

Guiding Integrated Family Violence Service Reform 2006-2009

Part 1 Introduction

From July 2006, Department of Human Services (DHS) funded family violence services are working in partnership to progress the implementation of the new approach to family violence. Local partnerships are working together to provide a more integrated response that aims to improve the safety of women and children and increase accountability of men who use violence against family members.

The new approach to family violence is about community services including specialist family violence services, and police and justice services working together to provide a better service to victims of family violence and reduce the incidence of family violence. Alongside new service funding via DHS, other important components of the new approach include the establishment of the Family Violence Court Division of the Magistrates Court at Heidelberg and Ballarat and Specialist Family Violence Services at Melbourne, Frankston and Sunshine/Werribee, and the introduction of the Police Code of Practice for the Investigation of Family Violence and appointment of 10 Victoria Police Family Violence Advisors at both metropolitan and country locations.

Developing the new system requires a long-term approach with all stakeholders working together to achieve service integration that results in increased safety of those who experience family violence and accountability of those who use violence. Integration is also required to ensure that unified and streamlined responses are provided to victims of family violence, regardless of which part of the service system provides support.

Introduced over four years, the new approach aims to:

- Reduce deaths, injuries and the emotional impact of family violence.
- Respond more effectively to all women and children experiencing family violence.
- Strengthen the response of the police and the courts to family violence.
- Increase the accountability of and access to behaviour change programs for men who use violence.
- Emphasise the rights, needs and safety of children.
- Provide greater support to all workers who deal with victims of family violence.
- Bring the issue of family violence into the open and give all members of the community the confidence to speak out.

Reforming the Family Violence System in Victoria: A report developed by the Statewide Steering Committee to Reduce Family Violence was released in 2005. This report provided advice on the development of an integrated response to family violence. The Government's commitment to addressing family violence is set out in *A Fairer Victoria* (2005 and 2006) and *Changing Lives: A new approach to family violence in Victoria* (November 2005).

The service model and service expectations for DHS funded family violence services are set out in the Integrated Family Violence service specifications (January 2006).

The service specifications and other documents referred to on this page are available on the DHS website at www.dhs.vic.gov.au/integratedfamilyviolence.

As the new approach is rolled out across the state, it is crucial that the key principles and objectives of reform are maintained as services evolve in response to local circumstances. This document aims to guide and support DHS staff and DHS funded partnerships in implementing the new approach to family violence over the next three years. It provides a statewide framework within which local changes to services will be planned, developed and implemented. In particular, it sets out key reform priorities for all DHS funded partnerships of services across the state, and communication and engagement mechanisms at a statewide and regional level that will help drive reform and monitor progress and outcomes.

Guiding Integrated Family Violence Service Reform 2006-2009

Part 2: Achieving reform

Victoria has all the key elements in place to reduce family violence. The Government has committed resources, has agreed underpinning principles, is working across government and community agencies, is in the process of law reform and is exploring ways to shift attitudes towards family violence.

Accomplishing integration of family violence services at the local level is a critical component of the reform process to reduce violence against women and children.

Achieving change and embedding new approaches to service delivery is not easy. It will require sustained effort over the coming years. Outlined below are some underlying themes that are central to the success of this reform strategy.

Working together to achieve integration

The new approach to family violence services requires key agencies – police, justice and community services including specialist family violence services – to share a common understanding and approach and to work together to ensure that an appropriate and coordinated service response is available when needed. The essential components of integration include common goals, easy access to services regardless of where contact is made and by whom, agreed ways of working and common protocols, a continuum of care and joint service delivery where appropriate. Improving the way we work together may involve changing the way we are structured and the way we deliver services. It must involve police, courts and community services, both specialist and universal, working together.

Change takes time – this is the beginning

We know that real change takes time. Results from integration efforts in Australia and other countries indicate that a long term commitment, determination and persistence will yield positive outcomes.

Changing the way we work is a challenge that we have already started to tackle. With partnerships in place, and a whole of government approach, whilst there is still much to do, the structure to achieve change is in place.

Because change takes time, it is important to identify and promote short-term successes in order to maintain the momentum for change. This will require an active focus on identifying performance improvements and achievement of goals at a statewide and local level.

Leadership

Major reform processes require leadership. A commitment from a critical mass of senior and influential people that share the vision and enthusiasm to change is required to achieve success. The initial leadership group may be relatively small, but will need to grow over time.

A shared vision at the regional level that provides a clear picture of the future and is relatively easy to communicate is important to help clarify the direction that services need to take.

Regional and sub-regional Integrated Family Violence Committees will require membership from senior and experienced people from police, justice and community services that are prepared to lead the change process. The leadership, service integration and planning role will be a key change agent within the region.

Guiding Integrated Family Violence Service Reform 2006-2009

The DHS regional office will closely support the work of the regional /sub-regional committees and the leadership, service integration and planning role.

At a statewide level, DHS will establish a range of leadership and coordination mechanisms to support the reform process. These are outlined in Part 4 of this document.

Statewide Frameworks/Flexible Local Approaches

The new approach aims to provide enough flexibility to encourage and foster local innovation and improvements within the broad statewide frameworks.

Local ideas and solutions will be linked into statewide communication and engagement mechanisms so that emerging patterns of integration and successes can be fed back into local level efforts across the state.

For DHS funded family violence services, the submission specifications for Integrated Family Violence Services for Women and Children and Integrated Family Violence Services for Men include guiding principles and statewide service requirements for the new approach. The specifications also refer to key documents that will guide delivery of services outlined in the specifications. These documents are:

- Code of Practice for Specialist Family Violence Services (DV Vic 2006)
- Homelessness Assistance Service Standards 2005
- Practice Standards for Family Violence Counselling and Support Programs for Women and Children (to be finalised in 2007)
- Men's Behaviour Change Group Work: Minimum Standards and Quality Practice (NTV, 2005).

Service providers are expected to operate according to the relevant Code of Practice and standards.

As well as promoting broad statewide consistency, the key documents will guide service providers in implementing the key reform priorities described in Part 3 of this document.

Communication

Achieving a successful reform requires clear and ongoing communication. It is not enough to use a single mode of communication or to assume that the message has been clearly received and understood because it has been communicated once or twice.

Communicating the vision for reform as part of routine discussion and problem solving exercises is one of the most powerful methods of promoting understanding amongst broader stakeholders. It is essential to use every possible communication channel to broadcast the reform agenda.

It is also important that leaders in all sectors 'walk the talk'. Behaving in a way that promotes integration and collaboration is one of the most powerful communication tools.

Achieving Cultural Change

Lasting change is achieved when the new approach becomes 'the way we do things' rather than a conscious or added approach.

One key factor that assists in institutionalising new approaches is identifying and articulating the connections between new behaviours, attitudes and approaches and improved outcomes. This requires the collection and documentation of evidence and the development of feedback loops and good communication.

Guiding Integrated Family Violence Service Reform 2006-2009

A second factor that promotes cultural change is taking the time to ensure that new people coming into organisations are made aware of, and share, a belief in the new approach and that existing workers and managers continue to remind each other of longer term reform goals.

Guiding Integrated Family Violence Service Reform 2006-2009

PART 3 Key reform priorities

To progress the reform agenda within a consistent statewide framework, a number of short to medium term priority action areas have been identified. These priorities represent some of the key areas for reform identified by government and the sector. They are reflected in the DHS Integrated Family Violence Service Specifications.

The key documents referred to in Part 2 (Code of Practice and service standards) will also guide service providers in undertaking many of these priority areas of work.

Each region or sub-region is unique and therefore the progress that has already been made in relation to these priorities varies widely. Whilst areas will assign differing levels of importance to each priority area within their annual work plan, it is expected that all regions/sub-regions will consider some or all of these priorities each year in developing their local plans for change.

As the new approach rolls out locally over the next three years and beyond, regions and partnerships may identify additional priorities if significant progress has already been made against all the priorities outlined below.

Priority 1 The establishment of regional coordination and planning structures

The provision of integrated services to women and children affected by violence and men who use violence is the underpinning theme of the new approach to delivering family violence services. Within this approach all agencies including community services, police and justice services are required to work together to provide coordinated responses at a local level. Key elements of the approach include:

- ***Establishment of regional committees and local leadership roles***

The Regional/Sub-regional Integrated Family Violence Committees will have responsibility for driving and monitoring implementation of the new approach to family violence at a regional level.

The establishment of regional committees that include senior managers from all key organisations including providers of men's and women's family violence services, police, courts, community legal centres, other relevant community services and regional DHS offices, will lay the foundation for the reform process. It is expected that this group will take on the leadership and promotion of the reform agenda.

Regional structures will need to reflect the unique characteristics of each region. In addition to the regional committee, partnership management groups may be established to manage the contractual arrangements of the organisations in the DHS funded partnership.

- ***Shared vision, principles, coherent philosophical approaches***

The development, or confirmation, of a shared vision and principles ensures that all stakeholders understand what the reforms mean for them in their everyday work. This enables individuals, organisations and sectors to operationalise the vision and principles within their particular service delivery environment. The vision and principles will be used by all partners in communicating the reforms to the broader sector and community.

The establishment of coherent philosophical approaches will contribute to the development of a service system in which the various components complement one another, rather than being a collection of disjointed service elements. It is important that complementary philosophies sit across all service components (men's and women's programs) as well as across all service sectors (police, justice and community services).

Once regional committees are established, a shared vision will need to be agreed and strategic planning processes undertaken. It is expected that a work plan will be agreed

Guiding Integrated Family Violence Service Reform 2006-2009

and regularly monitored by the committee (see Part 4). Sub-committees or working groups may be established to progress particular pieces of work.

A shared understanding of the role of the Leadership, Strategic Planning and Coordination role will also be required (see Part 4).

Priority 2 Working together to provide quality services for clients

A broad range of service components were funded through the DHS Integrated Family Violence Services submission process.

In the implementation phase of the reform process, there is a risk that these components will be delivered as independent and unrelated services.

A key priority of regional committees will be to ensure that these service components become a coordinated and coherent family violence service system, not a fragmented and disconnected set of service components.

Some strategies that will assist in the development of an integrated system include:

- The development of close working relationships between services for men and services for women and children
- Interagency protocols
- Arrangements for joint case work
- Information sharing protocols
- Agreements about resource sharing.

Priority 3 Development of Clear Referral Pathways and Intake Processes

Women and children who have experienced violence and men who use violence will enter the service system via a range of pathways including, but not limited to:

- Family violence services, including Indigenous Healing and Time out services
- Police and Courts
- Child Protection services, Child First (community based intake) and family services
- Housing services
- Health services (including general practitioners, hospitals, maternal and child health services and mental health services)
- Other support services (including sexual assault services, victim support services, drug and alcohol services).

In addition to statewide entry points, regional and area based entry points will need to be clearly visible and made known to potential referrers.

The establishment of clear and consistent referral pathways is one of the central tenets of the reform process. Given the intent of the family violence reforms to achieve system integration, a clear priority for regional and area-based services will be the clarification of referral pathways and development of referral protocols to facilitate the transition of women, children and men through the system. This will include, in particular, referrals between Police, Courts and family violence services.

It will be important that agreed local entry points and referral pathways these are promoted widely as part of the new way of working.

DHS and Victoria Police have developed a statewide referral protocol that provides a framework for formal and informal police referrals, both after hours and during business hours.

Local referral pathways for women, children and men will need to be clearly articulated and protocols developed to ensure common understanding of referral processes. Protocols will need to include agreements regarding information provision and sharing (subject to the requirements of privacy legislation). Statewide guidelines in relation to sharing information with Child Protection services will be developed over the next few months.

Guiding Integrated Family Violence Service Reform 2006-2009

To date the system has been primarily concerned with referring women and children to support services. The new approach will require a shift to working with perpetrators as well as victims and the development of collaborative relationships, including referral pathways and protocols, between services for women and children and services for men will be required.

All family violence services, regardless of the primary service role that they undertake, will need to employ effective client screening, information and referral.

A risk assessment framework is being developed for use by all family violence services. This framework will enable a consistent approach to the assessment of risk, improve the prediction of the likelihood of future violent incidents occurring and enhance decision-making regarding safety planning and case practice. All DHS funded partnerships will be expected to implement the risk assessment framework in the second half of 2007, and some aspects of local intake processes may need to be modified at that time to take account of the framework.

Priority 4 Continuous Improvement Strategies

Service systems that are working well have mechanisms for critical reflection and self-analysis. They also have capacity to identify system problems and blockages and the decision-making capacity to adjust the system.

Regional committees as a priority need to build review and improvement strategies into their work plans and time for reflection on successes and barriers in achieving an integrated response into their regular meetings.

This will include developing ways of:

- Collecting and reviewing data from a range of sources including data related to Indigenous and other specific population groups
- Collecting information about the clients' experiences of the service system
- Identifying cross-sector service issues and developing remediation strategies
- Monitoring local service system characteristics
- Sharing good practice models
- Monitoring progress against work plan milestones.

The sharing and documenting of good practice and service innovation on a regional and statewide basis will be critical to the success of the reform approach.

Priority 5 Access by Indigenous Victorians

We know that the extent and nature of family violence in Indigenous communities is disproportionately high and the provision of support services for Indigenous Victorians affected by family violence has been identified as a priority for the Victorian Government.

The Victorian Indigenous Family Violence Strategy, developed in partnership with Indigenous communities, is a community led approach to address family violence, reflecting the need for local solutions to local problems and the importance of holistic healing in Indigenous communities. In developing strategies to work with Indigenous clients, local partnerships will need to consider the principles and work to date of the Indigenous Family Violence Strategy.

As part of the Indigenous Family Violence Strategy, ten Indigenous Family Violence Regional Action Groups have been established across the state. These groups are supported by Indigenous Family Violence Support Workers employed through DHS.

In addition, Indigenous family violence Healing services are currently being established in Loddon Mallee South, East Gippsland, North and West Metropolitan and Eastern Metropolitan Regions, and Time out services in Loddon Mallee North, East Gippsland, Hume and North and West Metropolitan Regions.

Guiding Integrated Family Violence Service Reform 2006-2009

Links with Indigenous Family Violence Regional Action Groups and with Indigenous Healing and Time out services where these are established are essential requirements for integrated family violence services. Indigenous community and agency representatives must be represented on regional committees and included in strategic planning, review and monitoring activities.

In addition, all services should work with Indigenous communities to ensure that culturally sensitive services are provided.

It is proposed that all regional committees develop a strategy for working with Indigenous communities that may include:

- Training for mainstream staff in relation to cultural sensitivity
- Monitoring of service access by Indigenous clients
- Actively seeking feedback from Indigenous clients about their experience of the service system
- Cultural audits of service delivery organisations.

Priority 6 Access by Diverse Groups (CALD; Disability; Gay, Lesbian, Bisexual and Transgender)

A number of specific population groups are vulnerable to family violence. This includes women from culturally and linguistically diverse backgrounds, women with disabilities and same sex couples. Services need also to be culturally appropriate for men from diverse backgrounds.

It is proposed that regional committees consider strategies to ensure that services are appropriately provided to these groups and that access to services is monitored. Links with organisations such as the Immigrant Women's Domestic Violence Service, regional providers of services for people with a disability, and the ALSO Foundation in relation to gay and lesbian victims of family violence will be important in undertaking this work.

Priority 7 Focus on Children and Young People

Reducing the impact of family violence on children is a key aim of the family violence reforms.

Interventions must focus on reducing a child or young person's immediate experience of violence, as well as minimising the longer-term harmful effects and the perpetuation of intergenerational cycles of violence.

The needs of children must be assessed and addressed, both independently and as part of the family unit.

Practitioners skilled in working with children are required to ensure that therapeutic interventions respond to the independent needs of children and the needs of children in the context of their relationships with others.

Significant work is currently being undertaken within the Child Protection and Family Services Branch of DHS in relation to the implementation of the Children, Youth and Families Act 2005. Over the next six months Child Protection will undertake further consultations with key sector groups such as family violence services to inform the development of protocols with Child Protection, Child First (community based intake) and Family Services.

Priority 8 Developing Critical Linkages

In addition to coordination across the key sectors of police, justice and community services including specialist family violence services, it is anticipated that significant work will need to occur with related sectors to garner support for the family violence reforms.

Considerable time and effort may need to be invested with different sectors to develop collaborative working relationships. Respective theoretical frameworks and practice approaches need to be understood and articulated in order to negotiate effective working relationships.

Guiding Integrated Family Violence Service Reform 2006-2009

It is proposed that regional committees prioritise the sectors that they will seek to engage.

Priority sectors may include:

- Child Protection and Family Services
- Housing Services
- Health Services.

Priority 9 Workforce Development to Support Quality Services

A highly skilled and well-supported workforce is critical to the delivery of quality services.

A number of tools have been developed to support and guide workers. These include:

- Code of Practice for Specialist Family Violence Services (DV Vic 2006)
- Homelessness Assistance Service Standards 2005
- Practice Standards for Family Violence Counselling and Support Programs for Women and Children (to be finalised in 2007)
- Men's Behaviour Change Group Work: Minimum Standards and Quality Practice (NTV, 2005).

A workforce development and training program is being implemented, commencing with introductory training that is being delivered by NMIT. This will complement existing family violence training currently provided by the Domestic Violence and Incest Resource Centre (DVIRC), No To Violence and through the broader training programs funded through DHS Office of Housing. It will also complement the professional development and organisational capacity building activities led by the peak bodies, DV Vic and No To Violence.

In addition, it is proposed that regional committees and service providers develop a workforce strategy that includes recruitment strategies, staff support and supervision processes, identification of local training needs and strategies to share local expertise.

Guiding Integrated Family Violence Service Reform 2006-2009

Part 4: Leadership and Coordination mechanisms

It is important to have communication and engagement mechanisms at each level (local, sub-regional, regional and statewide) to provide opportunities to plan, prioritise, share information and review progress.

The aim of these structures is to:

- Manage the implementation of family violence reforms and achieve a consistent response across Victoria
- Encourage the participation of key stakeholders in the reform agenda
- Develop clear links between regional coordination and statewide coordination structures
- Provide mechanisms for decision making and information sharing at each level.

The statewide and regional leadership and coordination mechanisms that will support implementation of the new approach to family violence over the next three years are set out below. These structures have been designed to complement a number of existing arrangements.

Leadership and Coordination at a Statewide Level

There will be several statewide leadership and coordination mechanisms. Each of these has a different purpose and function. It is proposed that this structure be reviewed in late 2007 to assess its efficiency and effectiveness in achieving the intended objectives.

The mechanisms that are being established at a statewide level are:

- Statewide DHS Family Violence Stakeholder Advisory Group
- Statewide DHS Family Violence Service Integration Reference Group
- Statewide Family Violence Practice Forums
- Statewide DHS Staff Meetings.

Statewide DHS Family Violence Stakeholder Advisory Group

The purpose of the Statewide DHS Family Violence Stakeholder Advisory Group is to:

- Identify emerging barriers and opportunities in implementing the new approach
- Provide advice about key reform priorities
- Advise on how whole of government projects/initiatives impact on family violence services funded by DHS.

Membership is to be drawn from the following stakeholders:

- DHS Central Office (Office for Children and Housing and Community Building)
- DHS Regions
- Department for Victorian Communities (DVC)
- DV Vic
- No To Violence
- Council to Homeless Persons
- Centre for Excellence in Child and Family Welfare
- Family Violence Service Providers.

This group will be convened by DHS and it is anticipated that it will meet three times per year. Membership of the committee will be confirmed at the first meeting. It is expected that service provider and regional DHS membership will rotate on at least a 12 monthly basis.

Statewide DHS Family Violence Service Integration Reference Group

The aim of this reference group is to enhance the integrated response by:

- Bringing together representatives from the regional committees with DHS and DVC
- Focusing on key integration outcomes in each region and sharing successful approaches
- Making recommendations about action/initiatives required on a statewide basis to enhance integration and safety.

Guiding Integrated Family Violence Service Reform 2006-2009

It is anticipated that this group will be focussed on practical issues related to the implementation of the reforms. Progress reports will be received from each region.

Membership will comprise:

- DHS Central Office (Office for Children and Housing and Community Building)
- DHS Regions
- DVC
- Representative from each Regional Integrated Family Violence Committees – agency auspicing the leadership, service integration and planning role, or other representative from the Committee
- DV Vic
- NTV.

This reference group will be convened by DHS in conjunction with DVC and it is anticipated that it will meet two or three times per year.

Stakeholder Practice Forums

The aim of the Practice Forums is to provide opportunities for detailed discussion of practice issues that impact on integrated responses. These forums will also provide an opportunity to showcase integration initiatives to a statewide whole of government and non-government audience with broad and inclusive participation.

The focus will be on information sharing and feedback on key family violence initiatives. It is proposed that these forums be convened jointly by DHS and DVC and will take place twice per year. The Forums will complement sector forums convened by the peak bodies and DVIRC.

DHS Statewide Meetings

These are regular meetings that enable DHS Central and Regional staff to discuss a range of issues related to the implementation of family violence reforms. The DHS Regions will play a key role in supporting new partnership arrangements, monitoring individual agency agreements, contributing to local service system development, overall monitoring and evaluation.

These meetings will be convened by DHS and will take place three times per year or more frequently if required.

Note:

- DHS will also convene regular meetings with DHS staff and service providers from other program areas to promote a broader understanding of the family violence reforms and develop inter-program linkages where appropriate.
- The role of statewide family violence services in the statewide coordination structure is currently being considered and further discussions will occur with these services.

Leadership and Coordination at a regional level

Regional governance and coordination structures will include:

- Regional (sub-regional) Integrated Family Violence Committees
- Regional (sub-regional) leadership, service integration and planning roles.

Regional (Sub-regional) Integrated Family Violence Committees

The Regional Integrated Family Violence Committee will draw together family violence specific services and key service stakeholders as listed below. It is expected that the regional committees will build on existing networks.

The aim of the Regional Integrated Family Violence Committees is to drive the integration of family violence services at a regional level and oversee the reform process to achieve safety, accountability and choice.

Guiding Integrated Family Violence Service Reform 2006-2009

The regional committees will also have a role in promoting and supporting community education and awareness programs.

Membership of Regional (Sub-regional) Integrated Family Violence Committees

Regional committees are seen as an important vehicle for developing and implementing an integrated service response across DHS funded partnership organisations and other service providers. Membership, structure and names of regional committees will vary depending on local arrangements. However, it is expected that at a minimum there will be a commitment made by DHS funded partnership agencies and other key agencies required for integration, such as Victoria Police, to become active members of these committees.

It is expected that agency representatives on regional committees will have sufficient seniority to represent the agency position, make commitments to partnership arrangements and ensure that regional integration strategies are actioned at an agency level.

In many instances, the agency funded to provide regional and/or sub-regional leadership, service integration and planning function will convene the Regional Integrated Family Violence Committee meetings.

Membership should include but is not limited to:

- All regional and sub-regional partners funded by DHS to provide family violence services, both women and children's and men's services.
- DHS regional family violence staff
- DHS Child Protection and Child First staff
- Court representatives (Magistrate's, Children's, Family)
- Victoria Police
- Indigenous Family Violence Regional Action Group representative
- CALD representation
- Disability representation
- Community Legal Centres/Victoria Legal Aid
- GLBT representation
- CASA representation
- Housing Information and Referral providers
- Other generalist service providers such as housing services, GPs, schools, health services.

Annual Work plan for Regional (Sub-regional) Integrated Family Violence Committee

It is expected that each Regional/Sub-Regional Integrated Family Violence Committee will develop an agreed work plan that will guide the shared work over a 12 month period. The key reform priorities set out in Part 3 will form the basis of this work plan, with each committee choosing from those priorities the areas that are the highest priority for the region/sub-region in the 12 month period. Plans are not expected to be long complicated documents, but rather a short working document that can be updated regularly and act as a high level overview and guide for the committee's work towards integration. A sample work plan is provided at Attachment 1 as a guide.

Members of the committee, including the regional and/or sub-regional leadership, service integration and planning function, will have a shared responsibility for undertaking activities and projects and for driving and monitoring the reform process.

Guiding Integrated Family Violence Service Reform 2006-2009

Regional (sub-regional) Leadership, Service Integration and Planning Role

DHS has provided funding in each region for a regional leadership, service integration and planning role.

Partnerships have identified their preferred approach to regional coordination and in some regions this role has been split into sub-regions. Each regional or sub-regional partnership has identified an agency that is to auspice or act as fund holder for this role.

A key function of the regional/sub-regional leadership, service integration and planning role will be to support the establishment and maintenance of the Regional/Sub-regional Integrated Family Violence Committee.

This key role has the responsibility to work with the Regional/Sub-regional Integrated Family Violence Committee to promote, develop and enhance integrated approaches to family violence at a regional and sub-regional level to achieve safety, accountability and choice.

The annual work plan developed by the Regional Integrated Family Violence Committee will clearly influence the priorities for this role. While line management responsibility for this position will sit with the employer, the role will need to demonstrate a commitment to work with the regional committee, supporting them in leading and promoting service integration and planning.

Broadly, it is anticipated that the role will support the regional/sub-regional committee to undertake the following tasks:

- Regional (sub-regional) service integration and planning
 - Develop an annual work plan based on statewide and regional integration priorities (see template and sample work plan at Attachment 1)
 - Monitor progress against the work plan.
- Information and data collection to demonstrate achievements
 - Collate and analyse local trend data
 - Identify learnings and issues to feed into statewide committees
 - Identify and document successful integration service models.
- Communication and relationship development
 - Communicate the role and work of the integrated family violence services at a statewide, regional and sub-regional level
 - Liaise with generalist service providers eg Maternal and Child Health Services, schools, GPs
 - Ensure close working relationship with the Indigenous Family Violence Regional Action Group and related Indigenous Family Violence initiatives
 - Act as a regional contact point for joint professional development and training initiatives
 - Facilitate prevention and awareness activities.

The role needs to be able provide leadership in the development, implementation and monitoring of the integrated approach. Committees may therefore wish to consider how they can collectively resource some basic secretariat functions so that the role can focus on reform.

Role of DHS

DHS regional family violence staff will work closely with the agencies funded to provide the regional and/or sub-regional leadership, service integration and planning function to support and resource this role and will be a member of, and provide some support to, the Regional /Sub-regional Integrated Family Violence Committee.

Guiding Integrated Family Violence Service Reform 2006-2009

DHS will meet with funded partnership groups on a regular basis and with individual organisations on a needs basis.

The DHS role will include:

- Facilitating the development and maintenance of effective partnerships with local government, non-government organisations and the community
- Provision of data
- Resourcing with information, advice about local contacts, links with other programs
- Facilitating communication with other service systems
- Promoting and advocating for family violence services
- Undertaking a negotiation and mediation role between organisations
- Undertaking service monitoring responsibilities with DHS funded organisations.

Guiding Integrated Family Violence Service Reform 2006-2009

Part 5 Monitoring and Evaluation

Monitoring of the new integrated approach to family violence will occur on a number of levels.

- At an organisation level, performance of DHS funded organisations will be monitored by DHS through analysis of quarterly data reports (SMART, IRIS and other relevant data collections) and liaison with the organisation. Service requirements will be monitored through the collation of performance indicators and supported by an analysis of issues impacting on the performance achieved.
- At a regional/sub-regional level, integration committees will monitor the reform process through collecting and reviewing information to enable timely identification of issues or barriers and development of strategies to improve services. Relevant information could include:
 - Referral pathways and processes, including those between police, courts and community services
 - Data related to access by specific population groups
 - Client feedback and case studies
 - Demand/capacity issues
 - Documentation of good practice and service innovation.

DHS regional offices will provide assistance in accessing regional data.

- At a regional/sub-regional level, a six-monthly update of the annual work plan will be provided to DHS regional offices, identifying progress to date in undertaking integration and reform priorities.
- At a statewide level, the DHS Family Violence Service Integration Reference Group will provide opportunities for monitoring key integration outcomes in each region, sharing successful approaches and making recommendations about action/initiatives required on a statewide basis to enhance integration and safety.

There will be an evaluation of the whole of government family violence reform initiatives. As advised in the DHS Integrated Family Violence service specifications, organisations will be required to cooperate with DHS, the Department for Victorian Communities and their consultants by participating in this evaluation. Further information about the evaluation and participation requirements will be provided during 2007.

Work Plan - Committee's Reform Priorities - Version#1 October 2006
(worked example - sample only)

Integration and Reform Aims	Activities/Projects	Timeline	Progress to Date	Most Significant Change/ Impact	Success Indicators (how will you know you have been successful)	Lead Responsibility
PRIORITY A Establishment of regional and sub-regional leadership, coordination and planning structures	<p>Establishment of regional committee with expanded representation</p> <p>Development of common vision and principles</p> <p>Regional priorities agreed and work plan developed</p> <p>Prevention and awareness strategy agreed</p>	<p>Regional committee membership expanded by November 2006</p> <p>Principles and priorities agreed by March 2007</p> <p>Plan developed by March 2007</p> <p>Strategy developed by September 2007</p>	<p>Partnership management group established</p> <p>First meeting of Regional Committee held</p>	<p>Clear commitment from senior managers of local service providers to participate in Regional Committee and to progress the reform agenda</p>	<p>All agencies will work to a common vision and set of principles</p> <p>Improved understanding by local providers of the impact of family violence</p> <p>Local service system blockages/problems will be identified early and agreement reached re strategies to overcome these</p>	
PRIORITY B Access by Indigenous Victorians	<p>Invite RAG and Indigenous organisations to participate in Regional Committee.</p> <p>Development of regional strategy for service access by Indigenous Victorians that includes training in cultural sensitivity, development of true partnership and mentoring</p>	<p>Indigenous participation in Regional Committee from commencement</p> <p>Regional Indigenous participation strategy developed by March 2007</p>	<p>Committee member nominated and attended first meeting.</p> <p>Working Group established to develop training for mainstream services</p> <p>Development of co case management protocols between mainstream and Indigenous</p>	<p>Stronger working relationships between Indigenous and mainstream organisations</p>	<p>Increased access by Indigenous people to mainstream services, reflected in statistics reported quarterly</p>	

Work Plan - Committee's Reform Priorities - Version#1 October 2006
(worked example - sample only)

Integration and Reform Aims	Activities/Projects	Timeline	Progress to Date	Most Significant Change/ Impact	Success Indicators (how will you know you have been successful)	Lead Responsibility
	arrangements.		organisations has commenced. These will be trialled for a 6 month period. Protocols between counselling and support services and healing service being developed			
PRIORITY C Clear referral pathways and intake processes	<p>Development of local referral protocols between Police, Courts and community services in accordance with statewide protocols</p> <ul style="list-style-type: none"> • Police to FV services/Police to Courts • Courts to FV services/Courts to Police • FV services to Police/FV services to Courts <p>Development of formal information sharing protocols between partner agencies.</p> <p>Implementation of the Common Risk Assessment Framework</p>	<p>Referral protocols finalised by June 2007</p> <p>All protocols finalised by March 2007</p> <p>Strategy for local implementation of framework</p>	<p>Existing referral pathways documented for all women and children's services. Face to face and fax back after hours responses in place.</p> <p>Working group established to develop referral and information sharing protocols</p>	<p>Increased level of understanding about the respective roles and responsibilities of each part of the service system</p> <p>Consistent approaches to assessment of risk</p>	<p>Women will be referred appropriately and actively engaged by services</p> <p>Improved safety of women and children and greater service and</p>	

Work Plan - Committee's Reform Priorities - Version#1 October 2006
(worked example - sample only)

Integration and Reform Aims	Activities/Projects	Timeline	Progress to Date	Most Significant Change/ Impact	Success Indicators (how will you know you have been successful)	Lead Responsibility
	Promotion of entry points	finalised by August 2007 Draft promotional materials developed by April 2007		Clarity about entry points	practitioner accountability Improved, timely access to services	
PRIORITY D						
PRIORITY E						

