equip them to provide appropriate services to older Victorians, people with disabilities and, especially relevantly to the Southern Melbourne region, people from culturally and linguistically diverse communities (Recommendation 139). The Commission also recommended that funding enable agencies such as inTouch to build partnerships and provide advice to these services to enable them to respond effectively to the needs of people in these communities.

Aboriginal and Torres Strait Islander peoples

Importantly, the Commission also made a range of significant recommendations designed to encourage the provision of culturally appropriate and cross-sector services to Aboriginal women and children, and 'wrap-around' services to all members of the family, including appropriate crisis accommodation models.

People with disabilities

The Commission recommended that government fund specialist training for disability workers to encourage identification and reporting of family violence, that police receive training on disability; and that L17s ensure that disability data is collected, including regarding the kind of support required.

Governance

Significantly, the Commission recommended that local government performance measures are used to encourage the prevention of family violence and improved response (Recommendation 202), as well as that agencies which respond to family violence identify and develop safe and constructive ways to ensure that the voices of victim/survivors are heard and inform policy development and service delivery.

Investment

The Commission also recommended that Government introduce measures of contractual performance by service providers that more accurately reflect the objectives of ensuring victims' safety, preventing family violence and supporting those affected by it, and keeping perpetrators accountable. (Recommendation 225)

Broader observations:

Beyond the Commission's specific recommendations, the report explored the advantages of a range of integrated and co-located models. Taskforce Alexis and other examples familiar to the Southern Melbourne region featured significantly in the Commission's discussion throughout various parts of the report. The value of embedding or co-locating workers was also highlighted, though no recommendation was made in direct relation to that topic.

Broadly, however, the overall themes of the Report, as well as of the specific recommendations which seem to be particularly pertinent to the question of improved integration in the Partnership region, include:

- The report's emphasis on 'whole of family' response, with integrated intake at the Hubs requiring services to become more attuned to the needs of all members of a family once that family hits the system.
- The need to work with families where the perpetrator is still in the home.
- The importance of working with and tracking perpetrators at all stages of intervention.
- The merits, overall, of co-location and multidisciplinary casework models, as well as provision for secondary consultation between specialist and other services.

Questions put to the Partnership meeting on Thursday, 9 June 2016:

Consequently, the CIJ sought the Partnership's shared views about these particular challenges at a Partnership meeting in June 2016. Observations from those in attendance included:

- Anecdotal examples which reflected some confusion about referral and service pathways.
- Examples of how services were already working to ensure that whole families received a response.
- Discussion of the programmatic and service delivery barriers to working with families where the perpetrator is still in the home.
- Discussion around the fact that work with perpetrators can inadvertently collude in their control, as service delivery models require that agencies 'work on what the clients wants to work on'.
- Observation that most agencies can only ask questions and provide information, given that only a few, such as Victoria Police and Child Protection, 'actually have the power to do something'.
- Discussion about the fact that many women will only seek help when the crisis has abated, while perpetrators may only seek help when they can frame this as their own choice.
- Recognition of growing collaboration, with the RAMPs and AFM Case Management meetings having 'planted the seed' which now had to be infused at the early intervention level.
- Broader discussion about the usefulness of universal services, with the preference of many families being to go through a universal, rather than a family violence specific, doorway.

On the basis of these discussions, the CIJ feels confident that the Partnership (as represented at that meeting) is eager to engage with better integration and with the pending reforms more broadly.

Discussion – Principles of Successful Collaboration

With all of this in mind, the task of the CIJ was to assess whether an appropriate response exists which, based on research and experience in other contexts, may help to address some of the challenges identified in the Southern Melbourne catchment.

The CIJ did not commence the work with any fixed view in mind. Rather, the CIJ was keen to look at the question from an external and objective perspective, considering broader examples, and then applying these to the issues specific to the region.

This was not necessarily an easy task. As indicated at the start of Part One, there is actually little evidence about which particular multidisciplinary approach is effective in the long term, despite the increasing number of comparable examples. For instance, academics note that, in relation to child protection interagency working, it is generally 'a maze of differing philosophies, eligibility thresholds, knowledge bases, service types, funding contract arrangements and ethical and legal considerations'.⁵⁸

Certainly, a recent scoping review by a collaboration of researchers at the University of Melbourne involved in the PATRICIA Project, reported that:

...there is little definitive data on which clear suggestions for interagency working in this area can be made, as the evidence to suggest what works for services and systems or for the individuals being served is not yet available.

Despite this, the researchers did note that process – Memoranda of Understanding, scheduled meetings, formal working agreements, operation and service manuals – was a feature of effective integrative models and that, broadly, successful collaboration involves strong and stable leadership; clearly defined roles; enough resources; a history of successfully working together and shared passion.⁵⁹

A further meta-evaluation recently conducted for ANROWS found that common benefits included an increased focus on victim safety; reduction in secondary victimisation by minimising the number of times that victims have to recount their story; and increased perpetrator accountability. Challenges included different philosophical approaches and power imbalances between agencies; potential loss of specialisation and targeted responses; communication problems and lack of properly directed resources.⁶⁰ The CIJ was interested to see these challenges reflected in the Southern Melbourne Partnership.

⁵⁸ ANROWS, Landscapes, *The PATRICIA Project: PATHways and Research In Collaborative Inter-Agency working: State of Knowledge Paper*, Issue 14, 2015, p 55, quoting Tilbury 2013 p 312. C Tilbury, (2013) Social work with children and young people, *Australian Social Work*, 66, 311-313.

⁵⁹ Presentation by Professor Cathy Humphreys to Inaugural ANROWS Conference, Melbourne, February 2016.

⁶⁰ ANROWS, Compass, *Meta-evaluation of existing interagency partnerships, collaboration, coordination and/or integrated interventions and service responses to violence against women*, Key findings and messages, July 2016.

Examples from interstate and international contexts certainly signal the benefits of multi-disciplinary models. Indeed, the CIJ has just recently launched a multidisciplinary practice itself, adding a social worker to the legal service provided by its strategic partners, the Mental Health Legal Centre, which delivers civil legal assistance to inmates at the Dame Phyllis Frost Centre. Working to divest women of civil legal issues such as debt, housing problems, or family law, the service saw that women needed a continuum of support which extended post-release. The CIJ consequently engaged a social worker to provide social work services and support to inmates six months prior and post release and to supervise social worker students to provide these services.

Although in its very early days, the CIJ has already seen the value – and associated challenges - of genuine integration. For example, while the social worker shares her time allocation across the CIJ as auspice agency and the Mental Health Legal Centre, work is underway to integrate personnel properly into each team. This can boil down to something as simple as the permanent provision of a desk, rather than a ‘hot desk’, and a landline number, rather than just a mobile. The value of details like this are echoed in evaluations of other co-location models. Ultimately, the CIJ has seen – and as is reflected in the findings of evaluations of other models – that success of the arrangement depends largely on the commitment of the people involved, as well as the integrity and detail of the processes put in place.

The question is, therefore, what response is appropriate in the Southern Melbourne context? Certainly, the CIJ was not commissioned to explore *whether* a need for additional integration was indicated, but *how* this need might be addressed. Equally as certainly, the extraordinary volume and repeat offending indicated in the Southern Melbourne region suggests that further, targeted responses are absolutely necessary.

The CIJ’s consultations indicate very clearly that the Southern Melbourne region has a strong response available where women leave or plan to leave their home; as well as a strong, ‘zero tolerance’ response to recidivist offenders. In addition, the recent introduction of the RAMP, as well as the AFM case management meetings, illustrates the focus on high risk cases, both in terms of monitoring perpetrators and increasing the safety of women in the region. It is arguable, therefore – and it was put to the CIJ by some of those consulted – that this high risk response is sufficient, as repeat and recidivist offenders are likely to come to this meeting’s attention.

What was also clear from the CIJ’s consultations, however, is that the region needs a more effective response to families who are *all* in crisis, or where the perpetrator remains in the home. Given the extraordinary volume of matters that churn through the Southern Melbourne region, in fact, a focus on high risk cases is, regrettably, not enough. As discussed in Part One of the Report, many of these matters – potentially the bulk of them – may not be assessed as sufficiently high risk to qualify for AFM case management or RAMP attention. The burden that these matters nevertheless place on the time of police and support services, however, is draining resources from cases which need the most scrutiny.

This means that the specialist family violence response needs to be complemented by additional, proactive measures which can address certain gaps, such as with families where the perpetrator – whether partner, grandparent or child - is still in the home; or where the needs of all members of the family are especially complex and the parties are difficult to engage.

The CIJ identified these gaps as particularly relevant to the Partnership catchment area exclusive of its consideration of any particular model. That said, the CIJ was struck by the fact that the target clientele of the TFA model relates so directly to the gaps identified by the CIJ in relation to the Southern Melbourne region.

As the TFA project brief explains, it is not a response directed at all family violence incidents, but at a specific cohort of repeat and recidivist cases. Similarly, the TFA model is also intended to connect clients with multidisciplinary services and address their associated or contributing issues – issues which prevent perpetrators from engaging in behaviour change and victims from engaging with appropriate assistance and support. It makes sense, therefore, for the Southern Melbourne region to adopt a similar approach, particularly as almost all agencies consulted agreed that a more proactive approach to referral engagement and follow up was needed.

That said, although TFA is being evaluated over three years and the CIJ has been furnished with initial data, it is neither possible nor sensible to draw definitive conclusions. Furthermore, it is important to note that, in consultations, personnel from various Partnership agencies did express some reservations about TFA, as follows:

- Many expressed some discomfort with the police focus of TFA, including the ‘tough on crime’ tone of its title. One individual said: ‘I think it’s doing great things, but I wince every time I hear the name’. Conversely, the CIJ also heard that the ‘Alexis brand’ was gaining traction.
- Another had concerns that access to support services should not be contingent on police attendance: ‘Police are central, but the enforcement agency shouldn’t be the main responder’. To this extent, some suggested that a multidisciplinary response did not necessarily need to involve police.
- Some personnel noted a disconnect between the perceived ‘zero tolerance’ policing approach in the Southern Melbourne region – one illustrated, perhaps, by the comparatively high arrest rate, described above - and a multidisciplinary response which was essentially designed to direct people into service engagement and divert them from further police contact.
- A small proportion of those consulted did not view any addition of this kind as necessary. This was in part because of the AFM case management meetings which all agreed were producing encouraging results. This reservation also seemed to stem from a philosophical difference concerning the fact that TFA and equivalent models work with respondents, and are also designed to prevent violence occurring in the household, rather than to respond to women’s needs once they have left.
- Finally, a small number of agencies expressed caution about the concept of ‘embedding’ workers. This extended to embedding their staff in *any* agency, but particularly in the context of a police station. Some suggested that the workplace culture and modes of communication in a police station may be at odds with the workplace culture and language in their particular service. They also wondered whether an embedded worker would be compelled to perform tasks that were beyond their remit.

The role of police

The CIJ acknowledges these concerns but does not see them as insurmountable. For example, while the Royal Commission offered options, rather than firm recommendations, in relation to multidisciplinary responses the CIJ believes it would be a shame to lose momentum on the joint approach that has been developed by Victoria Police and specialist women's services. More broadly, the CIJ suggests that approaches of this kind are not about subsuming the culture of other services into police but about infusing a holistic, multidisciplinary approach within police culture as well. Evaluations of equivalent programs – and preliminary feedback from the TFA model – indicate that change in policing behaviour is an unexpected benefit of these models. This includes better understanding by police of the factors which agencies have to consider, and a more compassionate responses to victims.

What is less well understood, perhaps, is that this integrated response also increases the capacity of police to focus more effectively on policing. Where contributing issues such as mental health or substance abuse are addressed, for example, police are freed up to adopt a more investigative approach. Additionally, police indicate that time spent in these co-located models offer them a more well-rounded experience which contributes to professional development. Overall this means this response can *complement*, rather than work against a pro-arrest approach and a focus on recidivist offenders. This multidisciplinary approach *within* Victoria Police, as well as *by* Victoria Police, is likely to be more effective than a primary focus on arrest alone, which may simply displace or delay the issue.

Working with perpetrators/families who remain together

Equally, the CIJ understands that, through the lens of specialist family violence work with women who leave their violent partners, the status quo would seem sufficient. Certainly, the CIJ believes that a strong and unapologetically gendered analysis of family violence is essential – one that does not inadvertently collude in men's control. To this end it is notable that the service model of TFA requires that perpetrators be the focus of the TFA key worker *only* where victims are already adequately supported.

A gendered approach, however, should not preclude service provision to perpetrators, nor women who remain with them. Put simply, understanding the causes of family violence should not limit our capacity to address factors which contribute to or exacerbate it. Far from making excuses for violent behaviour, addressing these issues is about *removing* the excuses - peeling away the mess around the violence to highlight the inequity at its core. What's more, addressing these issues may mean that we do not have to wait until a woman is fleeing her home until support can be activated and the escalation of risk brought to a halt. If this can be achieved, then the demand on these essential specialist services can be reduced, and high risk matters better identified.

Embedding 'versus' other forms of collaboration

The family violence manager at the Salvation Army, the organisation which auspices the TFA key worker, advised the CIJ that concerns about an agency's worker being expected to go beyond their remit or being subsumed within the culture of another agency can be dealt with appropriately by a detailed Memorandum of Understanding and other working arrangements, as has been the case in the Division 2 catchment. More broadly, however, the CIJ suggests that concerns of this nature can be mitigated by the model proposed in the next section, and will also be diluted by the changes already on the horizon as a result of the Royal Commission.

While the Commission did not make any firm findings about the benefits of embedding as opposed to co-location or other forms of collaborative working, its broader recommendations concerning integrated intake at the Support and Safety Hubs will drive further integration between agencies in any event. Though not the subject of a specific recommendation, the Commission also noted that the role of police in relation to these hubs could be incorporated either by embedding a specialist family violence worker within the relevant police station; or by joint triaging of L17s. It makes sense, therefore, for any additional model to dovetail into those reforms, with the Partnership's catchment an ideal place to provide leadership in this way.

Proposed Model for a Multidisciplinary Response

1. Co-located, multidisciplinary intake and triage

The Royal Commission has recommended the integration of L17 responses through the establishment of Support and Safety Hubs which co-locate specialist women's, men's and Integrated Family Services.

With this in mind, the CIJ recommends that an improved response to integration in the Southern Melbourne region dovetail into this approach, by incorporating the work of specialist women's services, men's services and Integrated Family Services into daily co-triage of L17s in collaboration with Victoria Police. Just as the potential for 'virtual' co-location has been identified in the context of the Hubs, this triage could occur through physical co-location/agency attendance at a shared location or via relevant technology. Either way, this triage process should identify those families who have been the subject of 3 or more L17 referrals and who may meet one or more of the following criteria, being that they:

- Have complex needs, such as mental health or substance abuse issues.
- Come from cultural backgrounds which present particular barriers to referral engagement.
- Feature victims experiencing violence from their adolescent or adult dependent child.
- Include perpetrators who require multidisciplinary interventions.
- Not be well serviced by the current model in the Southern Melbourne region.

The safety of women and children should obviously be the primary focus of this model, as well as the accountability of those perpetrating the violence. Triage by multiple agencies will ensure the provision of a wider range of information at an earlier stage. This echoes the MAPS model, referred to earlier in this Report, which involves an even wider range of agencies triaging FV incidents reported to police on a daily basis. This intake and triage will obviously be supported and strengthened by improved information sharing regimes and the flow of data from the Central Information Point, once established.

Rather than just reduced callouts, the aim of the model should be that families are diverted out of crisis and risk to women and children is reduced. Through better engagement with other services, the aim of the model should also be that more information is gathered and that families feel able to seek support at an earlier stage. Given that families are often more prepared to engage through universal services, this may be the most effective approach with this particular cohort in any event.

Finally, an additional aim of the model should be that pooling information and comparing case notes about whole families at a time will not only improve the response for those families, but build relationships between agencies and increase understanding of each other's practice. After all, more is likely to be learned when that practice is actually conducted together, rather than just discussed. Overall, this approach should dovetail into the implementation of the Royal Commission recommendations, not only in relation to the Hubs, but its suggestions for how the role of police is incorporated into them as well.

2. Collaborative, multidisciplinary outreach

Depending on the results of this triaging, the co-triage team should then determine which worker from one of the participating agencies will accompany police on a visit to the relevant families. For example:

- Where the woman has engaged in support services, yet either she or her partner has associated issues of substance abuse, or where there are significant concerns about the children's wellbeing, it may be more appropriate for IFS/ChildFIRST to attend. The pilot by Connections UnitingCare in Cardinia Shire indicates the willingness of Integrated Family Services to embrace this model.
- An additional option may be for the triage and outreach arrangement to involve inTouch Multicultural Services Against Family Violence. The CIJ notes that inTouch is already modelling a range of different integrated approaches and in some instances may be the most appropriate agency to attend with police on outreach visits to families from particular CALD backgrounds across the City of Greater Dandenong and City of Casey in particular. For this to be as effective as possible, of course, Victoria Police should ensure that cultural information is recorded on L17s or other documentation.
- Where triage has identified that the woman is already engaged with support, it may even be appropriate for the men's service to accompany police on a visit to that family. This would take current practice by Men's Referral Services or MBCPs into relatively new territory and is something that should be approached with considerable care and negotiated with the relevant providers. Given that men (and, arguably women as well) are more likely to engage through a generalist doorway, it may be a more pragmatic approach for the IFS worker to attend with police and then carefully **debrief** (either in person, over the phone or via skype) with the men's services following the visit to compare notes and ensure that by 'working on what the client wants to work on', the outreach is not colluding with men's existing control.

A diversified approach to assertive outreach of this kind means that visits would need to be coordinated and rostered appropriately. Where an outreach visit brings additional information which changes the assessment, a partner agency may take over case management. While this approach may involve support for attendance at the triage meetings and outreach by different agencies, this approach will eventually be required by the Hubs in any event. It will also encourage:

- Relationship building and information pooling.
- Flexibility to respond to different situations (ie services would not necessarily be required to work with respondents where they did not feel comfortable doing so).
- Demand to be spread across agencies, rather than met by just one. This could potentially dilute agency concern that their workers would be subsumed by the workplace culture of another agency.

The CIJ also recommends that this outreach be supported by a Mental Health and Proactive Policing team which can address needs for clients with complex issues, as well as adolescent perpetrators.

3. Options for location of the triage meetings

The CIJ recommends that the Partnership take a flexible approach to the location or manifestation of the triage meetings, given the fluidity of the current reform agenda. This includes the establishment of the Support and Safety Hubs – including whether each will be a virtual or physical hub – as well as what the CIJ understands is a move towards a more divisional response by Victoria Police.

(a) Perhaps the most obvious option for the triage location at the outset is each of the Victoria Police Family Violence Units in Division 3. Echoing the operation of the TFA model in other regions, this would maximise access to LEAP and other police data, as well as other infrastructure. This would require attendance by agencies at three different locations, which is obviously more resource intensive for agencies, but would support the delivery of a localised response and potentially increase service provision to the Southern Melbourne region overall. Those agencies supporting the triage meetings would therefore need to be appropriately resourced, particularly as travel in Division 3 is more demanding than in many other urban police divisions.

(b) Another option is that these triage meetings could occur at the proposed Support and Safety Hubs, once established. Again, this would mitigate anxiety about agency worker being embedded within police. As we do not yet know what the Hubs will look like or how they will be located, however – including whether they will be virtual or physical - this is an option that could be considered by the Partnership at a later date. Given only one Hub will service the region, its location (if physical) may have a bearing on this decision.

(c) A further option is that this triage occurs at a Divisional level, potentially at a neutral location such as the Multidisciplinary Centre (MDC) in Dandenong, which the CIJ understands currently has a floor vacant. The CIJ notes that the Commission did not recommend the expansion of MDCs overall, as it considered that this would be too resource intensive and would not have statewide application. In this case, however, the benefits of this approach would be that it harnesses potential for greater integration with sexual assault services and therefore increase the availability of secondary consults and information sharing. It would also dovetail into any move towards a more 'Divisional' response to policing in the area, which the CIJ understands is currently underway in another Southern Metro division.

While this approach may be met with reservations, where appropriately designed and resourced, it could in fact overcome the siloing of service delivery. This is because it would compel police and agencies to engage with the full breadth of the region that they service, rather than just focusing on their more immediate geographic remit. If this is the option that the model ultimately adopts, agencies and police will obviously need to build travel time into their planning and rostering, and be appropriately resourced.

(d) A final option is for triaging to occur virtually, which may ultimately be a preferred option for agencies to adopt given the geographic distances involved. If adequately supported, agencies could meet each morning via 'skype' to exchange the information they each hold and assess relevant cases. The CIJ notes that this option will be more effective once the recommendations from the Royal Commission are implemented and relevant agencies may be able to access the Central Information Point and view the same information at the same time. The CIJ notes, however, that relationships are more likely to be strengthened if meetings are conducted in person – at least in the short term, while the proposed approach is being bedded down.

Wherever the triage meetings occur, if they are to occur in person, workers from agencies need to be resourced with a permanent desk and phone facilities (though potentially shared), and supported with transport arrangements. To this extent the CIJ notes that the question of whether agency workers should be 'embedded' and based at the triage location (if this is not the Hub) is difficult to answer definitively while the arrangements for the Hubs remain unclear. That said, the increased collaboration that is likely to result from the full range of the Commission's recommendations may mitigate the need for the emphasis on integration which would otherwise be recommended. The detail may therefore need to be fleshed out once the location of the triage meetings are chosen and these other questions of integrated working are pinned down.

There is significant benefit, however, in an approach which involves agencies spending time together beyond triage meetings. The CIJ has noted this in relation to its own multidisciplinary practice, while many of the evaluations that the CIJ reviewed also indicated the value of informal conversations and interaction to increase the exchange of information and strengthen relationships. A sense of impermanence or a transitory arrangement can undermine effective working arrangements or commitment. As DV Victoria told the Royal Commission, the value of the embedded worker model is that the worker is 'a full member of the team'.

The CIJ therefore recommends a 'time share' arrangement so that workers divide their week evenly between the triage location (if in person) and outreach work while allowing enough time to remain connected with their auspice agency, including through attending staff meetings. Where agencies are sharing the outreach work, there may be opportunity for workers to spend more time at their auspice agency, although ideally these additional resources would be targeted towards earlier intervention with a greater number of clients.

The CIJ also suggests that, in the short term, it may make sense for the triage meetings to occur first at each FVU in Division 3, and then – if it seems appropriate in all the circumstances - move either to the MDC or a Support and Safety Hub once Victoria Police policy and wider reform is bedded down, or to a virtual arrangement. The option for review and flexibility should be built into any Memorandum of Understanding developed by the Partnership, with potential for relocation after a period of six months' operation.

4. High risk cases

Daily triage meetings – supported by the information sharing improvements flowing from the Commission recommendations – will obviously contribute to more detailed risk assessment. These assessments can then be compiled and sent through to be a standing item at AFM Case Management and RAMP meetings, potentially increasing their effectiveness because more information has been gathered, just as the MAPS model complements the Family Safety Framework in South Australia. As one individual consulted observed: 'we need a bit of RAMPing earlier on'.

5. Coordination and oversight

Similar to the TFA model, the CIJ recommends that a Case-Coordination meeting occur on a monthly basis which can oversee case management of families and assess issues contributing to recidivism. Again similar to the TFA model, these meetings should involve representation from the agencies involved in the intake and triage, as well as Child Protection and Corrections. The CIJ also recommends that the meetings involve InTouch Multicultural Centre Against Family Violence if this agency is not already participating in triage.

The CIJ's preferred model of triaging would involve a wider range of services than is actually proposed here but acknowledges that geographic spread and demand on agency time mean that a more resource intensive approach is not necessarily realistic. It is therefore essential that services such as Housing, as well as Drug and Alcohol be a part of the Coordination meetings, as this can help to contribute to increased understanding about how risk and recidivism actually manifest in specific cases. If a Mental Health and Proactive Policing Team are not already incorporated into the model, mental health clinicians and youth support workers should also be involved. Given that local Councils also interact with families experiencing violence – and often where other services have not yet engaged - these teams may also have useful insight and information to share about families only just beginning to appear on the specialist or family services radar. Again, technology can play a role here, in which agencies can upload information on a shared platform (where the information sharing regime allows) or where agencies can participate in the Co-ordination Team meeting via skype.

An Executive Group should also meet on a quarterly basis and take a broader perspective across the whole region to analyse the effectiveness of the work arrangements and impacts on risk and recidivism. This should include senior representation from the agencies participating in the core model and, in accordance with the Royal Commission recommendations, potentially also consider representation from a Victims' Advocate, in line with the wider reforms flagged in this area.

6. Other Collaborative Arrangements

Like the TFA Model – and as recent ANROWS research confirms is essential – the model which the CIJ recommends must also involve a Memorandum of Understanding between participating agencies. While the details of the working arrangements will need to be finalised, this MOU should address the following issues:

- Auspicing, training and employment arrangements for the participating workers
- Workspace and resourcing allocations for workers which address desk allocation, computer and phone allocations (including desktops/laptops; landlines/mobiles)
- Safety considerations and responsibilities for different roles (eg record keeping/case management)

Beyond this, the success of the model should not be dependent on just participating workers, but on the agencies who auspice them. The CIJ suggests that the TFA model functions as a useful example, with supervision of the key worker shared between the Family Violence Program Manager at the Salvation Army and the relevant Officer in Charge at Moorabbin Police Family Violence Unit, who meet on a regular basis.

The model will also require a Confidentiality Agreement so that participating personnel do not use or disclose confidential information inappropriately. The nature of this Agreement may be influenced by the reforms recommended by the Commission, to the extent that data currently prohibited from being accessed may be more readily available. The Agreement currently in place for the TFA model, while seeming quite appropriate, may therefore not be directly transferable.

7. Multidisciplinary Response – what’s in a name?

As indicated above, some people expressed concern that the name of the multidisciplinary response operating in the Division 2 region and now being extended to Divisions 1 and 4 was too ‘police oriented’. At the same time, the CIJ was told that the ‘Alexis brand’ was well understood and carried a certain weight. The CIJ acknowledges both these points of view. Use of the word ‘Taskforce’ certainly denotes a sense of enforcement and does not necessarily convey the response’s multidisciplinary focus. A title which expresses this more effectively may therefore inspire greater ownership within the Partnership’s member agencies. That said, while the CIJ is unclear about what prompted use of the term ‘Alexis’, wide use of this term has cemented the concept in the sector’s imagination. For this reason, the Partnership may wish to consider the adoption of a name for the proposed model which harnesses both these strengths.

Some options might include:

- *SAFER Alexis Response (Safety and Accountability for Families Engaging in Referrals)*
- *Alexis FAST Response – (Families, Accountability and Safety Team)*
- *Alexis EARLI Response – (Engagement, Accountability, Referrals, Links, Intervention)*

Alternatively, the Partnership may wish to dispose of the ‘Alexis’ term as well and proceed with its own title.

8. Consideration of restructure in terms of meetings

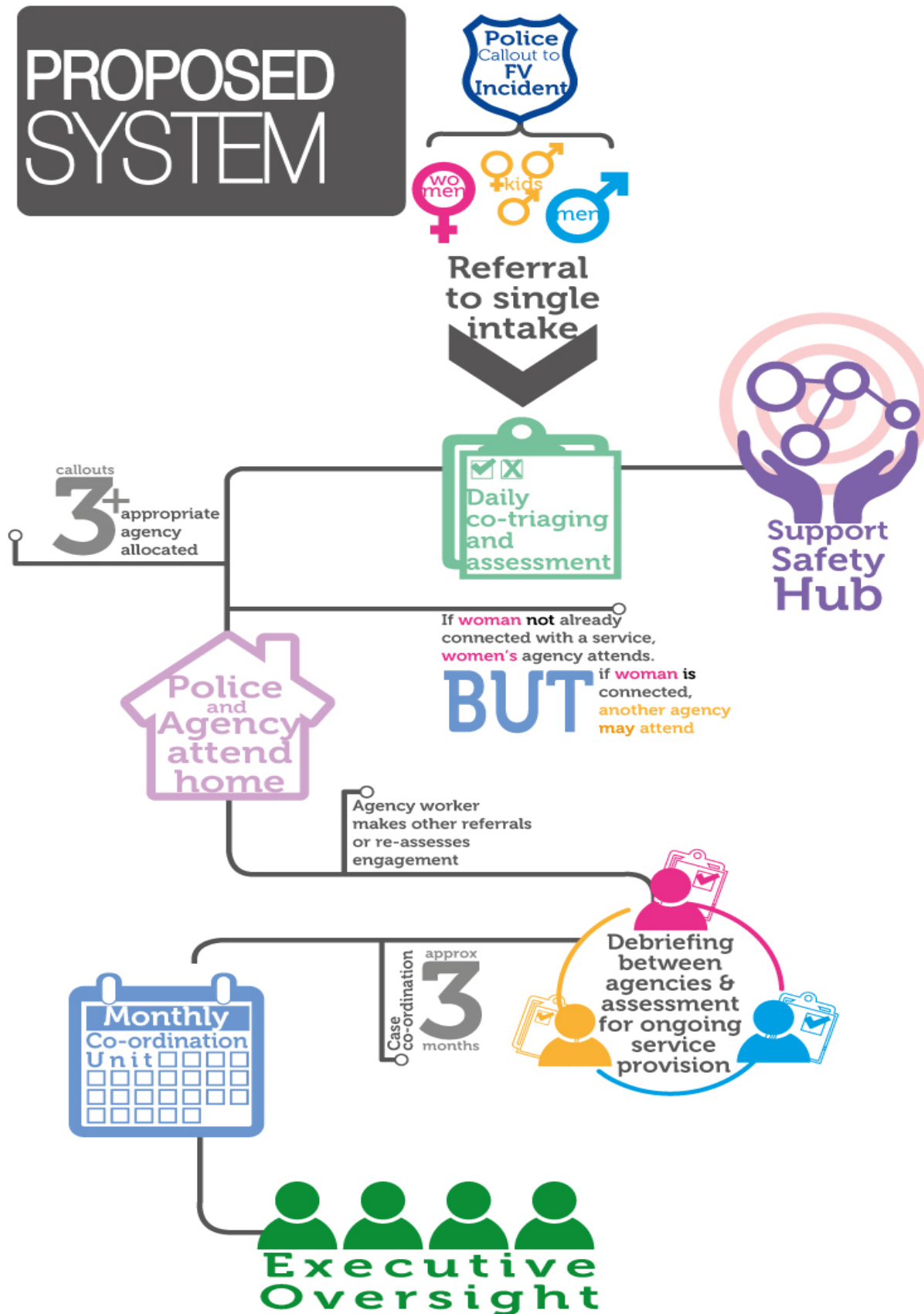
Beyond the scope of this project, it is worth noting that some committee/alliance/partnership structures may need to be restructured in light of the Royal Commission recommendations. Considerable duplication seems to be occurring, with unnecessary siloing and hierarchies perpetuated. Given that the model proposed here recommends participation in a Case Coordination monthly meeting – and, for some, daily triage meetings – these will obviously be an additional call on agency time. It may be that relevant structures need to be streamlined in order for agencies to direct their attention to specific information sharing and risk assessment. The CIJ notes that the value of working together on specific files, rather than through higher level policy discussions, may be more conducive to the development of genuine team relationships.

9. Further work

Given the limits of the CIJ’s engagement, it is important to recognise that these recommendations were developed within significant constraints. For a model such as this to be properly developed and implemented, Victoria Police and Departments funding the participating agencies should support careful planning and program development to ensure that assumptions are tested and appropriate processes put in place.

10. Evaluation

Finally, the CIJ also recommends that the Partnership ensure that the model’s operation be properly evaluated. This may be a part of the broader Taskforce Alexis evaluation, or its own particular study. Either way, the CIJ strongly emphasises that evaluation focus on identifying whether risk has been reduced and that women and families have not just stopped calling the police. In fact, an *increase* in police callouts may be the result of initial engagement, with women feeling more confident that they will receive support. Either way, the program’s effectiveness must ultimately be seen through the lens of increased safety and reduced risk.



Conclusion

In its submission to the Royal Commission, the Partnership urged the Commission, amongst other things, to:

- Shift to a focus on outcomes, not inputs.
- Model brave leadership.
- Develop a more sophisticated response to differing family and social circumstances.

It has been a privilege for the CIJ to support the Partnership as it pushes for this more sophisticated response – and to gain an insight into the dedication and hard work of the agencies working across the Southern Melbourne partnership catchment. Like so many services which work with individuals experiencing family violence and associated issues, the members of the Partnership take their remits incredibly seriously and find new and creative ways of dealing with an insurmountable case load.

Unlike agencies in some other areas, the agencies in the Southern Melbourne catchment are juggling a fairly distinct convergence of challenges. These include a high proportion of Aboriginal and Torres Strait Islander families, as well as families from CALD backgrounds and families living in intergenerational poverty; rapid population expansion in growth corridors, including rapid increase of CALD families in those corridors as well; families in rural and regional settings and a comparatively large geographical span. In this context, the three LGAs which make up the Southern Melbourne catchment struggle with some of the highest reported rates of family violence in Victoria, with the City of Casey recently having the dubious honour of topping reported rates for the state.

Amidst all of this, the Southern Melbourne partnership must respond, like others, to the sweeping recommendations of the Royal Commission. A significant amount of change awaits, yet how this will manifest remains, in many ways, unclear. It makes sense, nevertheless, that any reform which the Partnership envisages take account of this broader change, as well as other adaptations which have already gained momentum. It also makes sense that, with certain aspects of the services in the Southern Melbourne catchment working well, additional reform not seek to duplicate this work but complement it by addressing those areas which are not working as successfully.

For this reason, the CIJ has recommended a particular path towards more effective police response and referral uptake. The CIJ has made these recommendations taking into consideration the gaps that it identified in the service response during consultations, as well as the reservations that some members of Partnership agencies expressed about aspects of Taskforce Alexis. The CIJ has also been mindful of the fact that this may challenge the philosophies or conventional approach of some agencies. Given that the imperative of the Royal Commission has already set a course for a shift in approach, however, the CIJ believes it important that the Partnership seize the opportunity to make this shift work as well as it can for the communities that it serves.

While family violence responses may have functioned in a certain way for a long time, the data tells us that Victorian families are not necessarily any safer, with many churning repeatedly through the system. In other words, the status quo is not working. The change which will be implemented over the next few years, therefore, is an opportunity not only for a greater injection of resources but to bring everyone in as equal partners in a more effective and nuanced response.

For this reason, the CIJ also urges the Partnership to collaborate in refining the details of any model it ultimately adopts, whether it is the one recommended here or a different adaptation. If we know anything about family violence reform, the success of any particular model is only as good as the people who deliver it. The CIJ therefore encourages agencies to overcome any hesitation they have about change and to acknowledge the value of *every* agency within the Partnership - whether specialist or universal service providers - to contribute to increased safety and accountability for families in the region.

The CIJ also encourages the Partnership to remember that this model should not be a static one – that approaches must continue to adapt and evolve over time. In fact, the underlying approach of many of the multidisciplinary responses described in the first part of this report recognise that change must be a constant companion as knowledge and collaboration increase – as long as the safety of women and children remain central to the response.⁶¹ The CIJ commends the Partnership for seeking to model its own form of brave leadership and wishes it every success with its ongoing mission for change.

⁶¹ M McGowan, above note 18; and R O'Malley, above note 23.