

## 2019 Submission - Royal Commission into Victoria's Mental Health System

### Organisation Name:

### Ovens Murray area Family Violence/Mental Health/Alcohol and Other Drug Capacity Building project

#### Your contribution

1. The Ovens Murray area Family Violence/Mental Health/Alcohol and Other Drug Capacity Building project (Recs 98 & 99 from the Victorian Royal Commission into Family Violence) has delivered a cross sector Framework for better care of a common client experiencing Mental Health, Alcohol and Other Drug and Family Violence issues. The project has also increased cross sector capacity and understanding, supported by a locally developed Framework, and can govern cross sector work. Innovative workforce responses to a locally built work plan, aligned to statewide guidelines, are another key success of the project, and would be applicable when rolling out the work post the Royal Commission into Mental Health.
2. The Ovens Murray Area based project Implementation Committee suggest that its learnings and achievements are as relevant for mental health services, as for family violence and alcohol and other drug services. Additionally, the experience of locally driven reform has been positive and is also recommended for consideration.
3. It is suggested that this project delivery model could be used as a model for delivering reform post the Mental Health Royal Commission.
4. Details of the project are set out below, with relevant documents attached. The Stage 1 final report has also been provided to the Family Violence Implementation Monitors office.
5. The Ovens Murray area Implementation Committee, and its Chair, would be pleased to provide more information as required.

Increasing universal services understanding of mental health, building capacity for the care of a common client, and improving the understanding of mental health issues and reducing associated stigma, is being achieved through the Ovens Murray area Family Violence/Mental Health/Alcohol and other Drug Capacity Building Project. We recommend that the Mental Health Royal Commission consider expanding this project, and using learnings from this project to enhance the rollout of reforms post the Mental Health Royal Commission.

This project is being delivered as a result of the Victorian Royal Commission into Family Violence. The Ovens Murray Implementation Committee overseeing the delivery of this project recommend that it's cross sector capacity building model, including a dedicated piece for developing governance and sector led change, supported by an outcomes framework and workforce recruited to task not FTE, be used to deliver recommendations, where applicable, from the Victorian Royal Commission into Mental Health. It is also suggested that continued funding of this current project could occur as part of the recommendations of the Royal Commission into Mental Health, and would demonstrate a cross sector response to intersectionality and common clients.

Recommendations 98 and 99 of the Victorian Royal Commission into Family Violence have resulted in a project being delivered in the Ovens Murray area that is building the cross sector capacity of the Family Violence, Mental Health, and Alcohol and other Drug sectors to work with great integrity, effectively and economically to provide care and support to common clients.

Silos between community service sectors and interventions can make it hard for people to access mental health support. Further, we are aware that interventions and support offered to a common client from various sectors can work very well if well coordinated and sequenced. But where the

sectors are working in isolation, or with an immature understanding of other risks and needs that the client may have, efforts can be at best ineffective or at worst, dangerous.

Our project is building sustainable system improvement to enable the mental health, family violence and alcohol and other drug sectors to be able to work collaboratively to care for a common client. Our committee has reviewed the project outcomes and sees synergies between the objectives of the Mental Health Royal Commission and this project, and we suggest that our project could be adopted as part of the Mental Health Royal Commission from the perspective of:

- driving cross sector governance improvements
- improving shared common client care
- building workforce capacity in a reform environment
- a rapid and large reform rollout.

This approach is well considered, developed locally, while achieving statewide reform expectations, and reduces the cross sector stigma for each of these client experiences; mental health, family violence and alcohol and other drugs.

Attached to this submission for consideration are:

1. Project Summary
2. Local Terms of Reference
3. Stage 1 Final report
4. Stage 2 Framework.

It should be noted that in rolling out the Framework, developed locally, the area based Mental Health services, and Albury Wodonga Health, are reviewing all case practice from a family violence lens. Family violence and alcohol and other drug agencies attached to the Ovens Murray project could also apply this review of their case management to consider mental health requirements. Endorsement of this approach by the Royal Commission into Mental Health would be beneficial.

Achievements though our cross sector capacity building approach now see mental health and alcohol and other drug project funding shared to deliver a better cross sector outcomes based solution than the simple placement of specialist staff to be called upon for expertise and secondary consultations.

Specialist Family Violence Advisor Capacity Building Program - Ovens Murray 18/19 workplan		
Activity Plan		
Agency sector collaboration	Identify existing networks & collaborations	Continue the development of an Ovens Murray area Stage 2 Framework and Partnership agreement. Consultation based on the draft Framework discussed at the September Implementation Committee meeting has commenced. So far ideas have been workshopped with CEO CAV and Gateway Health team. Dates are set to consult with the broader team at CAV and AWH. Dates to consult with other partners will be offered with the intent of bringing a revised draft back to Implementation Committee in February 2019. It is the intent that this Framework be established and handed over to Stage 2 of the project.
	Contribute to maintenance of existing networks and/or the establishment of new cross-sector networks	The project has delivered a suite of 4 Capacity Building workshops that will be deployed as needed. CAV have made Family Violence experts available to each of these workshops, enhancing the content and meaningfulness of the workshops. The presence of CAV at these workshops has enabled participants who have responses triggered, to receive appropriate professional support. They will also be available to Stage 2 as part of a sustainable, updateable and scalable set of resources. The Stage 1 Project team will now work with partner agencies to determine the best way to deliver these or similar workshops. The project team will also attend key staff meetings with partner agencies to strengthen engagement with the project. As CAV are not funded as part of Stage 2 ways to continue to include CAV in workshops after June 2019 will need to be established.
	Promote a Shared Understanding across agencies in relation to family violence reforms	Include in all events updated information about sector reforms. The Implementation Committee are invited to seek advice about the governance of the Information Sharing Regime as it applies to them as part of the Stage 1 project.
Service coordination	Identify and map local referral pathways (including eligibility criteria) through desktop research and/or access to existing catchment planning	Continue the development of an Ovens Murray area Stage 2 Framework and Partnership agreement. Consultation based on the draft Framework discussed at the September Implementation Committee meeting has commenced. So far ideas have been workshopped with CEO CAV and Gateway Health team. Dates are set to consult with the broader team at CAV and AWH. Dates to consult with other partners will be offered with the intent of bringing a revised draft back to Implementation Committee in early 2019. It is the intent that this Framework be established and handed over to Stage 2 of the project. Client engagement in the Program will also be explored through a purposeful and ethical lens.
	Identify opportunities to strengthen existing pathways or where appropriate, establish new pathways between agencies.	Continue the development of an Ovens Murray area Stage 2 Framework and Partnership agreement. Consultation based on the draft Framework discussed at the September Implementation Committee meeting has commenced. So far ideas have been workshopped with CEO CAV and Gateway Health team. Dates are set to consult with the broader team at CAV and AWH. Dates to consult with other partners will be offered with the intent of bringing a revised draft back to Implementation Committee in early 2019. It is the intent that this Framework be established and handed over to Stage 2 of the project.
Professional Capacity & Capability	Create opportunities to share family violence expertise with workers in AOD and MH agencies	The project has delivered a suite of 4 Capacity Building workshops that will be deployed as needed. They will also be available to Stage 2 as part of a sustainable, updateable and scalable set of resources. The Stage 1 Project team will now work with partner agencies to determine the best way to deliver these or similar workshops. The project team will also attend key staff meetings with partner agencies to strengthen engagement with the project.

Organisational Practice	Provide Family Violence expertise relating to service systems, screening tools, referral processes, information sharing and/or other legislative changes to AOD and MH workers.	Continue the development of an Ovens Murray area Stage 2 Framework and Partnership agreement. Consultation based on the draft Framework discussed at the September Implementation Committee meeting has commenced. So far ideas have been workshopped with CEO CAV and Gateway Health team. Dates are set to consult with the broader team at CAV and AWH. Dates to consult with other partners will be offered with the intent of bringing a revised draft back to Implementation Committee in early 2019. It is the intent that this Framework be established and handed over to Stage 2 of the project.
	Assist AOD and MH workers to understand and navigate the Family Violence system.	The project has delivered a suite of 4 Capacity Building workshops that will be deployed as needed. These workshops are currently delivered by the Stage 1 project team and CAV family violence experts. The workshops will be available to Stage 2 as part of a sustainable, updateable and scalable set of resources. The Stage 1 Project team will now work with partner agencies to determine the best way to deliver these or similar workshops, bearing in mind that CAV are central to the success of these workshops, but are not funded as part of stage 2 of the project. The project team will also attend key staff meetings with partner agencies to strengthen engagement with the project.
	Audit workforce capacity and identify the need for AOD and MH worker training and professional development activities.	Partner agencies have undertaken Organisational Readiness Assessment tests, or been offered same. Follow up tests are available until 30 June 2019, and will be able to assess if training identified has been delivered.  The project team has also worked closely with partner agencies to maintain engagement with the project and to foster links between this project and the Strengthening Hospitals response to Family Violence project. There is an emerging picture around how different training opportunities can be shared responding to the needs of different roles and agencies. The project team will continue to offer workshops as a deeper dive into family violence training than that included in the Strengthening Hospitals Response got Family Violence models.
	Work with AOD and MH workers and agencies to understand capacity gaps relating to family violence identification and response.	Continue the development of an Ovens Murray area Stage 2 Framework and Partnership agreement. Consultation based on the draft Framework discussed at the September Implementation Committee meeting has commenced. So far ideas have been workshopped with CEO CAV and Gateway Health team. Dates are set to consult with the broader team at CAV and AWH. Dates to consult with other partners will be offered with the intent of bringing a revised draft back to Implementation Committee in early 2019. It is the intent that this Framework be established and handed over to Stage 2 of the project. Client engagement in the Program will also be explored through a purposeful and ethical lens.
	Identify gaps and opportunities to refresh policies, processes and practices to demonstrate responsiveness to reforms	Offer follow up conversation from application of Organisational Readiness Assessment Tool to each agency to suggest ways to target policy and procedural changes.  Continue the development of an Ovens Murray area Stage 2 Framework and Partnership agreement. Consultation based on the draft Framework discussed at the September Implementation Committee meeting has commenced. So far ideas have been workshopped with CEO CAV and Gateway Health team. Dates are set to consult with the broader team at CAV and AWH. Dates to consult with other partners will be offered with the intent of bringing a revised draft back to Implementation Committee in early 2019. It is the intent that this Framework be established and handed over to Stage 2 of the project.
	Promote the use of a family violence risk assessment framework	Continue the development of an Ovens Murray area Stage 2 Framework and Partnership agreement. Consultation based on the draft Framework discussed at the September Implementation Committee meeting has commenced. So far ideas have been workshopped with CEO CAV and Gateway Health team. Dates are set to consult with the broader team at CAV and AWH. Dates to consult with other partners will be offered with the intent of bringing a revised draft back to Implementation Committee in early 2019. It is the intent that this Framework be established and handed over to Stage 2 of the project.  Promote the use of CRAF and MARAM.

	Promote formal training that builds confidence and capacity in the identification, assessment and response to family violence.	The project has delivered a suite of 4 Capacity Building workshops that will be deployed as needed. These workshops are currently delivered by the Stage 1 project team and CAV family violence experts. The workshops will be available to Stage 2 as part of a sustainable, updateable and scalable set of resources. The Stage 1 Project team will now work with partner agencies to determine the best way to deliver these or similar workshops, bearing in mind that CAV are central to the success of these workshops, but are not funded as part of stage 2 of the project. The project team will also attend key staff meetings with partner agencies to strengthen engagement with the project.
	Provide advice to MH and AOD agencies regarding endorsed screening tools, referral processes, information sharing and other legislative changes	Continue the development of an Ovens Murray area Stage 2 Framework and Partnership agreement. Consultation based on the draft Framework discussed at the September Implementation Committee meeting has commenced. So far ideas have been workshopped with CEO CAV and Gateway Health team. Dates are set to consult with the broader team at CAV and AWH. Dates to consult with other partners will be offered with the intent of bringing a revised draft back to Implementation Committee in early 2019. It is the intent that this Framework be established and handed over to Stage 2 of the project. Promote the use of CRAF and MARAM.
	Assess local MH and AOD agency organisational readiness through assessment of current policy contact, practice approach and protocols for family violence matters	Offer follow up conversation from application of Organisational Readiness Assessment Tool to each agency to suggest ways to target policy and procedural changes.
System Development	Maintain awareness of family violence reforms through participation of the Programs Community of Practice and professional development activities	As required. Issues around statewide requirements were discussed in the December Report to the Implementation Committee. CEO CAV to advise the Implementation Monitor that program is going well in Ovens Murray and that a final report will be finished.
	Maintain continual feedback with statewide coordinator and auspice agency	As required. Issues around statewide requirements were discussed in the December Report to the Implementation Committee. CEO CAV to advise the Implementation Monitor that program is going well in Ovens Murray and that a final report will be furnished in June 2019.
	Support continuous improvement through feedback to local implementation committee	As required. Issues around statewide requirements were discussed in the December Report to the Implementation Committee. Development of Framework will ensure continuous improvement opportunities through a formal process and escalation mechanism. Framework due February 2019.
	Collate relevant data to satisfy reporting and evaluation requirements	Evaluation models to be applied to Framework when its is finalised. Statewide reporting requirements will be met when provided.

	Promote Phase 2	Specific tasks will be defined as staff come online. The project team are supporting agencies recruiting to Stage 2. A handover plan will be drafted once Stage 2 resourcing structure is clear. Agreed Terms of Reference also support a collaborative approach for Stage 2.
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Topic	Procedure considerations	Comments
Purpose of a Workplace Family Violence Policy	How will you promote this policy to employees to ensure everyone is aware of it?	
	What other activities will your organisation implement to create a working environment/culture that promotes gender equity and models non-violent and respectful relationships?	
Responding to Disclosures of Family Violence	How will you ensure all employees have an understanding of their role and responsibilities in implementing this policy?  Will you include information on this policy in your induction and orientation processes, or develop mandatory employee training?  Will you establish specific family violence officer roles?  Will you develop resources to support employees to respond to disclosures of family violence (for example, a staff portal or intranet page)?	
Maintaining Employee Confidentiality  Documenting Employee Disclosures of Family Violence	What changes do you need to make to your HR and information management systems to improve employee confidentiality? What processes will you implement to ensure employee consent to share information is obtained? Will you develop a template to guide the consistent and appropriate documentation of employee family violence disclosures? What processes will you put in places to support secondary consultation with a specialist family violence service?	
Providing Support to Employees Experiencing Family Violence	What activities will you undertake to create and promote a workplace that is safe and supportive for employees experiencing family violence? Does your EAP provider have the skills and experience to respond to family violence disclosures? Does the service agreement with your EAP provider include a clause on having the skills and experience to respond to family violence disclosures?  Who will be responsible for maintaining a list of external support services and resources for employees experiencing family violence? Will you develop organisational specific resources to support employees experiencing family violence (for example, an employee portal or intranet page)?  How will resources and support services be promoted and made available to employees?	
Family Violence Leave Options	How many paid leave days will you provide to employees experiencing family violence?	
	Will employees supporting a person experiencing family violence be eligible to access specific family violence leave, or another form of leave?	
	To what extent will you support extended periods of leave without pay?	
	Will you require evidence to support family violence leave?	
	If you do require evidence, how will you ensure it is stored confidentially?	
	Who will be delegated the authority to approve family violence leave?	

	<p>How will you manage leave provisions in instances where an employee does not want their direct manager/supervisor to be aware of their experience of family violence?</p> <p>How will you ensure employees with delegated authority are appropriately supporting access to leave and flexible work arrangements?</p> <p>Does your HR and payroll system code and record family violence leave securely and confidentially (e.g. family violence leave is not automatically recorded on electronic rosters or timesheets)?</p> <p>Does your HR and payroll system allow you to accurately monitor the use of family violence leave?</p>	
Supporting Employee Work Performance	<p>What specific strategies should be considered when developing a modified work plan to support employee performance (noting that the work plans should be specific to the role and employee needs)?</p> <p>What timeframes will be considered appropriate for implementing a modified work plan?</p> <p>How will you support employee work performance in instances where an employee does not want their direct manager/supervisor to be aware of their experience of family violence? Is it possible for a HR officer to support this process?</p> <p>How will you ensure that supervisors/managers have the skills and confidence to support work performance of an employee experiencing family violence?</p> <p>How will you support supervisors/managers who are supporting the work performance of an employee experiencing family violence?</p>	
Family Violence Training and Education	<p>Will aspects of family violence be included as mandatory employee training?</p> <p>Does your organisation have the skills and experience internally to deliver this training?</p> <p>If you require external training, which organisations will you engage to provide this training?</p> <p>Will your organisation actively support employees to attend training that is provided in your region?</p> <p>In what other ways can you support the family violence professional development needs of your employees (e.g. resources, supervision)?</p>	
Employees Who Commit Acts or Threats of Family Violence	<p>How will you ensure all employees are aware of their responsibilities to report an act or threat of family violence that occurs from or at the workplace?</p> <p>What processes will you put in place to ensure employees are able to appropriately and confidentially report an act or threat of family violence that occurs from or at the workplace?</p> <p>What disciplinary procedures will you implement to manage employees who commit acts or threats of family violence from or at your workplace?</p> <p>What processes will you put into place to consider the victim’s needs for safety and support when implementing disciplinary procedures to manage an employee who commits acts or threats of family violence?</p>	



Topic	Procedure Considerations	Comments
Risk Management	Does your organisations risk register reflect the incorporation of family violence policy and practice changes?	
Case Management	<p>How does your organisation respond when a client discloses or a worker forms the opinion that the client is a FV perpetrator? Do your policies and procedures support staff to use non collusive practices and language?</p> <p>Does your client file for include a section to record family violence assessment and referral?</p> <p>Do your exit plans include family violence?</p> <p>Do your client case management process flow diagrams include direction about managing family violence issues?</p> <p>Does your client induction process and framework include reference to how Family Violence matters will be managed?</p> <p>Do your policies and procedures define how you work in collaboration with other agencies about family violence? (For example, do you always work with a family violence specialist agencies when considering family violence matters?)</p> <p>Does your allocation process take into account family violence? If so, how do you document this process requirement?</p> <p>Does your organisational policy support purpose and practice change? How will/have you promoted the change in practice to include FV referral and assessment and how will this change becomes sustainable as part of your core business?</p> <p>Where clients are supported by different agencies in different sectors how do you identify, management, and record risk?</p> <p>How do you prioritise risk and response where sectors are attending to different parts of the clients needs at the same time?</p>	

	<p>How do you train your staff not to collude with FV perpetrators?</p> <p>What processes will you put in places to support secondary consultation with a specialist family violence service?</p>	
<b>Records Management</b>	How will you manage/record/report complaints about service delivery pertaining to FV?	
<b>Human Resources</b>  <b>Gender Equity &amp; Equality</b>	<p>Do you have a training record that includes FV training to staff and which roles require it?</p> <p>Do your PDs include FV for all/some roles? Why?</p> <p>How will you support employee work performance in instances where an employee does not want their direct manager/supervisor to be aware of their experience of family violence? Is it possible for a HR officer to support this process?</p> <p>How will you ensure that supervisors/managers have the skills and confidence to support work performance of an employee experiencing family violence?</p> <p>How will you support supervisors/managers who are supporting the work performance of an employee experiencing family violence?</p> <p>Will you develop organisational specific resources to support employees experiencing family violence (for example, an employee portal or intranet page)?</p> <p>How will FV resources and support services be promoted and made available to employees?</p>	
<b>Quality Management</b>	<p>Does your policy/practice include a case reflection audit? How did you consider/achieve a fv referral or case consult?</p> <p>Does your measuring, monitoring and evaluation tool include the FV assessment and referral?</p> <p>Do your internal audit checklists ask and report on FV work?</p> <p>Does your client feedback interview to include question about FV assessment and referral to inform continuous improvement?</p>	
<b>Family Violence Training and Education</b>	<p>Will aspects of family violence be included as mandatory employee training?</p> <p>Will your organisation actively support employees to attend training that is provided in your region?</p>	
<b>Employees Who Commit Acts or Threats of Family Violence</b>	<p>How will you ensure all employees are aware of their responsibilities to report an act or threat of family violence that occurs from or at the workplace?</p> <p>What processes will you put in place to ensure employees are able to appropriately and confidentially report an act or threat of family violence that occurs from or at the workplace?</p> <p>What disciplinary procedures will you implement to manage employees who commit acts or threats of family violence from or at your workplace?</p>	

## Advocacy Info

### Why

Promote project outcomes and support sustainability of this project, evaluation of project, changes to funding and contract models to support cross sector capacity building linked to an outcomes framework, celebrate success, encourage more Capacity Building based projects.

### How

Final report & presentation  
 Workforce conference presentation  
 New project success and challenges presentation  
 Media about better options in Ovens Murray for common clients

### Deliverables

Ovens Murray Forum showcasing project deliverables and extras and workforce model - May 2019

#### Audience

- Capacity Building Implementation Committee and their agency Executive teams
- Ovens Murray Integrated Strategic FV Ctte
- AOD Catchment Management Planning Group
- Childfirst
- Regional Assembly

Statewide Forum showcasing project deliverables and extras and workforce model - June 2019

#### Audience

- Project team
- CEOs of all agencies delivering project stage 1 & 2
- Peak bodies, including DV Vic, NTV, CFE, VAADA & CFE
- FSV, DHHS (Inc Rural Health and Mental Health Branch), DPC, Implementation Monitor
- Stage 1 & 2 Staff who have participated statewide

Face to face meetings

#### Audience

- Capacity Building Implementation partners
- Ministers and local members
- RC into MH and Aged Care (about how to roll out reform)
- Cross Border Commissioner

*Family Violence Capacity Building Project*  
**Specialist Family Violence Advisor Capacity Building Program**  
**Area-based Implementation Committee**  
**Terms of Reference - 1 July 2018 to 30 June 2022**

## **Context**

The Royal Commission into Family Violence made 227 recommendations to transform the way authorities, systems and services prevent and respond to family violence.

Mental Health (MH) and Alcohol and Other Drug (AOD) services were recognised as being in a unique position to identify family violence in client groups and intervene early. Practitioner demand for increased understanding of family violence was also flagged. The Commission found that practitioners in these sectors were keen to increase their understanding of family violence.

To support an enhanced and integrated service response, the Royal Commission noted the need to build capacity across MH and AOD services and strengthen relationships with specialist family violence services.

Recommendations 98 and 99 relate to the establishment of Advisor positions for MH and AOD services to provide family violence expertise, encourage collaboration, and promote shared case work.

## **Building Capacity in Mental Health and Alcohol and Other Drugs services**

The Specialist Family Violence Advisor Program was developed in response to recommendations 98 and 99 of the Royal Commission into Family Violence.

Stage 1 of program involves Specialist Advisors auspiced by key specialist family violence service agencies to provide expertise and strengthen cross-sector collaboration.

In this stage, Specialist Advisors engage with key MH and AOD service agencies to:

- Strengthen relationships between MH, AOD and specialist family violence services
- Promote referral pathways and opportunities for shared case work
- Provide expertise at an agency level to support early recognition of family violence
- Identify capacity building needs in identifying and responding to family violence risk
- Support the local implementation of family violence reforms

Stage 1 of the program will complete on 30 June 2019, and provides a foundational and critical resource for Stage 2.

Stage 2 of the program will involve embedded Specialist Advisors in key AOD and MH agencies until June 2022. Stage 2 Specialist Advisors will help to strengthen family violence policy and practice, and build on Stage 1 to support cross-sector collaboration.

The Final Framework Report defines program governance as operating at 2 levels; a Statewide Steering Committee and Area-based Implementation Committees.

Aligned to the Final Framework Report expectations this Terms of Reference supports:

- Delivery on consistent statewide objectives
- Local flexibility to accommodate the differing circumstances between rural and metropolitan areas.

The Ovens Murray area have extended the opportunities this program presents and are expanded this Terms of Reference to allow the shared responsibility for Stage 1 and Stage 2 of the program.

## **Area-based Implementation Committee - Function, Membership and Communication channels**

### **Function**

The Area-based Implementation Committees will meet quarterly and as needed to:

- Oversee the development of area based and aligned work plans for Stage 1 and Stage 2 of the program;
- Support local implementation in alignment with Program objectives;
- Contribute local knowledge and expertise about the three sectors to inform implementation;
- Provide advice and feedback on local level system gaps and barriers to implementation;
- Identify and propose solutions to local operational issues;
- Assess and make recommendations on workforce development strategies relevant to the Program;
- Undertake communication with key stakeholder groups;
- Seek feedback from, and provide guidance to, Advisors and sector workforce;
- Work collaboratively with the Statewide Coordinator and implement changes to Program policies and strategies authorised by the Statewide Steering Committee;
- Support local and Statewide monitoring and reporting processes inclusive of regular reports to the Statewide Steering Committee;
- Contribute to local and Statewide review and evaluation processes.

### **Membership**

The membership of the Area-based Implementation Committees includes:

- Manager Local Connections, DHHS (Chair);
- Manager Health Integration and Partnerships, DHHS (Co-Chair);
- Centre Against Violence (CAV), Family Violence auspice agency;
- Albury Wodonga Health (AWH), Mental Health auspice agency;
- Area Mental Health Services, including MIND;
- Gateway Health, Alcohol and Other Drug auspice agency;
- Alcohol and Other Drug agencies, including ACSO, Odyssey;
- Primary Health Network (Murray);
- Specialist Family Violence Advisors (ex officio).

*Family Safety Victoria expect that there will be engagement by agency senior management.*

## Communication

Communication requirements as defined in the Final Framework Report will be attended to by the Area-based Implementation Committee through:

- Area-based Implementation Committee Meetings;
  - 7 September 2018, 8am to 10am, Wangaratta DHHS
  - 2 November 2018, 8am to 10am, Wangaratta DHHS
  - 17 January 2019, 8am to 10am, Wangaratta DHHS
  - 5 April 2019, 8am to 10am, Wangaratta DHHS
  - 14 June 2019, 8am to 10am, Wangaratta DHHS<sup>1</sup>.
- Monthly progress report due on the last working day each month from the Auspice to Manager Area Connections, DHHS, who will forward it to Family Safety Victoria. The report will follow the statewide reporting template and also include;
  - Feedback on local level system gaps/challenges
  - Identification of training and support requirements
  - Implementation progress, aligned to the Area-based work plan.

Additionally, Area-based integration will be supported through the Auspice providing program advice to the Ovens Murray Integrated Family Violence Strategic Committee. This may include verbal updates, copy of the finalised Framework, Guidelines, Terms of Reference, monthly reports and final report.

The Area-based Implementation Committee can expect the Statewide Steering Committee to provide regular updates regarding:

- Updates on Family Violence reforms that impact the program;
- Common implementation issues and solutions from a statewide perspective
- Advice on program learnings, resources and training.

## Timeframes

This Program, aligned to the approved work plan, and barring any program or contract variations or critical barriers will be completed at the end of June 2022.

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<sup>1</sup> Dates for future meetings to be determined as required.



<b>Date</b>	<b>21 February 2019</b>
<b>To</b>	<b>Ovens Murray Family Violence, Alcohol and Other Drug, Mental Health Capacity Building Implementation Committee</b>
<b>From</b>	<b>Centre Against Violence</b>
<b>Topic</b>	<b>Stage 2 Framework</b>

### **Purpose**

To propose a framework that structures, authorises and accounts for the Stage 2 Family Violence/Mental Health/Alcohol and Other Drug Capacity Building Project in Ovens Murray.

This framework is influenced by Statewide guidelines.

### **Background**

The Family Violence/Alcohol and Other Drug/Mental Health Capacity Building project is strongly supported to strengthen cross sector capacity for the good of clients and system outcomes in Ovens Murray. As Stage One (S1) is drawing to a close the project partners seek a sustainable Stage Two (S2) Framework that ensures that they can continue.

The Ovens Murray area will use a shared care model to support Alcohol and Other Drug (AOD) and Mental Health clients experiencing family violence, mental health and alcohol and other drug issues. A shared care model will support cross sector, governed client work. The Specialist Family Violence Advisor(s), under the auspices of Gateway Health, and funded by Gateway Health and Albury Wodonga Health, will support the shared care model, cross sector, with a focus on building sustainability and capacity.

It is likely that an individual will be recruited for this work, based at Gateway Health (Attachment A - Position Description). In light of the expectations and functions of this



position, the apparent approach may need to be supplemented with additional resources for:

- Training, both inter-agency and cross sector, which is focused on family violence, mental health and AOD, and application of the Ovens Murray Shared Care Framework.
- Capacity building, stakeholder engagement, and Internal governance for each agency, and cross sector.

It is noted that achieving this Ovens Murray Shared Care Framework will require contributions from local family violence services, which have not been funded as part of S2. This requirement may need to be managed locally, or could be part of a submission for additional funds as part of the S1 project final report.

### **Framework Development - Cross Sector Consultation - What mattered and why?**

A Framework consultation process was developed and made available to all partner agencies. It was accessed by staff from the Centre Against Violence, Gateway Health and Albury Wodonga Health. Consultation methodology was that:

- Participants had attended one or more of the project workshops in 2018.
- Facilitated workshops building on S1 and focussed on S2.
- In addition to planning and strategy.

Workshops focus on the needs of:

- Practitioners.
- The agency (or) agencies'.
- The cross sector.

Key learnings drawn from the range of workshops highlighted the value of the capacity building component of this project; which the authors of this report consider an





opportunity to better embed system changes with strong leadership and a focus on sustainability and continuous learning and change

A need has been identified to implement S2 resources at an operation level so that practitioners are provided with tangible, visible, structured support which will then enable them to provide effective assistance to clients experiencing family violence. Through workshops and during discussion with staff they stated that would like a S2 resource to be:

- Part of their agency team.
- Work across their own agency.
- Part of a cross sector team.

Some staff also noted that the S2 resources may need to support as many as 20 campuses around case practice and cross sector client care; a seemingly overwhelming task. In addition to the day-to-day role of the S2 resources, ongoing capacity building to support organisational change and internal governance will be required. Staff reported that they accepted that they will need to be willing supporters of S2 in order for it to be successfully implemented. This conclusion, drawn by many/several staff members appeared to be based on the potential gap between a high demand and limited resourcing.

To support their practice and client outcomes staff reported that they would like the S2 resources to provide:

- Up-to-date family violence information.
- Secondary consultations.
- Facilitated cross sector shared care meetings.
- vertical integration with the Implementation Committee where trends or system blockers require high level consideration.

Staff also requested that rolling cross sector inductions and training be offered as part of S2, in conjunction with strategic capacity building, to promote sustainability.



It became clear during the workshops that recruiting one or two people to S2 would not adequately meet each of the needs identified above in light of the numbers of teams to be supported and the geography and the need to travel vast distances of the Ovens Murray Area. Suggestions to respond to this need include:

- Outsourcing cross sector training.
- Maximising shared outcomes with the Strengthening Hospital Responses to Family Violence projects.
- Support partner agencies to refine their policies and procedures to optimise cross sector opportunities and streamline internal processes to support clients and staff experiencing family violence (it was noted in the workshops that some staff were unclear about practice in other teams in their agencies, as well as with cross sector agencies).
- Understand and lead/link with the Ovens Murray Model work to improve client outcomes, local governance, funding outcomes and embed family violence as a key social issue to be addressed by the local partnership.
- Consider expanding the cross-sector model.

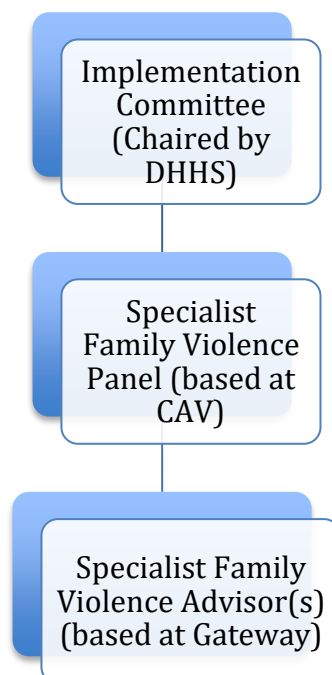
## **Proposed S2 Governance Framework**

Based on consultations and learning from S1 the following S2 Governance framework is proposed. This proposed Framework respects that that S2 Family Violence Advisor Position will be auspiced (most likely) at Gateway Health and usual employment expectations will be required. The purpose of this Framework is to continue the cross sector multi-agency capacity building work in Ovens Murray associated with Recommendations 98 and 99 from the Royal Commission into Family Violence.

The ultimate goal of the Framework is improved client outcomes, supported sustainability through a capacity building methodology. It is envisioned that at the completion of S2, improvements will have been embedded in Ovens Murray and the Implementation



Committee will be part of the Ovens Murray Strategic Integrated Family Violence Committee, or an Ovens Murray Model.



## Implementation Committee

There are Terms of Reference that govern the activity of the Implementation Committee.

The Shared Care Model framework is overseen by the Implementation Committee, who meet quarterly. The membership of this Implementation Committee has been established through a term of reference. Standing items for discussion at each meeting should include:

1. Cross sector system blockers that need to change.
2. Examples of good cross sector practice.
3. Recommendations around outcome measures that will drive best practice.
4. Cross sector induction and training events (possibly provided through the Ovens Murray Integrated Strategic Family Violence Committee and including Identifying Family Violence, Perpetrator Accountability, Best Interest of the Child Framework and Child and Family Services) .
5. The Ovens Murray Model.



It is intended that the Implementation Committee will seek to join through a governance model, the Ovens Murray Integrated Family Violence Strategic Committee towards the end of S2.

### **Specialist Family Violence Advisor(s)**

Through co-location at mental health and drug and alcohol services, the positions aim to strengthen and improve responses to clients. The aim of the project is to ensure that victim survivors are identified, supported and referred to specialist community based services and to work in an integrated approach with them, to ensure safety is achieved. Secondary consults provided by the Advisors will ensure that mental health practitioners and drug and alcohol practitioners can access contemporary knowledge to assist their services and to achieve improved outcomes for the service system and for the individuals affected.

The Advisor(s) will meet fortnightly with the Centre Against Violence Integrated Response Team.

The Advisor will report at the Implementation Committee on standing agenda items.

### **Specialist Family Violence Advisor - Strategic Focus**

The strategic focus involves supporting the development of a more integrated service response by Family Violence and family violence services through:

- Identifying emerging trends, needs and gaps in service delivery and practice issues, and to use this knowledge to generate changes in systems and approaches.
- Facilitating engagement between, and promoting joint work by mental health / drug and alcohol services and family violence services in the local area.
- Improving the quality and consistency of family violence related information, assessment and interventions in case notes.



- Identifying the need for, participate in, and/or deliver training and professional development activities.
- At the local level, supporting the implementation of the Government's responses to recommendations from the Royal Commission into Family Violence.

### **Specialist Family Violence Advisor - Operational focus**

The operational focus will occur through direct engagement with activities and tasks associated with Family Violence investigations:

- To jointly identify and document issues in responses to family violence and develop solutions to system gaps and practice issues.
- Provide specialist advice to practitioners working with clients when family violence is present.
- Where permitted, facilitate client information sharing, and where appropriate, support joint work to achieve better engagement with services for victims and perpetrators of family violence.
- Where permitted, provide information about the client's history from the Specialist Family Violence Agency and other family violence men's and women's services which are operating in the local area.
- Support to understand the dynamics of perpetrator behaviour and use this information to:
  - improve engagement with perpetrators and to create stronger feedback loops between men's services and mental health/drug and alcohol; and
  - enhance understanding and work with the victim survivor.
- Assisting practitioners to understand and navigate the family violence system.

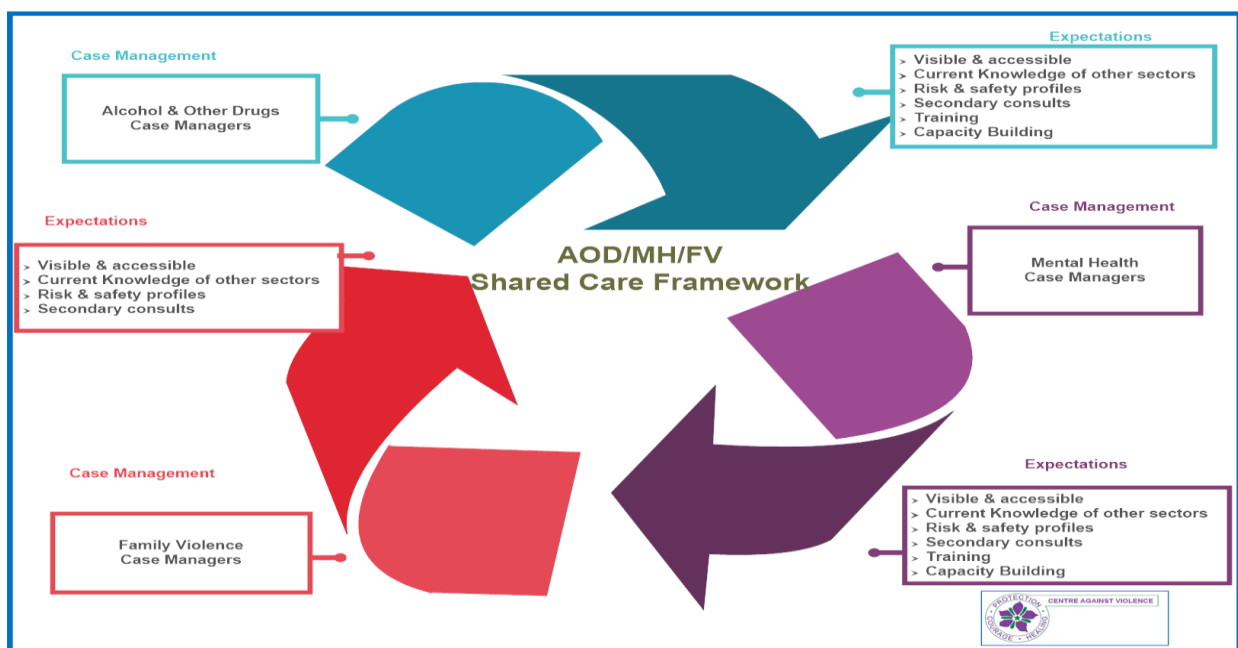


- Making outward referrals (where possible warm referrals) in collaboration with mental health/drug and alcohol services to specialist family violence services and expediting referrals.
- Maintain an in-depth knowledge of the family violence support services in the area and the eligibility requirements for such services.
- Maintaining strong networks with key family violence workers in the area to strategically and operationally improve outcomes for victim survivors of family violence and those who perpetrate family violence.

## The Shared Care Model Framework

The Ovens Murray Shared Care Model framework authorise partner agencies and practitioners to work in a systematised cross sector way with AOD and MH clients experiencing family violence.

This shared care model was developed in collaboration with the Implementation Committee and local practitioners. Themes from all consultations were similar and focussed on achieving better client outcomes though working together better, and building a system that will be sustainable.





## **The Shared Care Model Framework - Client centred outcomes**

To improve identification, assessment, planning and intervention where family violence is, or is suspected to be, present in order to:

- Increase safety and stability for individuals and their families;
- Reduce the risk of harm to children;
- Strengthen the engagement of victims and perpetrators with support services;
- Contribute to improved engagement with perpetrators, in order to work towards changes in perpetrator behaviour.

## **The Shared Care Model Framework - Service System outcomes**

To contribute to an integrated and collaborative, victim focused service system.

To achieve this outcome the Specialist Family Violence Advisors will work to:

- Contribute to an integrated and collaborative victim survivor service system.
- Recognise and respond to the victim/survivor.
- Recognise and respond appropriately to perpetrator behaviour and perpetrator-driven risk.
- Identify and address systemic barriers to joint practice by family violence and either mental health and/or drug and alcohol services.
- Strengthen referral pathways between mental health, drug and alcohol and specialist family violence services.
- Encourage the practice of joint family violence risk assessments and safety plans and enhanced information sharing.



- Create a better understanding of each organisation's processes.
- Identify, consistently document and respond to the risk from perpetrators to partner and/or family.
- Support cultural safety - keeping Aboriginal people and other groups connected to their culture.
- Improve the quality and depth of information sharing and documentation, including material that may be relevant for legal processes.

Core to achieving the Shared Care Model will be clarity around:

- How the S2 Specialist Family Violence Advisor can be accessed, and for what purpose (bearing in mind the whole of Ovens Murray expectations).
- Governance around S2 Specialist Family Violence Advisor linking to the Centre Against Violence Integrated Response Team.
- How case collaboration will occur.
- What the resourcing model allows.

## **Recommendations**

That this Framework that structures, authorises and accounts for the Stage 2 Family Violence/Mental Health/Alcohol and Other Drug Capacity Building Project in Ovens Murray be adopted.



## Specialist Family Violence Capacity Building Project Stage 1 Report December 2018

### Purpose

To report on the achievements and challenges of the Ovens Murray area Specialist Family Violence Capacity Building Project Stage 1 (the project) to 30 November 2018.

To flag project risks at a local and statewide level.

To seek endorsement of a new work plan for the project for the period 1 January 2019 to 31 March 2019.

### Achievements

Since commencement in December 2017 the project has delivered:

- All state-wide project expectations;
- A strategic Terms of Reference that links Stage 1 and Stage 2 Capacity Building Projects together, and potentially to the Ovens Murray Integrated Family Violence Committees until 2022, thus giving the projects a structured and governed opportunity to meet the needs of clients and services in our area, and to be part of a sustainable cross sector improvement;
- Strong commitment from partner agencies with a common purpose and willingness to share resources and ideas for better client outcomes;
- The foundations of a local Framework that will authorise agencies to work collaboratively regarding shared Family Violence, Mental Health and Alcohol and other Drug clients, with shared processes and shared strategic goals (workshops to finalise the framework with partner agencies have commenced);
- A number of facilitated cross-sector discussions to share recruitment models and processes, and resources for Stage 2 purposes;
- A suite of cross sector workshops that have:
  - Provided current Victorian Family Violence information;
  - Been based on Capacity Building methodology and have educated participants about what Capacity Building is and what they can contribute and expect;
  - Shared knowledge about cross sector risk and client care and created an appetite to better the way we work together across agencies and sectors;
  - Created an expectation that we will have better cross sector systems as a result of this project.

(Agency specific workshops are now being delivered to AWAHS and are planned for the Mental Health Division of AWH from February 2019. Other agencies have been offered this opportunity).

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## Specialist Family Violence Capacity Building Project - Stage 1 Report November 2018

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- A Family Violence Organisational Readiness Assessment Tool developed in Ovens Murray and applied to Capacity Building Partner agencies. Outcomes include changes to policies and procedures, targeted training and invitations to return and reapply the tool to map change;
- Links to the Albury Wodonga Health (AWH) Strengthening Hospitals Response to Family Violence Project resulting in the application of the Organisational Readiness Assessment tool at AWH (done), Tallangatta Health (done), Beechworth Health (scheduled) and Corryong Health (planned). Could also consider linking with North East Health Wangaratta;
- An analysis and report of AWH Family Violence activity focused on maximising resources across the health service and its partners regarding family violence;
- Clarity around the cross-border disparity of family violence services available;
- An invitation to ACSO to review project activity and outcomes in Ovens Murray and consider state-wide application this approach through its service delivery model.

Stage 1 will focus between now and 30 June 2019 (Stage 1 completion date) on delivering a framework so Stage 2 is well governed and purposeful in a cross-sector Capacity Building context, and improves the lived experience of women, men and children.

### Challenges and Risks

#### 1. Unclear statewide leadership. Risk – Stage 1 Capacity Building achievements will be lost.

It is unclear why the Statewide Steering Committee overseeing the Stage 1 Capacity Building Project has not met, as required by the project framework. It is also noted that statewide reporting frameworks for Stage 1 have not been established and indeed some activity suggested by the State-wide Project Coordinator appears to sit outside the Stage 1 project framework deliverables.

Central agencies funding and reporting models for the Stage 2 resources may not easily align with the Stage 1 of the project. Statewide the Stage 2 funded agencies are now required to engage with another governance model which does not recognise the intended outcomes for Stage 1 Capacity Building and therefore the work already in place in Ovens Murray. There is a risk that this pressure will see Stage 2 funded agencies compelled to operate outside the Stage 1 Capacity Building work and be more inward focused; thus, losing a great chance to improve our local cross sector multi-agency work.

The Ovens Murray Implementation Committee are encouraged to consider how to influence change at a statewide level to ensure that the achievements delivered by the Stage 1 Capacity Building framework are not lost. This may take the form of:

- Implementation Committee writing to the Special Minister of State or the RCFV Implementation Monitor;



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## Specialist Family Violence Capacity Building Project - Stage 1 Report November 2018

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- Ovens Murray DHHS showcasing Stage 1 Capacity Building Project achievements at forums of influence to encourage changes centrally;
- That DHHS review funding models to ensure that project outcomes are achieved through shared governance;
- That Stage 1 achievement be promoted through available statewide networks such as the Strengthening Hospitals Response to Family Violence and the statewide Family Violence Steering Committee;
- That opportunities to further strengthen our cross sector multi-agency capacity presented by the flagged Victorian Royal Commission into Mental Health be identified and prepared for now;
- That the Victorian Cross-Border Commissioner be invited to our next Implementation Committee meeting where we showcase our cross-border work and the challenges we face (perhaps also proposing an improvement to the system we seek support for).

### **2. Recruitment to Stage 2. Risk – Stage 1 Capacity Building achievements will be lost.**

Recruitment to the Stage 2 roles remains a challenge, due to the scope of the position descriptions, available funding and suitable candidates. Gateway Health and Albury Wodonga Health are working together to find a solution. Linking the Centre Against Violence to the Stage 2 model should be considered by the Implementation Committee.

The Stage 1 outcome focused recruitment model could be used to guide how Stage 2 is recruited to. It is noted that the Stage 1 model was presented to the National Stop DV conference 2018 as another option the sector has when recruiting. This presentation was well received by a large audience who expressed interest in how the model works.

### **3. Evaluation - Risk – Stage 1 Capacity Building Achievements will be achievements will be lost.**

Along with state-wide oversight of the project and reporting, state-wide evaluation has not been established.

It is very important that Ovens Murray evaluate its work to understand:

- How Capacity Building has been applied, and its value?
- Should Capacity Building form part of future project models?
- Can Capacity Building contribute to the “Ovens Murray model”?

It is suggested that upon the Framework being finalised for Ovens Murray, La Trobe in Wodonga are canvassed around an evaluation model.

### **4. Local Commitment to the project - Risk – Stage 1 Capacity Building achievements will be lost.**



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## Specialist Family Violence Capacity Building Project - Stage 1 Report November 2018

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Recognising the demand across the sector, the level and pace of reform and workforce challenges, the Stage 1 project team have dedicated significant time to keeping Implementation Committee partners engaged with the project since July 2018. This activity is expected as part of a Capacity Building model and is embraced as part of our shared goal of better client outcomes.

It is important to confirm with the Implementation Committee that Stage 1 of the project is meeting expectations, and will be useful as Stage 2 progresses. This matter will be discussed at the Implementation Committee meeting and is reflected in the work plan.



# **Specialist Family Violence Advisor Capacity Building Program Stage 1**

## **Program Guidelines**



# Specialist Family Violence Advisor Capacity Building Program

## Program Guidelines Stage 1

## Purpose of the Specialist Family Violence Advisor Capacity Building Guidelines

The purpose of these guidelines is to provide operational advice to support the planning and delivery of the Specialist Family Violence Advisor Capacity Building Program. The audience for these guidelines includes:

- Specialist Family Violence Advisors
- Program auspice agencies
- Statewide Coordinator
- Mental Health (MH) and Alcohol and other Drug (AoD) service agencies
- sector peak bodies and leadership representatives across Mental Health, Alcohol and other Drug and specialist family violence services
- Regional Integration Coordinators and Principal Strategic Advisors
- DHHS Local Connections
- Local cross sector and family violence service partnerships

## Context

In 2016 the Royal Commission into Family Violence (the Royal Commission) made 227 recommendations to transform the way authorities, systems and services prevent and respond to family violence. The Victorian Government is committed to implementing all 227 recommendations.

**The Royal Commission highlighted the need to improve the way health and human services work together to ensure victims are consistently supported, regardless of where they enter the service system.**

The Royal Commission found that mental health and alcohol and other drug services must play a more direct role in identifying and responding to family violence, noting the need for health services to build capacity in these areas, and develop closer relationships with specialist family violence services.<sup>1</sup>

Significantly, the Royal Commission found that workers in mental health and alcohol and other drugs services wished to improve their understanding and capability in relation to family violence, and workers in specialist family violence services needed to increase understanding in mental health, drug and alcohol and other individual risk factors for family violence. To achieve this, the Royal Commission endorsed cross sector collaboration through the establishment of Advisor positions<sup>1</sup>

**The Royal Commission recommended the establishment of advisory positions in key mental health and alcohol and other drug services across metropolitan and regional Victoria to provide access to family violence expertise.**

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1. State Government of Victoria, Royal Commission into Family Violence, Report and Recommendations, Volume IV, Chapter 19 (2016)



The Royal Commission made the following recommendations:

- **Recommendation 98:** The Victorian Government fund the establishment of specialist family violence advisor positions to be located in major mental health and drug and alcohol services. The advisors' expertise should be available to practitioners in these sectors across Victoria [*within 12 months*].
- **Recommendation 99:** The Victorian Government encourage and facilitate mental health, drug and alcohol and family violence services to collaborate [*within 12 months*] by:
  - Resourcing and promoting shared casework models; and
  - Ensuring that mental health and drug and alcohol services are represented on Risk Assessment and Management Panels and other multi-agency risk management models at the local level [*Local level multi-agency risk management models are being addressed outside the Specialist Family Violence Advisor program*].

## Program objectives

The Specialist Family Violence Advisor Capacity Building Program is a response to Recommendations 98 and 99 of the Royal Commission.

The objectives of the Program are to:

- **Strengthen networks and collaboration** between agencies and across the three sectors
- **Enhance referral pathways** to provide a more coordinated and collaborative health and human service system response to family violence
- **Increase capacity** within the MH and AoD sectors through access to specialist family violence expertise and advice in identifying, recognising and responding to family violence
- **Facilitate earlier recognition** of, and response to, family violence situations for patients/clients of mental health and alcohol and other drug services
- **Enhance quality and consistency** of the service response to victims, survivors and perpetrators of family violence at whatever point they access the health and human services systems.

To achieve these outcomes, cross-sector leadership will be required.

## Program rationale

The Royal Commission into Family Violence explored the role of specialist health services in identifying and responding to family violence. In particular, the Commission noted that “mental health and alcohol and drug services were in a unique position to identify family violence and to intervene early”<sup>1</sup>. The key themes raised by the Commission, relevant to the Program, are outlined below.

### System collaboration

- The need for health services to be better coordinated and integrated so that people at risk of or experiencing family violence are guaranteed a standard of response wherever they access the health system.
- The need to move to 'whole-of-system' approaches, and the development of more comprehensive responses to family violence within the healthcare system.
- The existence of multiple and complex referral pathways mean that victims do not know where to go for help.

### **Agency-level collaboration**

- The need for a more collaborative approach to providing mental health, drug and alcohol, and family violence services.
- Family violence services are often not visible to health practitioners, and there may be confusion and poor understanding of what specialist services offer. The need for a 'one-stop shop', and greater promotion to mainstream services was a common theme.

### **Professional capacity & capability**

- Services across the health system need to be better resourced and practitioners better skilled to identify early indicators of family violence risk in their patients/clients. They also need to know how to have sensitive conversations with women, men, adolescents and children, who are victim survivors or perpetrators of family violence and to assist them to access specialist supports.

The program guidelines and program logic have been informed by the above key themes.

## **Program implementation**

The program will be implemented in a staged approach:

- **Stage 1** is a 12-month initiative that will see the placement of Specialist Family Violence Advisors in auspice agencies (Appendix 1) across Victoria. Advisors will work with key mental health services (Appendix 2) and alcohol and drug agencies (Appendix 3) in their area, with statewide coordination provided by Domestic Violence Victoria.
- **Stage 2** is a 4-year initiative that will see Specialist Family Violence Advisors located within mental health services and alcohol and drug agencies. The advisor roles will be working with senior management to increase capacity of services to respond to family violence. Advisors will be involved in providing systemic and organisational responses, and the development of secondary consultation.

These guidelines relate to Stage 1 of the Program. In Stage 1, Specialist Family Violence Advisors will work at a service development and capacity building level with a focus on supporting the implementation of the government's responses to the Royal Commission into Family Violence as they relate to mental health and alcohol and drug sectors. It is not expected that Advisors will work with all funded mental health services and alcohol and drug agencies identified in Appendix 2 and 3 respectively.

Underpinning both the strategic and operational focus will be recognition of the needs of the victims, survivors and perpetrators of family violence.

## Program governance

A robust governance model is critical to the success of this program.

The proposed model for the governance of Stage 1 of the Program will operate at two levels:

- **Statewide Steering Committee** to provide strategic direction and ensure alignment of the Program with government policy and with the priorities of each sector
- **Area-based Implementation Committees** to oversee and support the implementation of the Program through local agency-level collaboration.

## Roles and responsibilities

The roles and responsibilities of the following program stakeholders are outlined below:

- Program auspice agencies
- Specialist Family Violence Advisors
- Domestic Violence Victoria
- Statewide Coordinator
- Mental Health Service and Alcohol and other Drug services
- Alcohol and Drug and Mental Health sector peak bodies/representation
- Domestic Violence Resource Centre Victoria

The key activities to be undertaken are further outlined in the program logic.

### Program auspice agencies

Auspice agencies will recruit and appoint appropriately skilled workers to the Advisor position, and deliver ongoing mentoring, support and leadership.

Auspice agencies will undertake to provide:

- Senior management support
- Access to supervision, professional and peer support, and professional development activities
- A structure that facilitates the integration of the Advisor into agency core business
- Accountability for Advisor activities that are directly linked to the Program objectives
- Active participation in the Area-based Implementation Group
- Reporting against agreed work plans, and contribution to evaluation

### Specialist Family Violence Advisors

The Advisors role is to drive service development and capacity building. Their purpose is to increase the capacity of AoD and MH services to recognise and respond appropriately to family violence both at an agency and individual practitioner level.

The key responsibilities for the Specialist Family Violence Advisors are to:

- Establish and/or strengthen effective formal working relationships with key mental health and alcohol and drug services in the area
- Establish and nurture cross-sector networks
- Clarify existing referral pathways and other connections across the area, and identify approaches to enhance these
- Support the local implementation of the government's responses to recommendations from the Royal Commission into Family Violence
- Maintain a sound understanding of reforms in family violence that impact on family violence, mental health and alcohol and drugs services
- Gain an understanding of the frameworks/guidelines for each sector and promote understanding of common goals
- Gain an in-depth understanding of the local mental health and alcohol and drugs services and their current responses to family violence
- Provide family violence expertise to agencies and workers, and advice in identifying, recognising and responding to family violence
- Contribute to enhanced quality and consistency of the service response to family violence through information sharing
- Link in and collaborate with existing family violence partnerships and networks including Regional Family Violence Integration Coordinators (RICs) and Principal Strategic Advisors (PSAs) and the Strengthening Hospital Responses to Family Violence Local implementation group.

### Domestic Violence Victoria

Domestic Violence Victoria (DV Vic) is the auspice organisation for the Statewide Program Coordinator and will be responsible for providing logistical and professional support to the Coordinator. DV Vic will also promote and champion the program within the broader service system. To achieve this,

Domestic Violence Victoria will:

- Provide a comprehensive induction to the role
- Work collaboratively with the Statewide Steering Committee to:
  - ▶ Provide support on Program implementation and operation, including the design and development of operational tools to support service delivery
  - ▶ Provide expert advice to inform the design and ongoing development of program service models and guiding frameworks, and
  - ▶ Inform program evaluation.
- Support auspice agencies to understand and fulfil their roles and responsibilities in the program
- Ensure that Advisors are closely linked to the networks of specialist family violence services in Victoria and that expertise in specialist family violence practice frameworks and approaches is readily accessible to them

- Provide support and ongoing contribution to the Community of Practice
- Identify and contribute to the development of training and professional development needs of the Advisors and workers.

As the family violence peak body, DV Vic will:

- Provide a mechanism for sector communication, and actively promote a common understanding of program objectives; and
- Provide support to Advisors to understand and engage with local services.

### Statewide Coordinator

The Statewide Program Coordinator will be a critical resource to support both Advisors and agencies.

The Statewide Coordinator will:

- Function as the key representative of the Program and provide a central point for information by:
  - ▶ Promoting a common understanding of Program roles, responsibilities and processes
  - ▶ Supporting auspice agencies, MH and AoD agencies to understand and fulfil their roles and responsibilities in the program as prescribed in established service models, guidelines, frameworks and other operational tools
  - ▶ Promoting ongoing program improvement by identifying, documenting and communicating key learnings, issues, challenges and opportunities to deliver best practice
  - ▶ Liaising regularly with Family Safety Victoria, and collaborate with auspice family violence agency and key MH and AoD stakeholders
  - ▶ Collaborating with the Strengthening Hospital Responses to Family Violence program leads to ensure consistency and reduce duplication between these programs.
  - ▶ Sharing resources
- Provide **professional support** to the Advisors, including;
  - ▶ Advice on Program implementation that complies with, and is informed by, established practice frameworks and guidelines
  - ▶ Support to fulfil the Program requirements, activities and outcomes
  - ▶ Support to manage the challenges relating to undertaking cross-sector work, isolation, and working at multiple levels within diverse organisations
- Establish and coordinate the **Community of Practice** to:
  - ▶ Facilitate regular meetings of Advisors to exchange collaboration and enable contribution to the program at a state-wide level;
  - ▶ Identify and contribute to the development of evidence-based training and professional development of the Advisors;
  - ▶ Provide an aggregate snapshot of the statewide system through the synthesis of local findings; and
  - ▶ Inform and facilitate program evaluation and reporting processes; and

- Inform the Statewide Steering Committee of practical, structural and systemic issues that impact on the ongoing development of a coordinated system-wide response.

### Mental Health services and Alcohol and other Drug agencies

Mental health services and alcohol and other drug agencies are to support the development of service models that exhibit awareness of, and responsiveness to, family violence.

Active program support will require demonstrated:

- Executive/senior management leadership and accountability for organisational change;
- Communication with workers relating to program objectives and implementation
- Identification of opportunities to improve operating or service models to ensure effective service responses to family violence victims and perpetrators
- Active participation in Area-based Implementation Committees
- Facilitate colocation arrangements where possible
- Engage in endorsed evaluation activities.

### Alcohol and Other Drug and Mental Health sector peak bodies/representation

Representatives from the alcohol and other drug and mental health sectors are to promote and champion the program within the broader service system.

Peak/representative bodies are expected to:

- Support the delivery of induction and training for Advisors
- Provide a mechanism for sector communication, and actively promote a common understanding of program objectives
- Provide support to Advisors to understand and engage with local services;
- Work collaboratively with other key stakeholders
- Participate in the Statewide Steering Committee:
  - Contribute knowledge and expertise about their service sector
  - Identify strategic issues and opportunities for addressing emerging issues and trends
  - Inform approaches to improving service system responses and address areas of resistance to change
  - Advise on practice and operational issues impacting on services

### Domestic Violence Resource Centre Victoria

Domestic Violence Resource Centre Victoria (DVRCV) will provide subject matter expertise, program support and resource development.

DVRCV will:

- Develop and deliver training and professional development activities;
- Provide program support
- Work collaboratively with other key stakeholders

- Participate in the Statewide Steering Committee

### Regional Family Violence Integration Coordinators (RICs) and Principal Strategic Advisors (PSAs)

Regional Family Violence Integration Coordinators (RICs) and Principal Strategic Advisors (PSAs) will link in and support Specialist Family Violence Capacity Building Advisors.

Regional Violence Integration Coordinators and (PSAs) will:

- Link in with Specialist Family Violence Capacity Building Advisors to strengthen local integration
- Support the implementation of the Specialist Family Violence Capacity Building Program including membership in Area Based Implementation Committees

### Specialist Family Violence Advisor activities

Advisors will be required to first work with their auspice agency and Department of Health and Human Services (DHHS) Manager Local Connections to identify key agencies for inclusion in the Area-based Implementation Group. Advisors are then to collaborate with the Area-based Implementation Committee to develop a twelve-month work plan that aligns with state-wide objectives and locally identified priorities. As existing service development is expected to vary across areas, the key strategic and operational implementation activities are to be tailored to the local service system priorities and opportunities. Whilst it is essential that each Work Plan address the statewide program objectives through a focus on a system, agency and worker level response, it is expected that each area may require a different combination or timing of activities.

Examples activities to be undertaken or facilitated by Advisors include:

- **Agency-level collaboration**
  - ▶ Identify existing networks and collaborations including Strengthening Hospital Responses to Family Violence (SHRFV) local implementation groups.
  - ▶ Contribute to maintenance of existing networks and/or the establishment of new cross-sector networks
  - ▶ Promote a shared understanding across agencies in relation to family violence reforms
- **System coordination**
  - ▶ Identify and map local referral pathways (including eligibility criteria) through desk-top research, available catchment planning and/or local subject matter expertise
  - ▶ Through consultation: validate pathways; identify key relationships, resources, programs, and joint working approaches; and highlight emerging trends, gaps, barriers and/or opportunities for service improvement
  - ▶ Identify opportunities to strengthen existing pathways or where appropriate, establish new pathways, between agencies



### ■ Professional capacity and capability

- ▶ Create opportunities to share family violence expertise with workers in AoD and MH agencies
- ▶ Provide family violence expertise relating to service systems, screening tools, referral processes, information sharing and/or other legislative changes to AoD and MH workers
- ▶ Assist AoD and MH workers to understand and navigate the family violence system
- ▶ Work with AoD and MH workers to understand capacity gaps relating to family violence identification and response
- ▶ Promote the consistent use of the family violence Common Risk Assessment Framework (CRAF)
- ▶ Promote formal training that builds confidence and competency in the identification, assessment, and response to family violence

### ■ Organisational practice

- ▶ Assess local MH and AoD agency organisational readiness through assessment of current policy context, practice approach and protocols for family violence matters
- ▶ Work with AoD and MH agencies to understand capacity gaps relating to family violence identification and response
- ▶ Identify gaps and opportunities to refresh policies, process and practices to demonstrate responsiveness to reforms
- ▶ Provide advice to MH and AoD agencies regarding endorsed screening tools, referral processes, information sharing and other legislative changes

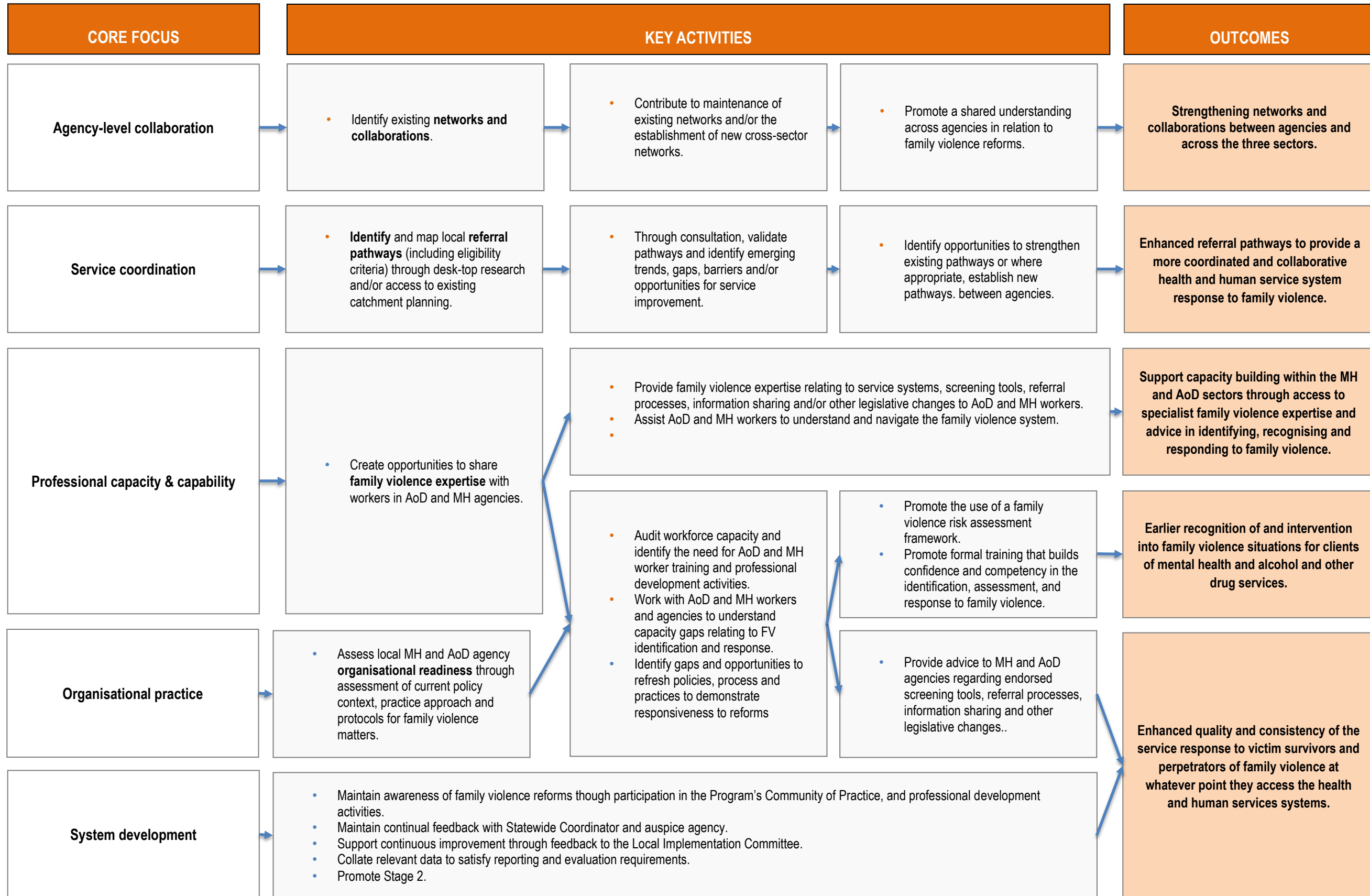
### ■ System development

- ▶ Maintain awareness of family violence sector reforms through participation in the Program's Community of Practice, and professional development activities
- ▶ Work collaboratively with local Family Violence Regional Integration Coordinators, and Strengthening Hospitals Response to Family Violence Reference Groups
- ▶ Maintain continual feedback with Statewide Coordinator and auspice agency
- ▶ Support continuous improvement through feedback to the Area-based Implementation Committee
- ▶ Collate relevant data to satisfy reporting and evaluation requirements
- ▶ Promote Stage 2.

The key Advisor activities and how they relate to Program activities are outlined in the work flow diagram below.



## Specialist Family Violence Advisor key activities



## Role location

Advisors are to be based in the auspice agency, with part-time co-location in AoD and MH agencies encouraged, where possible. There are several key benefits of this service model:

- The auspice agency can provide professional and peer support, professional development and supervision, and ensure the Advisor maintains current family violence expertise and engagement in activities; and
- The Advisor can be accessible to workers at the agency level to facilitate the provision of family violence expertise at the agency level, identify capacity building initiatives, and enhance relationship development.

## Program support

It is recognised that the sustainability and success of the program requires adequate support for the Advisors. The Statewide Coordinator will facilitate a Community of Practice (CoP) which is to consist of the Advisors from each of the 17 DHHS areas. The overall purpose of the CoP meetings is to provide a statewide forum to share information on the program development and implementation. The CoP will provide a forum in which Advisors can:

- Share information regarding implementation activities, processes, approaches and resources
- Utilise a joint problem-solving approach to address identified challenges
- Provide peer support and mentoring
- Participate in professional development activities

The organic development of informal divisional communities of practice is to be encouraged.

## Evaluation

The overall success of the Program will be measured by achievement against clear program objectives.

It is recognised that Stage 1 does not aim to establish joint planning processes or deliver secondary consultations, rather it seeks to establish relationships and identify opportunities to improve identification of and response to family violence in AoD and MH agencies. To embed the benefits beyond the life of the program, changes in system policy and agency approaches will be required. This is beyond the scope of stage 1. It is also recognised that there are many parallel processes as part of the larger family violence reform, and thus the ability to attribute change to Stage 1 alone is challenging.

The key outcomes for the broader program are outlined below.

### Stage 1: Short term outcomes

Key short-term outcomes include:

- Strengthened collaboration between family violence, AoD and MH services
- Enhanced pathways between services
- Increased workforce capacity:

- ▶ Increased knowledge and capacity of workers in mental health and alcohol and drug agencies to recognise and respond to family violence
- ▶ Increased readiness of workers in mental health and alcohol and drug agencies to provide early referrals to specialist family violence services
- Improved executive leadership and senior level engagement in development of family violence responsive service models

**Outputs** are the tangible and intangible products that results from project activities. Stage 1 outputs for each DHHS area are to include the identification and documentation of:

- Local network development;
- Referral pathways across the family violence, mental health and alcohol and drugs sectors;
- Examples of targeted cross-sector collaboration;
- MH and AoD agency policies, processes and practices that may be adapted to strengthen response to family violence;
- Service system gaps;
- Workforce capacity gaps and training needs to address these; and
- Champions within MH and AoD agencies.

## **Stage 2: Medium-term outcomes**

Stage 1 will contribute to the implementation of stage 2 and thus the overall Program outcomes. The following measures may be assessed in Stage 2:

- Increased commitment to formal family violence risk assessment training
- Increased utilisation of the Family Violence Risk Assessment Framework
- Increased knowledge and capability of MH and AoD workers in relation to identifying and responding to family violence
- Increased referrals to specialist family violence services from MH and AoD services and linkage to Support and Safety Hubs
- Increased knowledge and capability of specialist family violence agencies workers in relation to mental health and drug and alcohol
- Increased referrals to mental health and alcohol and drug services from specialist family violence services
- Strengthened referral pathways and secondary consultations from MH and AoD services to family violence services, and to MH and AoD services from family violence services; and
- Increased collaboration at case management level (e.g. joint-planning and secondary consultations).

## **Long-term outcomes**

The program contributes to the outcomes of the larger reform process, including:

- Cross-sector service gaps and structural barriers addressed in order to deliver a coordinated health and human service system response to family violence;
- Enhanced quality and consistency of service response to victims, survivors and perpetrators of family violence at whatever point they enter the health and human services system; and

- Client outcomes improved through earlier identification of, and response to, family violence, AoD and MH.

The following Program Logic outlines the key rationale, program activities and outcomes.

## Program Logic – Stage 1

RATIONALE	KEY ACTIVITIES	SHORT-TERM OUTCOMES (Stage 1)	MEDIUM-TERM OUTCOMES (Stage 2)	LONG-TERM OUTCOMES
Family violence can cause physical and psychological harm, particularly to women and children. It destroys families and undermines communities. <sup>1</sup>	<b>Family Safety Victoria and Department of Health and Human Services</b> <ul style="list-style-type: none"> <li>Establish and oversee program governance.</li> <li>Establish reporting requirements to monitor implementation progress.</li> </ul>	Enhanced cross-sector <b>collaboration</b> .	Increased commitment to formal family violence risk assessment training.	Cross-sector service gaps and structural barriers addressed in order to deliver a coordinated health and human service system response to family violence.
Approximately 40% of men accessing mental health services have experienced childhood sexual abuse, and between 50-90% of women have experienced child sexual abuse or another form of family violence. <sup>2</sup>	<b>Program auspice agencies</b> <ul style="list-style-type: none"> <li>Provide executive support, supervision, professional and peer support.</li> </ul>		Increased utilisation of the Family Violence Risk Assessment Framework.	
Mental Health and Alcohol and Drug services can play an important role in identifying and responding to family violence through referral to specialist family violence services where appropriate.	<b>Specialist Family Violence Capacity Building Advisors</b> <ul style="list-style-type: none"> <li>Contribute to maintenance of existing networks and/or the establishment of new cross-sector networks.</li> <li>Identify and map local referral pathways and identify opportunities to strengthen existing pathways, or where appropriate, establish new pathways between agencies.</li> <li>Provide family violence expertise relating to service systems, screening tools, referral processes, information sharing and/or other legislative changes to AoD and MH workers.</li> <li>Assess local MH and AoD agency organisational readiness through assessment of current policy context, practice approach and protocols for family violence matters.</li> <li>Participate in the Program's Community of Practice.</li> </ul>	Increased MH and AoD agency <b>understanding</b> of FV policy context.	Increased knowledge and capability of MH and AoD workers in relation to identifying and responding to family violence.	Enhanced quality and consistency of service response to victims, survivors and perpetrators of family violence at whatever point they enter the health and human services system.
The Royal Commission into Family Violence recommended that the Victorian Government fund the establishment of Specialist Family Violence Advisor positions to be located in major mental health and drug and alcohol services.	<b>Domestic Violence Victoria</b> <ul style="list-style-type: none"> <li>Provide Advisor induction and professional development training.</li> <li>Provide professional support for the Statewide Program Coordinator.</li> <li>Provide support for auspice agencies.</li> <li>Provide sector knowledge and expertise.</li> </ul>	Improved executive leadership and senior level <b>engagement</b> in development of FV-responsive service models.	Increased referrals to specialist family violence services from MH and AoD services.	
The Advisors are to provide expertise to practitioners in these sectors, facilitate collaboration with MH and AoD services, and promote shared casework models.	<b>Statewide Coordinator</b> <ul style="list-style-type: none"> <li>Promote a common understanding of Program roles, responsibilities and processes.</li> <li>Provide professional support to the Advisors.</li> <li>Establish and coordinate the Community of Practice</li> </ul>	Increased workforce capacity: <ul style="list-style-type: none"> <li>Workers in MH and AoD agencies demonstrate increased <b>knowledge</b> and <b>capacity</b> to recognise and respond to family violence; and</li> <li>Workers in MH and AoD agencies demonstrate increased <b>readiness</b> to provide early referrals to specialist FV services.</li> </ul>	Increased knowledge and capability of specialist FV agencies workers in relation to mental health and drug and alcohol.	Client outcomes improved through earlier identification of, and response to, AoD, FV and MH.
A sustainable model of interagency and inter-sectoral collaboration will improve the response to family violence. <sup>3</sup>	<b>MH and AoD agencies</b> <ul style="list-style-type: none"> <li>Provide local expertise in relation to service delivery and assistance in system navigation.</li> <li>Provide understanding of limitations, boundaries and risk hierarchy.</li> <li>Facilitate access to agency policies and connections with workers.</li> </ul>		Increased referrals to mental health and alcohol and drug services from specialist family violence services.	
A coordinated system will help ensure victims and perpetrators of family violence are able to receive the care they need regardless of where they enter the system. <sup>4</sup>	<b>Alcohol and Drug and Mental Health sector peak bodies/representation</b> <ul style="list-style-type: none"> <li>Provide sector knowledge and expertise.</li> <li>Provide connections with agencies.</li> <li>Support the delivery of induction and ongoing training for Advisors.</li> </ul>	Increased <b>understanding</b> of training and professional development needs for workers across sectors.	Strengthened cross-sector referral pathways.	
	<b>Domestic Violence Resource Centre Victoria</b> <ul style="list-style-type: none"> <li>Develop and deliver training and professional development initiatives.</li> </ul>		Increased collaboration at case management level.	



**References:** 1. State of Victoria, Royal Commission into Family Violence: Summary and recommendations, Parl Paper No 132 (2014–16) p1.; 2. State of Victoria, Royal Commission into Family Violence: Summary and recommendations, Vol V, Parl Paper No 132 (2014–16). P18; 3. State of Victoria, Royal Commission into Family Violence: Report and recommendations, Vol IV, Parliament Paper 132 (2014-16), p52; 4. State of Victoria, Royal Commission into Family Violence: Report and recommendations, Vol IV, Parliament Paper 132 (2014-16), p1.

## Performance monitoring and reporting

Program implementation is to be measured against the local Work Plans. Whilst there is flexibility for Area-based Implementation Committees to tailor the implementation activities to their local area priorities, needs and cohorts, the documented work plan is to provide the action plan against which project progress will be measured.

It is expected that:

- An endorsed reporting template is to be disseminated by the Statewide Coordinator;
- The Advisor/auspice agency is to:
  - ▶ Align the area-based Work Plan with the Program Logic and work flow diagrams (provided above)
  - ▶ Report activity against the area-based Work Plan through both quantitative and qualitative measures;
  - ▶ Provide updates on the deliverables (outputs) for Stage 1 that are meaningful and comprehensive
  - ▶ Highlight achievements and challenges/barriers to implementation
- Performance against Work Plans is to be reported to the Statewide Steering Committee quarterly; and
- The Statewide Coordinator is to assess overall progress against objectives and report on those activities which have accelerated the achievement of the statewide objectives.

## Appendix 1 - Auspice agencies

DHHS LOCAL AREA	AUSPICE AGENCY
Mallee*	Mallee Sexual Assault and Domestic Violence Unit
Loddon	Centre for Non-Violence
Hume Moreland	Berry Street
North Eastern Melbourne*	Berry Street
Ovens Murray	Centre Against Violence
Goulburn	Primary Care Connect Shepparton
Inner Eastern Melbourne	Eastern Domestic Violence Service
Outer Eastern Melbourne	Eastern Domestic Violence Service
Southern Melbourne	WAYSS
Outer Gippsland	Gippsland Lakes Community Health
Inner Gippsland*	Quantum
Bayside Peninsula*	Good Shepherd
Barwon*	Bethany Community Support
Western District	Goolum Goolum
	Winda-Mara
Central Highlands	Berry Street
Western Metropolitan Melbourne	Women's Health West
Brimbank Melton	Women's Health West

\* Indicates Support and Safety Hubs launch sites.

## Appendix 2 – Health Services

DHHS LOCAL AREA	HEALTH SERVICE	MENTAL HEALTH SERVICES
Mallee	Mildura Base Hospital	Northern Mallee Area Mental Health Service
Loddon	Bendigo Health Care Group	Loddon Area Mental Health Service
Hume Moreland	Melbourne Health	North West Area Mental Health Service
North Eastern Melbourne	Austin Health St Vincent's Melbourne Health	Austin Health Mental Health Program St Vincent's Mental Health Program North West Area Mental Health Service Northern Area Mental Health Service
Ovens Murray	Albury Wodonga Health Service	North Eastern Hume Area Mental Health Service
Goulburn	Goulburn Valley Health	Goulburn Area Mental Health Service
Inner Eastern Melbourne	Eastern Health	Central East Area Mental Health Service
Outer Eastern Melbourne	Eastern Health	Outer East Area Mental Health Service
Southern Melbourne	Monash Health	Dandenong Area Mental Health Service
Outer Gippsland	Latrobe Regional Hospital	Gippsland Area Mental Health Service
Inner Gippsland	Latrobe Regional Hospital	Gippsland Area Mental Health Service
Bayside Peninsula	Alfred Health Monash Health Peninsula Health	Inner South East Area Mental Health Service Monash Middle South Mental Health Service Peninsula Area Mental Health Service
Barwon	Barwon Health	Barwon Health Area Health Service
Western District	Ballarat Health Services	Ballarat Mental Health Service
Central Highlands	Ballarat Health Services	Grampians Area Mental Health Service
Brimbank Melton	Melbourne Health	Mid West Area Mental Health Service
Western Metropolitan Melbourne	Melbourne Health	Inner West Area Mental Health Service



## Appendix 3 – Alcohol and other Drug Agencies

DHHS LOCAL AREA	ALCOHOL AND DRUG FUNDED AGENCIES
Mallee	ACSO Bendigo Community Health Services Limited The Salvation Army (Victoria) Property Trust
Loddon	ACSO Bendigo Community Health Services Limited The Salvation Army (Victoria) Property Trust
Hume Moreland	Cohealth Limited Odyssey House The Salvation Army (Victoria) Property Trust Uniting Care ReGen Victorian AIDS Council Inc Western Health
North Eastern Melbourne	Caraniche Pty Ltd Uniting Care ReGen
Ovens Murray	ACSO Gateway Health Limited
Goulburn	ACSO Goulburn Valley Health Primary Care Connect
Inner Eastern Melbourne	EACH Eastern Health
Outer Eastern Melbourne	EACH Eastern Health
Southern Melbourne	EACH South East PHN
Outer Gippsland	ACSO Latrobe Community Health Service Limited
Inner Gippsland	ACSO Latrobe Community Health Service Limited
Bayside Peninsula	Inner South CHS Peninsula Health TaskForce Community Agency Inc Victorian AIDS Council Inc
Barwon	Barwon Health Odyssey House, Victoria
Western District	ACSO

DHHS LOCAL AREA	ALCOHOL AND DRUG FUNDED AGENCIES
	Ballarat Community Health UnitingCare Ballarat Western Region Alcohol and Drug Centre Inc
Central Highlands	ACSO Ballarat Community Health UnitingCare Ballarat
Western Metropolitan Melbourne	ACSO Cohealth Limited Odyssey House The Salvation Army (Victoria) Property Trust Uniting Care ReGen Victorian AIDS Council Inc Western Health
Brimbank Melton	Odyssey House The Salvation Army (Victoria) Property Trust Western Health

## Alcohol and Drug Funded Consortia

CATCHMENT/S	CONSORTIA NAME	CONSORTIA LEAD ORGANISATION	CONSORTIA MEMBERS
Grampians	Grampians Alcohol and Drug Consortium	Ballarat Community Health	Grampians Community Health; Hepburn Health Service; Djerriwarrah Health Service; YSAS
Barwon	Barwon AOD Consortium	Barwon Health	The Salvation Army; Colac Area Health; Bethany Community Support
Loddon Mallee	Bendigo Community Healthy Services Consortium	Bendigo Community Health Services	Castlemaine District CHS; Cobaw CHS; Echuca Regional Health Service; Maryborough District Health Service; Northern Districts CHS; Sunraysia Community Health; Swan Hill District Health Service
Inner North Melbourne	cohealth	cohealth Health	n/a
Eastern Melbourne	SURE Consortium	EACH	Anglicare; YSAS
South Eastern Melbourne	SURE Consortium	EACH	Anglicare
Hume	Gateway Health	Gateway Community Health Services	Upper Murray Family Care; YSAS; Odyssey House Victoria
Goulburn Valley	Ggoulburn Valley Alcohol and Drug Service	Goulburn Valley Health	The Salvation Army; Odyssey House Victoria
Gippsland	Latrobe Community Health Service Consortium	Latrobe Community Health Service Ltd	Gippsland Lakes Community Health; Gippsland Southern Health Service; Bass Coast Health (incorporating Bass Coast Community Health Service and CHS)
North Melbourne	Carancihe	n/a	n/a
Eastern Melbourne, Inner East Melbourne, South Eastern Melbourne	EACH	n/a	n/a
Bayside, Inner North Melbourne	Victorian Aids Council	n/a	n/a
North Western Melbourne, South Western Melbourne	Odyssey House - Uniting	Odyssey House Victoria	Uniting; Anglicare; Banyule Community Health; CPS; Darebin Community Health; Interact Australia; MacKillop Family Services; Nillumbik CHS; Odyssey House; Plenty Valley Community Health; SHARC; Sunbury Community Health; TaskForce Community Agency Inc.; Youth Projects Lts
Great South Coast	Stepping Up Barwon Consortium	Odyssey House Victoria	TaskForce Community Agency Inc.; Windana Drug and Alcohol Recovery; Youth Projects Ltd.; Interact Australia; Portland District Health

CATCHMENT/S	CONSORTIA NAME	CONSORTIA LEAD ORGANISATION	CONSORTIA MEMBERS
Frankston - Mornington Peninsula	Frankston and Mornington Drug and Alcohol Services (FaMDAS)	Peninsula Health	YSAS
Goulburn Valley	Primary Care Connect Consortium	Primary Care Connect	Nexus Primary Health' YSAS
South Eastern Melbourne	South Eastern Consortium of Alcohol and Drug Agencies (SECADA)	South Eastern Melbourne PHN	Monash Health; Odyssey House Victoria; TaskForce Community Agency Inc.; Windana Alcohol & Drug Recovery; YSAS
Bayside	Baysie Integrated Services	STAR Health	The Salvation Army; YSAS
Bayside	Bayside Alcohol and Drug Partnership	Taskforce Community Agency	Bayside PHN; Central Bayside CHS; Hanover Welfare Services; Odyssey House Victoria; Windana Alcohol & Drug Recovery
Frankston - Mornington Peninsula	Stepping Up FMP	Taskforce Community Agency	Interact Australia; Odyssey House Victoria; Youth Projects Ltd.; Anglicare Victoria; Windana Alcohol & Drug Recovery
Loddon Mallee	The Salvation Army	The Salvation Army (Vic) Property trust	Mind Australia; Goulburn Valley Health
Inner North Melbourne, North Western Melbourne	The Salvation Army	The Salvation Army (Vic) Property trust	VincentCare Victoria
Eastern Melbourne	Turning Point Alcohol & Drug Centre (Eastern Melbourne)	Turning Point	Link Community Health Service; Inspiro Community Health Service
Inner East Melbourne	Turning Point Alcohol & Drug Centre (Inner East Melbourne)	Turning Point	Access Health and Community; Link Community Health Service; The Salvation Army; SHARC
Grampians	Grampians Uniting	Uniting	Uniting
Inner North Melbourne, North Melbourne	Uniting - Odyssey House	Uniting	Odyssey House Victoria; Anglicare; Banyule Community Health; CPS; Darebin Community Health; Interact Australia; MacKillop Family Services; Nillumbik CHS; Plenty Valley Community Health; SHARC; Sunbury Community Health; TaskForce Community Agency Inc.; Youth Projects Ltd
North Western Melbourne, South Western Melbourne	Western Integrated Drug and Alcohol Network (WIDAN)	Western Health	Djerriwarrah Health Service; IPC Health; cohealth
Great South Coast	Great South Coast Drug and Alcohol Treatment Service	Western Region Alcohol and	Brophy Family and Youth Services; Glenelg Southern Grampians Drug Services (Portland

CATCHMENT/S	CONSORTIA NAME	CONSORTIA LEAD ORGANISATION	CONSORTIA MEMBERS
	Consortium	Drug Cente Inc (WRAD)	Health); South West Healthcare

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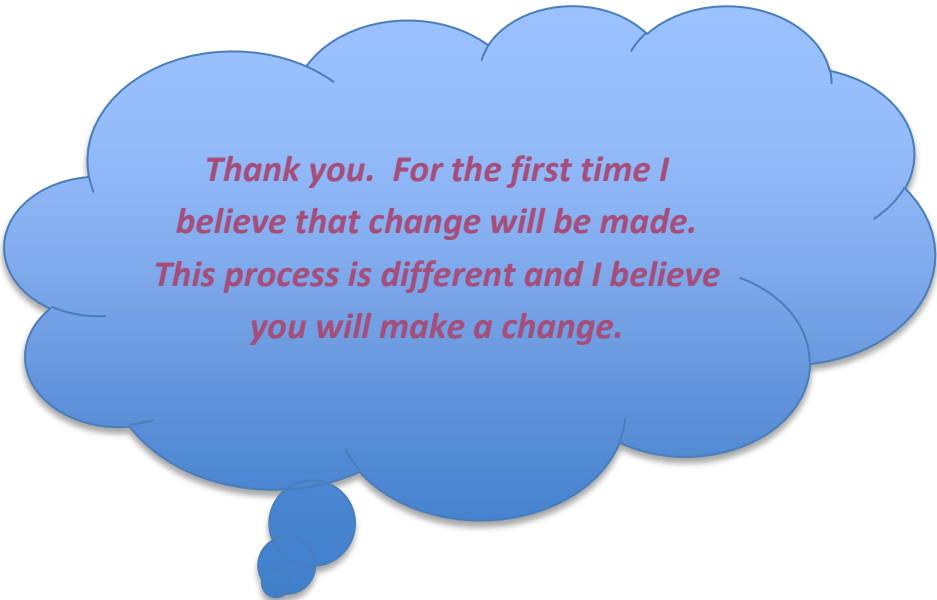
# Specialist Family Violence Capacity Building Project

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## Stage 1 Final Report June 2019

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*Thank you. For the first time I  
believe that change will be made.  
This process is different and I believe  
you will make a change.*

*Feedback from an Albury Wodonga Health Mental Health staff member participating in Stage 1 workshops.*

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## Specialist Family Violence Capacity Building Project - Stage 1 Report June 2019

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### Purpose

To report on the achievements of the Ovens Murray area Specialist Family Violence Capacity Building Project Stage 1 (Stage 1) from December 2017 to 30 June 2019.

To articulate risks to the achievements of Stage 1 and the rollout of Stage 2 in Ovens Murray.

To advocate for ongoing support for the Capacity Building platform that has supported achievements in Ovens Murray to date.

### Executive Summary

The Royal Commission into Family Violence made 227 recommendations that have been accepted by the government. In its report the Commission found that mental health and drug and alcohol services must play a more direct role in identifying and responding to family violence, noting that their *family violence capability would need to be boosted and that closer relationships must be built between all the services*<sup>1</sup>.

Significantly, the Commission found that workers in mental health (MH) and alcohol and other drug (AoD) services *wanted to increase their knowledge and capability with respect to family violence*. Similarly, *workers in the family violence sector were keen to increase their knowledge and capability in relation to mental health, drug and alcohol and other individual risk factors for family violence*. The Commission promoted that the best way to achieve this increased knowledge and capability was to establish cross-sector collaboration through:

*“Providing access to family violence expertise in key mental health and alcohol and drugs services by establishing family violence advisory positions in major services across metropolitan and regional Victoria.”*

The Commission made the following recommendations:

- **Recommendation 98:** The Victorian Government fund the establishment of specialist family violence advisor positions to be located in major mental health, and drug and alcohol services. The advisors' expertise should be available to practitioners in these sectors across Victoria *[within 12 months]*.
- **Recommendation 99:** The Victorian Government encourage and facilitate mental health, drug and alcohol and family violence services to collaborate *[within 12 months]* by:
  - Resourcing and promoting shared casework models; and
  - Ensuring that mental health and drug and alcohol services are represented on Risk Assessment and Management Panels and other multi-agency risk management models at the local level *[Local level multi-agency risk management models are being addressed outside the Specialist Family Violence Advisor program]*.

The *Specialist Family Violence Advisor Capacity Building Program* is a response to these recommendations.

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<sup>1</sup> State of Victoria, Royal Commission into Family Violence: Summary and recommendations, Parl Paper No 132 (2014–16).

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## Specialist Family Violence Capacity Building Project - Stage 1 Report June 2019

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The Commission promoted that the best way to achieve this increased knowledge and capability was to establish cross-sector collaboration. The Specialist Family Violence Advisor Capacity Building Program is the mechanism to achieve this part of the Reform.

The Program was structured in two Stages. The first Stage (24 months) was based on a capacity building model to ready the sectors to use the Stage 2 resources in a sustainable model, bearing in mind funding will cease in 2022 and systemic change must be embedded by then. The success of this approach will be discussed in this report, however it is suggested that the true value of this approach should be checked against the Statewide program guidelines, assuming that they were designed to drive this program to contribute correctly to a broader reform agenda.

The objectives of the Capacity Building Program<sup>2</sup> Stage 1 are to:

- Strengthen networks and collaboration between agencies and across the three sectors;
- Enhance referral pathways to provide a more coordinated and collaborative health and human service system response to family violence;
- Increase capacity within the MH and AoD sectors through access to specialist family violence expertise and advice in identifying, recognising and responding to family violence;
- Facilitate earlier recognition of, and response to, family violence situations for patients/clients of mental health and alcohol and other drug services;
- Enhance quality and consistency of the service response to victims, survivors and perpetrators of family violence at whatever point they access the health and human services systems.

The Ovens Murray project has achieved and surpassed all of the outcomes required for Stage 1 and is ready to roll out Stage 2 of the project. The Stage 1 Implementation Committee are to be commended on their high level and persistent commitment to working together to respond locally to Recommendations 98 & 99 of the Royal Commission into Family Violence; namely enabling the Family Violence, Mental Health and Alcohol and Other Drugs sectors to work together for better common client outcomes.

Foundational to Stage 1 success in Ovens Murray has been the consistent adoption of a Capacity Building Framework that has targeted the project delivery through a strategic and operational lens focused on Partnerships, Organisations and Practitioners.

Strategically, Stage 1 outcomes focused activity was based around 2 platforms:

1. Cross Sector Workshops.
2. Individual Organisational Readiness Assessments.

Additionally, a Terms of Reference and an Outcomes Framework for governance and effective support for Stage 2 were developed and endorsed by the Implementation Committee.

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<sup>2</sup> Specialist Family Violence Advisor Capacity Building Program Stage 1- Program Guidelines, February 2018



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## Specialist Family Violence Capacity Building Project - Stage 1 Report June 2019

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The Family Violence/Alcohol and Other Drug/Mental Health Capacity Building project is strongly supported to strengthen cross sector capacity for the good of clients and system outcomes in Ovens Murray. As Stage 1 is drawing to a close the project partners seek a sustainable Stage 2 Framework that ensures that they can continue.

The Ovens Murray area will use a shared care model to support AOD and MH clients experiencing family violence, mental health and alcohol and other drug issues. A shared care model will support cross sector, governed client work. The Stage 2 Family Violence Advisors (under the auspices of Gateway Health, and funded by Gateway Health and Albury Wodonga Health) will support the shared care model, cross sector, with a focus on building sustainability and capacity.

It is likely that an individual will ultimately be recruited for this work, based at Gateway Health. In the meantime, the Stage 1 project team have been engaged to deliver Stage 2 until December 2019. In light of the expectations and functions of this position, the apparent approach may need to be supplemented with additional resources for:

- Training, both inter-agency and cross sector, which is focused on family violence, mental health and AOD, and application of the Ovens Murray Shared Care Framework.
- Capacity building, stakeholder engagement, and Internal governance for each agency, and cross sector.

It is noted that achieving this Ovens Murray Shared Care Framework will require contributions from local family violence services, which have not been funded as part of Stage 2. This requirement may need to be managed locally, or could be part of a submission for additional funds.

# Capacity Building Stage 1

## Ovens Murray

### Expected Project Outcomes & Achievements

1

Sustainable cross sector governance.  
Agency based Organisational Readiness Assessments & actions.  
Capacity building framework.

**Improved executive leadership and senior level engagement  
in development of family violence responsive service models**



2

Cross sector training workshops - strategic and operationally focused.  
Local framework to support Stage 2 objectives, informed by practitioners.  
Stage 1 recruitment to an outcomes framework not an FTE.

**Increased workforce capacity**



3

Improved cross sector understanding of language, risk & safety.  
Better use of referral pathways.  
Better understanding of reform inc MARAM & Info sharing.

**Enhanced pathways between services**



4

Commitment to an ongoing capacity building model.  
Executive level, highly functional, sustainable Implementation Committee.  
Red Flag Friday, a new process to support common clients.

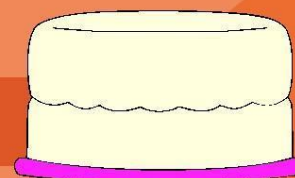
**Strengthened collaboration between  
family violence, AoD and MH services**



+

Application of Organisational Readiness Tool & delivery of Stage 1 workshops.  
Links to SHRFV project.  
Support to engage with community.

**Aboriginal & Rural Health Services**



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## Specialist Family Violence Capacity Building Project - Stage 1 Report June 2019

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### Capacity Building Stage 1 - Ovens Murray Expected Outcomes and Achievements

#### 1. Improved executive leadership and senior level engagement in the development of family violence responsive service models.

- **Sustainable Cross Sector Governance.**

From the first meeting of the Implementation Committee, the sustainability of our work has been our foremost consideration. Having the Stage 1 build cross sector capacity and sustainability frameworks has been invaluable in rolling out our model of change.

In the Ovens Murray area the existing links to the Ovens Murray Integrated Strategic Family Violence Committee will be strengthened if it absorbs the Implementation Committee as part of its broader family violence governance model. It is hoped that this advance can be furthered by the alignment of the Committees into the Ovens Murray Model (still in planning).

- **Agency based Organisational Readiness Assessments and actions.**

Stage 1 called for the application of Organisational Readiness Assessment to gauge the ability of agencies to undertake cross sector capacity work.

In the absence of a fit for purpose tool, one was developed for use in the Ovens Murray area. The Ovens Murray tool is targeted at Executive team and agency policies and procedures, and assesses the ability of the agency to undertake cross sector capacity building work to improve the support offered to a staff member or common client experiencing family violence issues.

The project team review all agency policies and procedures and then talk through with the Executive team what they have found, and what the agency sees as its remit around family violence, and if their policies and procedures match their intention. It has been heartening to talk with Executive teams and hear the strong commitment to supporting their staff, common clients and communities experiencing family violence. More importantly, agencies have been able to develop action plans based on the Organisational Readiness Assessment to improve their policies, procedures and subsequent practices around family violence and cross sector capacity building.

- **Capacity Building Framework**

The Ovens Murray Implementation Committee recognised early on that the statewide program guidelines provided a foundation for a local area framework that could bring to life the capacity building learnings and practitioner requests from Stage 1 for the Stage 2.

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## Specialist Family Violence Capacity Building Project - Stage 1 Report June 2019

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Based on consultations and learning from Stage 1 the Ovens Murray Stage 2 Framework was developed. The purpose of this Framework is to continue the cross sector multi-agency capacity building work in Ovens Murray associated with Recommendations 98 and 99 from the Royal Commission into Family Violence.

The ultimate goal of the Framework is improved client outcomes and support sustainability through a capacity building methodology. It is envisioned that at the completion of Stage 2, improvements will have been embedded in Ovens Murray and the Implementation Committee will be part of the Ovens Murray Strategic Integrated Family Violence Committee, or an Ovens Murray Model.

## 2. Increased workforce capacity

- **Cross sector training workshops - strategic and operationally focussed.**

Much of the outcomes of the Stage 1 Statewide program guidelines were achieved through the delivery of cross sector workshops delivered with both a strategic and operational intent. Through these workshops Stage 1:

- Informed the sectors about Family Violence Reform in Victoria.
- Understood the challenges a Victorian cross border health service (Albury Wodonga Health) has in referring clients to services in NSW, and in building processes that can respond to cross border legislative and practice variances.
- Provided education around contemporary identifying family violence and referral pathways (including perpetrators).
- Resulted in a new shared practice model for clients in Ovens Murray (Red Flag Friday)
- Enhanced shared understanding of a common client, the language used by the three sectors and different assessments and response to risk.
- Resulted in a Stage 2 Framework that meets Partnership, Organisational and Practitioner needs to care for a common client.
- Extended the delivery of the workshops to Albury Wodonga Aboriginal Health Service, with all staff made available to participate (including GPs, Dental and Allied Health staff).
- Extended the delivery of the workshops into the Mental Health Division of Albury Wodonga Health.

- **Local framework to support stage 2 objectives - informed by practitioners.**

A Framework consultation process was developed and made available to all partner agencies. It was accessed by staff from the Centre Against Violence, Gateway Health and Albury Wodonga Health. Consultation methodology was that:

- Participants had attended one or more of the project workshops in 2018.
- Facilitated workshops building on S1 and focussed on S2.
- In addition to planning and strategy.

Workshops focus on the needs of:

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## Specialist Family Violence Capacity Building Project - Stage 1 Report June 2019

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- Practitioners.
  - The agency (or) agencies’.
  - The cross sector.
- **Stage 1 recruitment to an outcomes framework, not an FTE.**  
The Centre Against Violence were unable to recruit a suitable skill set using traditional methodology for Stage 1. A review of the project outcomes saw the Centre Against Violence contract a management consulting group to deliver the project. This method met the project brief through the addition of specialist family violence staff from the Centre Against Violence where their knowledge was required.

This model has delivered all project goals and has added value through the additional delivery of a cross sector governance model to support both the shared care and systems improvements through:

- Achieving the funder project expectations;
- Engaging stakeholders at a partnership, organisational and practitioner level;
- Adapting to iterative project learnings;
- Improving the risk assessment, safety and quality of life for people experiencing family violence, mental health and alcohol and other drug issues .

### 3. Enhanced pathways between services

- **Improved cross sector understanding of language, risk and safety.**  
Workshops delivered cross sector and agencies built trust, relationships, better understanding of language, risk and safety issues. The careful design of the workshops saw Workshop 3 focus on a case study of a woman named Jenna (based on a common client who could reasonably present to any sector for support). Participants worked within their sectors to decide how they would support Jenna. Sector responses made it clear that Jenna and her children and husband would have very different experiences depending on what sector they presented to. For example:
  - Presenting to a Mental Health Service may result in a hospital admission and consultation with the perpetrator about her management and the care of the children.
  - Presenting for an AoD assessment would like see Jenna referred to an AoD waitlist.
  - Presenting to a Family Violence specialist service could see Jenna restored of some control of her life, and subsequent reduction in her mental health and AoD issues.
 This shared cross sector learning resulted in very strong support for the development of the Ovens Murray Framework to ensure we continue to build cross sector capacity in Stage 2.
- **Better use of referral pathways.**  
Stage 1 Capacity Building in Ovens Murray has resulted in improved cross sector understanding of referral pathways, and an increased appetite for an authorised platform based collaborative cross sector case practice. These needs have been met through the development of the local area

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Framework for stage 2 (see Appendix 4) and through the development of a new referral pathway called Red Flag Friday.

- **Better understanding of reform, including MARAM and information sharing.**

Current information about the Family Violence Reform, including MARAM and Information Sharing was provided at each Committee meeting and all workshops.

Further maturation for the AoD and MH sectors around using the MARAM and Information Sharing will be prioritised in Stage 2.

### 4. Strengthened collaboration between family violence, AoD and MH services.

- **Commitment to an ongoing capacity building model.**

Formalised through a local Terms of Reference to govern until 2022 (Appendix 3) and supported by Stage 1 being based upon a Capacity Building Model (based on BMC Public Health 2015. [bmcpublichealth.biomedcentral.com](http://bmcpublichealth.biomedcentral.com)), Ovens Murray has taken every opportunity to establish new ways of rolling out reform through a capacity building model. The Ovens Murray area is working hard to resist the temptation to drop in a short term response to assist practitioners and is instead working from a systems level to make sustainable, scalable and replicable change. This approach is in keeping with the intent of Stage 1, and with the broader expectation that we improve the way we work across sectors where funded by public monies.

The capacity building model deployed by the Project team addressed three levels within the sectors to enable strong capacity growth. The workplan and activities were designed to build capacity at the practitioner level, the organisational level and at the partnership level. A focus across these vital components has delivered the strong outcomes achieved in Ovens Murray.

- **Executive level, highly functional, sustainable Implementation Committee.**

A deliberate decision to start Stage 1 with an inception meeting with the Ovens Murray DHHS Area Director and part of his Executive team delivered high level immediate access to all partner agencies and their commitment to support Stage 1.

Four weeks after meeting with the Area Director, the project team convened the first Implementation Committee meeting complete with a term of Reference (Stage 1), meeting schedule (quarterly), workplan (mapped to statewide Program Guidelines for Stage 1) and cross sector capacity building workshops (sessions with content matched to the Statewide Program Guidelines outcomes framework).

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Executive level engagement in the Implementation Committee has resulted in high level support for the project and a commitment to a capacity building journey. Most tangibly, the outcomes of this commitment can be seen in the Terms of Reference until 2022, the framework, and the merging of Stage 2 MH and AoD funds to support better project outcomes.

- **Red Flag Friday, a new process to support common clients.**

As a direct result of Stage 1, a local process has been developed (including a governance structure) to allow agencies to share information about clients who may require additional support over weekends. This governance structure is replicable and scalable. As well as providing accurate advice to support better client outcomes, the process is strengthening cross sector relationships and capacity. Practitioners see great value in this approach.

## 5. Aboriginal and Rural Health Services

- **Links to Strengthening Hospitals Response to Family Violence Project - Application of Organisational Readiness Tool**

Albury Wodonga Health, a key partner to Stage 1 and 2 (as they deliver Mental health Services for Ovens Murray), invited the project team to work with their Family Violence Steering Committee and deliver:

- A report on a governance structure for that integrated the Stage 1 and 2 projects and the Strengthening Hospitals response to Family Violence project;
- Internal Organisational Readiness Assessments more broadly and to the smaller rural health services its supports as part of the Strengthening Hospitals Response to Family Violence project (Corryong, Tallangatta and Beechworth).

Stage 2 should see AWH maximise its integration across these projects and associated health services.

- **Stage 1 workshops delivered into an Aboriginal Health Service.**

At the request of the CEO of AWAHS (Albury Wodonga Aboriginal Health Service) the project team delivered Stage 1 workshops to all staff. Workshops were delivered on site and services were suspended to allow all staff to attend. Topics covered were:

- Identifying Family Violence.
- Responding to and referring Family violence.
- Capacity Building and referral pathways.

Sessions were well attended and well received. Through the inclusion of the CEOs from the local specialist family violence services (Centre Against Violence, Ovens Murray and the Women's Centre, Albury) referral pathways, relationships and a commitment to working better together across the border has been refreshed. It is also noteworthy that GPs attended the session and reported they found them valuable.



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- **Support to engage community.**

The application of Organisational Readiness Assessment tools reinforced the decision of the smaller rural health services to use some Strengthening Hospitals Responses to Family Violence resources for community engagement work. The ability to work in the community space is consistent with supporting primary prevention, visibility of access points and partnerships.



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### Achievements

The Ovens Murray project has achieved and surpassed all of the outcomes required for Stage 1 and is ready to roll out Stage 2 of the project. The Stage 1 Implementation Committee are to be commended on their high level and persistent commitment to working together to respond locally to Recommendations 98 & 99 of the Royal Commission into Family Violence; namely enabling the Family Violence, Mental Health and Alcohol and Other Drugs sectors to work together for better common client outcomes.

Foundational to Stage 1 success has been the consistent adoption of a Capacity Building Framework that has targeted the project delivery through a strategic and operational lens focused on Partnerships, Organisations and Practitioners.



Locally governed, the Stage 1 work plan (Appendix 1) was mapped to the Stage 1 outcomes documented in the statewide Program Guidelines (Appendix 2). Stage 1 has also seen the local Implementation Committee commit to a Terms of Reference that governs Stage 1 and 2 (Appendix 3). Additionally, a Stage 2 Framework (Appendix 4) to support continuity and sustainability has been developed. The model developed can be evaluated and potentially scaled and replicated to support a greater cross sector approach.

Strategically, Stage 1 outcomes focused activity was based around 2 platforms:

3. Cross Sector Workshops.
4. Individual Organisational Readiness Assessments.

Additionally, a Terms of Reference and an Outcomes Framework for governance and effective support for stage 2 were developed and endorsed by the Implementation Committee.

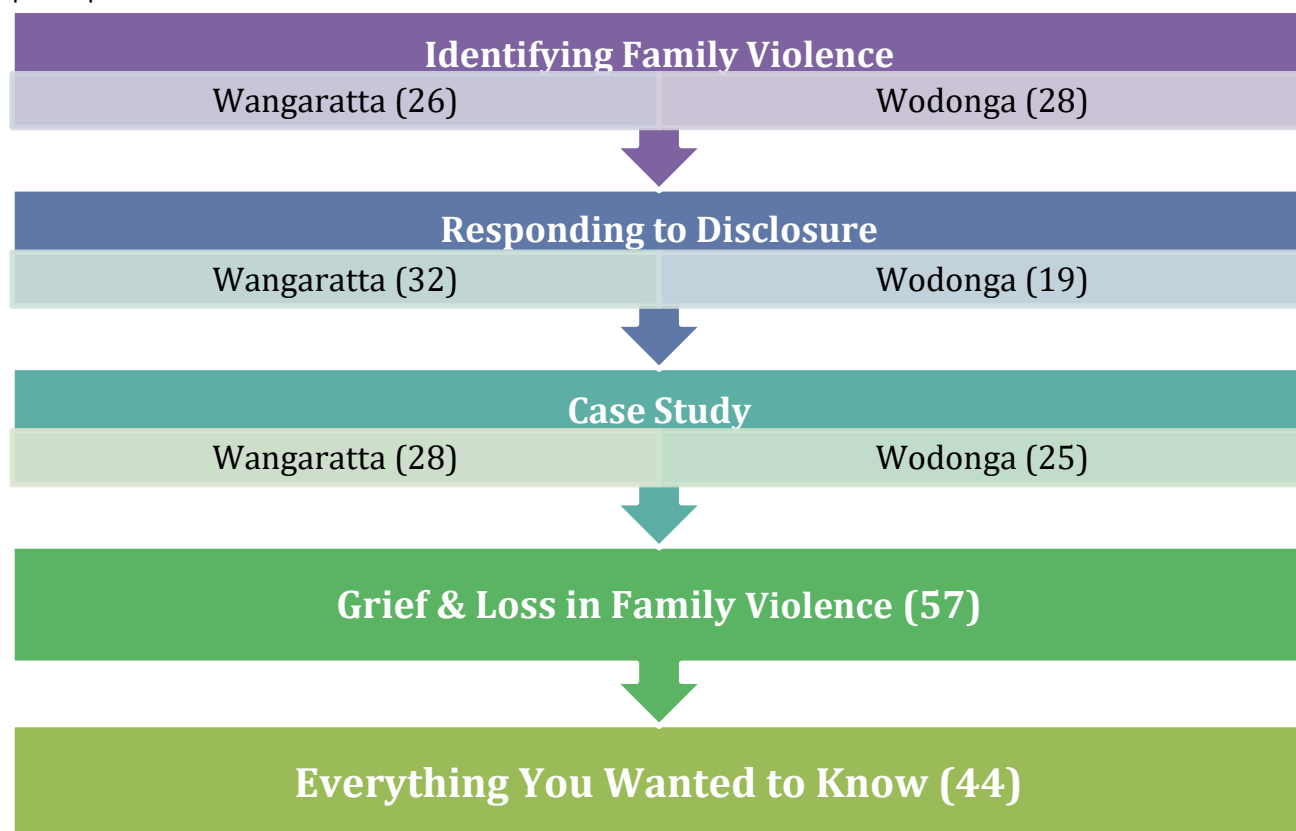
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### Cross sector workshops.

Cross sector workshops were framed around providing contemporary Family Violence training in a cross-sector environment. In addition to providing core family violence training, participants:

1. Were educated about family violence sector reform.
2. Built strategic and operational relationships across agencies and sectors.
3. Improved cross sector responses to shared clients.
4. Learnt a common language about family violence and risk.
5. Wanted to learn more about the Mental Health and Alcohol and Other Drug sectors as it became illogical not to do so.
6. Understood the enormity of Stage 2 and offered to support its rollout through a Capacity Building model.

The Diagram below sets out the topic for each workshop, where they were delivered and how many participants attended.



All Stage 1 workshops were received positively, and were designed to become more challenging as they progressed and as participants learnt more about Family Violence and built confidence in their cross sector relationships. Indeed, the Case Study workshops highlighted how the sectors differently respond to a woman and her children experiencing Family Violence, and the long term impact this may have. Participant

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awareness of these important differences contributed to later feedback supporting more Capacity Building work as part of Stage 2.

A powerful presentation by Dr Tracy Castelino for the Grief and Loss Workshop challenged all participants to understand that managing Family Violence is informed by our own values and beliefs and asked participants to be clear about how the way they work impacts those experiencing Family Violence.

The workshops also included advice about working with clients and staff who perpetrate Family Violence.

As a spin off of the Stage 1 workshops, Albury Wodonga Health (the Stage 2 Mental Health lead) are offering the Identifying Family Violence, Responding to Disclosures and the Case Study workshops to all of the Mental Health Division (around 400 staff). AWH are crediting staff who attend these workshops with some competencies under the Strengthening Hospitals Responses to Family Violence project. Indeed, Albury Wodonga Health are considering ways to maximise value across both projects.

Additionally, the Albury Wodonga Aboriginal Health Service (AWAHS) is a partner agency to Stage 1 & 2 and based on its Chief Executive Officers participation in the Stage 1 workshops, is now offering the Identifying Family Violence and Responding to Disclosures from the project to all its staff, including GPs, Dental, Allied Health and Administration. Feedback from these sessions targeted to an Aboriginal workforce has been positive.

The Ovens Murray workplan and workshop plans (1 to 3) have been shared statewide.

### Organisational Readiness Assessments

Stage 1 was tasked with conducting Organisational Readiness Assessment to determine if agencies were ready to participate in cross sector Capacity Building to support Stage 1 outcomes. No statewide mandated tool was provided for this task.

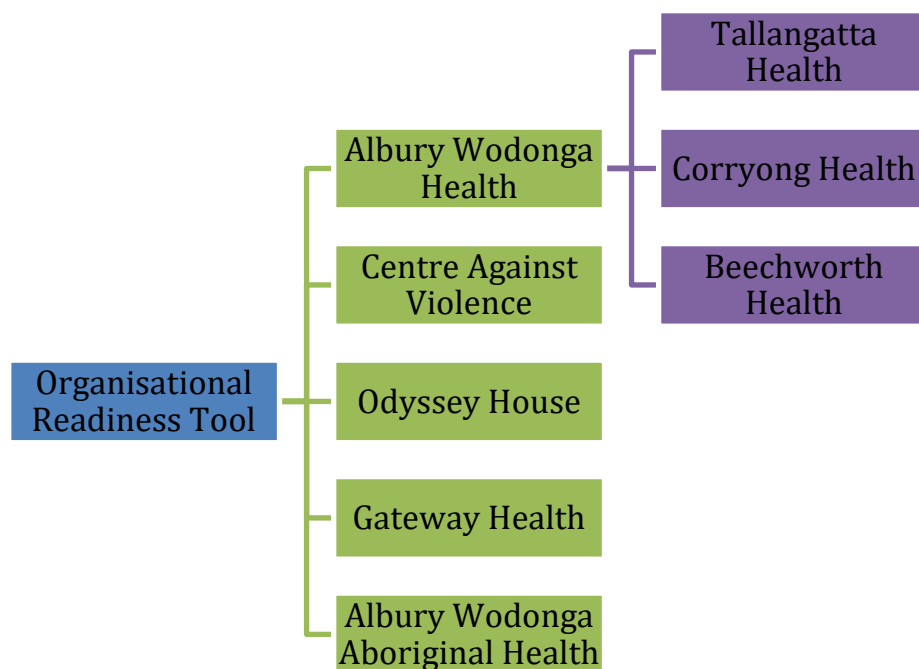
A review of relatable tools and capacity building methodologies saw the development of a fit for purpose Organisational Readiness Assessment tool, which was refined as the project progressed (Appendix 5).

The diagram below shows in green the Stage 1 partner agencies with whom the tool was applied. Services marked in purple represent where the tool was extended into the Strengthening Hospitals Response to Family Violence project.

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Recognising the importance of Executive teams in Capacity Building Framework, the tool was applied across individual agencies policies and procedures, and then findings discussed proactively with Executive teams. A written report was also provided, with offer of a follow up application of the tool to measure change.

This approach has seen agencies:

- Refine their policies and procedures.
- Develop action plans to update policies and procedures.
- Think about how perpetrators and victims are supported.
- Have follow up tests to measure change.
- Achieve Executive buy in to the project and its potential benefits to staff and clients based on a Capacity Building model.

In addition to conducting Organisational Readiness Assessment tests with Stage 1 project partner agencies, the test has also been conducted at three smaller health services linked to Albury Wodonga Health as a further support to their Strengthening Hospitals Approach to Family Violence project.

The Organisational Readiness Assessment tool has been made available statewide, and may be refined to align to responding to Family Violence Capacity Framework.

### Implementation Committee Feedback on Stage 1

A reflection session was held with the Implementation Committee in February 2019 in preparation for this report. A summary of their comments is set out below. Positively the Implementation Committee reflected that Stage 1 has achieved and recognised:

- Joint capacity building and training and the benefit for the different teams.

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- Learning that they all felt like they knew Family Violence but actually may not have been contemporary.
- Better use of secondary consults, and a structured meeting with the family violence sector to flag clients at high risk of escalation over weekends. This is available for use by the AOD and MH sectors.
- Recognition of the strength when cross sector leaders address issues and staff together - shows we have a shared purpose and goal. - viable shared leadership.
- Expertise at the table and at all levels - cross sector workshops were rooms full of experts who were all learning. Greater valued with the expertise together.
- Integration of the sector at the higher levels to support Capacity Building (a strength of Stage 1).
- Confidence in working together to work this out as we go and that we really are navigating some spaces not previously travelled.
- A local Stage 2 Framework to benefit common clients.
- The value of evaluating and reflecting is an important part of the local Stage 2 Framework.
- The need for some local high-level indicators of what we are going to achieve though the Framework in Stage 2.

The constructive reflection on Stage 1 was that at the commencement of the project there was a lack of clarity about the project as expected communications had not reached the right ears. This was remedied by the rapid establishment of the Implementation Committee under the direction of the Ovens Murray Area Director, Department of Health and Human Services, and his request that each partner agency CEO meet immediately with the Stage 1 project team. A short communication piece describing the Stage 1 project (Appendix 6) was made freely available. This was followed up 3 weeks later by the first Implementation Committee meeting, on the 19 January 2018, that endorsed a draft local work plan and draft Terms of Reference and achieved a commitment from agencies to make their staff available for workshops commencing one month hence.

The Stage 1 project Communications piece has been made available at a statewide level.

The Implementation Committee reflected in February 2019 that their learning from Stage 1 was:

- Now thinking about a 'common client', rather than a shared client.
- That Family Violence expertise and managing high risk and associated language are being refined and learnt as part of a new way of cross sector business.
- A desire to move from centre based to client based Family Violence services. Although there is still a great deal of developmental work to do. Maybe new MOUs between partners will be needed.
- Requiring managers talking to teams about new ways of doing business focused on the common client.
- That the Capacity Building project has assisted managers to shift their thinking.
- An expectation that the project changes the way we can quickly mobilise cross sector responses.

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- Noting that times and practices are changing, and we need to be contemporary.
- Staff reporting that they have changed their practice and that they can get assistance.
- Capacity Building has made a difference and is valued. An authorising environment for change has occurred.
- Changes with DHHS are supporting cross sector work, and there is more that can be done.
- Improved cross sector practice development and understanding.
- Strategic influence on all levels of the work across sectors and agencies.
- The need for corporate resources to support change.
- A recognition of the importance of language and language changes.
- An honours thesis as part of local evaluation could be considered.

### Risks

The Implementation Committees commitment to the project remains high, and risks identified in the December 2018 Report (Appendix 7) are now being mitigated though a transition to Stage 2 and a series of Advocacy work being considered by the Implementation Committee.

Set out below is a summary of those risks, mitigations to date, possible further mitigation options, and the likelihood and consequence of the risks if further mitigation is not applied.

#### 1. Unclear statewide leadership. Risk – Stage 1 Capacity Building achievements will be lost.

Ovens Murray mitigation to date:

1. Implementation Committee wrote to the RCFV Implementation Monitor, who has expressed interest in receiving a copy of this report.
2. Supported local DHHS to consider statewide funding models to ensure that project outcomes are achieved through shared governance.
3. Promoted Stage 1 achievements through available statewide networks such as the Strengthening Hospitals Response to Family Violence and the statewide Family Violence Steering Committee and the VAADA Family Violence Forum.
4. Ovens Murray Stage 1 & 2 Terms of Reference and Framework.
5. Stage 1 Workforce model presented at the Stop DV National Conference 2018.

Further mitigation options:

- Requesting FSV and DHHS to better align Stage 1 and Stage 2 across sectors through funding and contract administration.
- Supporting the ongoing functionality of the Implementation Committee, with a sustainability plan to move to the Ovens Murray Integrated Family Violence Strategic Committee or a possible Ovens

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Murray model. The diagram below shows a Stage 1 & 2 relationship map and links to the Ovens Murray Integrated Family Violence Strategic Committee.



- Continue to build upon the links between the Stretching Hospitals Response to Family Violence projects in Ovens Murray.
- Ovens Murray DHHS showcasing Stage 1 Capacity Building Project achievements at forums of influence to encourage changes centrally.
- That opportunities to further strengthen our cross sector multi-agency capacity presented by the flagged Victorian Royal Commission into Mental Health be identified and prepared for now.
- That the Victorian Cross-Border Commissioner be invited to an Implementation Committee meeting where we showcase our cross-border work and the challenges we face (perhaps also proposing an improvement to the system).

Without statewide change and leadership there is a likelihood that Stage 2 will see this risk realised in the form of the achievements of Stage 1 being lost in Ovens Murray as the emerging Stage 2 Alcohol and other Drug and Mental Health statewide leadership seek to recommence much of the work that Ovens Murray has already achieved. This likelihood is reinforced by the Stage 2 statewide governance documents that:

1. Separate & reinforce sector responses into silos.

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2. Separately fund sector responses.
3. Replicate work from Stage 1 without clear links to tie Stage 1 and 2 together.
4. Omit funding for Family Violence Specialist agencies.

Possible consequences of this risk being realised include:

- Stage 1 Capacity Building work being replicated in Stage 2 (wasted resources).
- Loss of statewide evaluation of the effectiveness of using a Capacity Building approach to roll out cross sector changes.
- Loss of faith by local cross sector workers in the cross sector capacity building process as their voices will be lost or need to be repeated for Stage 2.

### **2. Recruitment to Stage 2. Risk – Stage 1 Capacity Building achievements will be lost and Stage 2 outcomes not achieved.**

A short term solution to this risk has been mitigated by engaging the Stage 1 project team to deliver the first 6 months of Stage 2. Ongoing recruitment to Stage 2 remains a risk, as flagged in December 2018, although in the true spirit of cross sector capacity building risk mitigation to date includes:

1. Both sectors have pooled funds for Stage 2 and have developed a position description to recruit to.
2. The locally developed Framework will also support Stage 2 resources being targeted to an outcomes framework.
3. Considering the Stage 1 outcome focused recruitment model to guide how Stage 2 is recruited to.

Further risk mitigation options:

- Consider funding the Ovens Murray Specialist Family Violence Agency to deliver the specialist family violence requirements of Stage 2.

The commitment of Stage 2 lead agencies, supported by the local implementation committee to recruit well to Stage 2 is unquestionable. Furthermore, the support for a capacity building methodology should be considered a success of the Stage 1 project, although at face value it could be seen that it slowed the Stage 2 recruitment process.

Based on the Ovens Murray Stage 1 & 2 Terms of Reference and Framework, the Stage 2 of the project can achieve its goals regardless of statewide challenges if Ovens Murray can recruit to Stage 2 in a way that delivers all of the Stage 2 outcomes based on a capacity building methodology and a sustainability model.



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As articulated in the local Framework, *It is likely that an individual will be recruited for this work, based at Gateway Health (Appendix 8 - Position Description). In light of the expectations and functions of this position, the apparent approach may need to be supplemented with additional resources for:*

- *Training, both inter-agency and cross sector, which is focused on family violence, mental health and AOD, and application of the Ovens Murray Shared Care Framework.*
- *Capacity building, stakeholder engagement, and Internal governance for each agency, and cross sector.*

*It is noted that achieving this Ovens Murray Shared Care Framework will require contributions from local family violence services, which have not been funded as part of S2. This requirement may need to be managed locally, or could be part of a submission for additional funds as part of the S1 project final report.<sup>3</sup>*

### **3. Evaluation - Risk – Stage 1 Capacity Building Achievements will be achievements will be lost.**

Along with state-wide oversight of the project and reporting, state-wide evaluation has not been established, although it is a key requirement of the Statewide Stage 1 Program Guidelines. Regardless the Ovens Murray Implementation Committee has been mindful of the need to evaluate the project and has amassed data for this purpose over the life of Stage 1.

It is very important that Ovens Murray evaluate and report upon its work to understand:

- How Capacity Building has been applied, and its value?
- Should Capacity Building form part of future project models?
- Can Capacity Building contribute to the “Ovens Murray model”?

Mitigation to date includes:

1. Consulting with project participants about their experience of the project and its value to them.
2. Conducting a reflective practice session with the Implementation Committee in February 2019.
3. Conducting initial, and follow up Organisational Readiness Assessments (Permission to share these would need to be obtained from agencies as tests were conducted in confidence).
4. Review project work plan against Project Guidelines.
5. Recruiting the Stage 1 project team to deliver the first 6 months of Stage 2.
6. Engaging with VAADA in its Stage 2 and Family Violence work.

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<sup>3</sup> Panel Proposal V8

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Further mitigation options:

- Continue to advocate for the rollout of centrally coordinated statewide evaluation of Stage 1.
- Advocate for centrally coordinated rollout of Stage 2 evaluation.
- Establish evaluation of Stage 1 and 2 in Ovens Murray through a thesis.
- Annually seek project users feedback (next due December 2019).
- Seek the support of the Implementation Monitor to evaluate the Ovens Murray Stage 1 & 2 project.

While statewide evaluation may not occur, the likelihood and consequence of this risk being released locally is low. The Implementation Committee are clear that an evaluation method will be deployed drawing in data collected to date, an external review, and possibly a thesis being offered to a local university.

#### **4. Local Commitment to the project - Risk – Stage 1 Capacity Building achievements will be lost.**

Still recognising the demand across the sector, the level and pace of reform and workforce challenges, the Stage 1 project team have dedicated significant time to keeping Implementation Committee partners engaged with the project since July 2018. This activity is expected as part of a Capacity Building model and is embraced as part of our shared goal of better client outcomes.

Mitigation to date is provided by Stage 2 resources delivering workshops and continuing Capacity Building activity.

Further mitigation options:

- Focused on an outcomes framework, recruitment to Stage 2 will provide further mitigation.
- Advocacy and promotion of the benefits of a Capacity Building framework.
- Executive level support for Capacity Building to continue over the life of Stage 2.

The commitment of the Implementation Committee to a Capacity Building model reduces the likelihood of this risk being realised.

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### Next Steps

To protect the integrity of Stage 1 achievements and support Stage 2 the Implementation Committee could embark on an advocacy task. Foundations for this work have been laid through the presentation of the project workforce model to the 2018 Stop DV Conference. This approach, as well as project achievements and challenges could be presented to:

- The Family Violence Implementation Monitor.
- Family Safety Victoria Executive.
- Department of Premier and Cabinet.
- Department of Health and Human Services.
- Stop DV conference 2019, and other conferences.
- Royal Commission into Mental Health (learning around rolling out cross sector recommendations).

The intention of this advice is to engage government and the sectors in new ways of providing service to a common client base on a capacity building model, supported by funding and contract management refinement.

### Recommendations

- That this report be noted and actioned.
- That this report, and the Terms of Reference and Framework underpin the local delivery of Stage 2 in the Ovens Murray area.

**Appendix 1 - OM Workplan**

**Appendix 2 - Statewide program guidelines**

**Appendix 3 - TOR**

**Appendix 4 - Stage 2 Framework**

**Appendix 5 - Organisational Readiness Tool**

**Appendix 6 - Communication piece**

**Appendix 7 - December 2019 report**

**Appendix 8 - Position Description**