RESEARCH SYNTHESIS

Working across sectors to meet the needs of clients experiencing domestic and family violence

Victims/survivors often have complex and diverse needs that cannot be met by a single service

Outcome 4 of the *National Plan to Reduce Violence against Women and their Children 2010–2022* (the National Plan) states that services should meet the needs of their clients (Council of Australian Governments [COAG], 2011). Victims/survivors often have complex and diverse needs that cannot be met by a single service. The National Plan also recognises system integration and information sharing as foundations for change to support improved service delivery (COAG, 2011). The COAG Advisory Panel on Reducing Violence Against Women and their Children went further and asserted that integrated responses are *needed* to keep women and their children safe (COAG, 2016). Australia's National Research Organisation for Women's Safety (ANROWS) has funded 30 projects that in some way address Outcome 4 of the National Plan. This paper synthesises the key findings from this body of research.

ANROWS

AUSTRALIA'S NATIONAL RESEARCH ORGANISATION FOR WOMEN'S SAFETY
to Reduce Violence against Women & their Children

ANROWS acknowledges the lives and experiences of the women and children affected by domestic, family and sexual violence who are represented in this report. We recognise the individual stories of courage, hope and resilience that form the basis of ANROWS research.

Caution: Some people may find parts of this content confronting or distressing. Recommended support services include 1800 RESPECT–1800 737 732 and Lifeline–13 11 14.

IN BRIEF

- Women and children experiencing domestic and family violence (DFV) benefit when services are integrated across sectors. This is especially true for women in rural and regional areas, women with disability, women from culturally and linguistically diverse backgrounds, and Aboriginal and Torres Strait Islander women, who all face additional barriers to accessing services.
- Integrated approaches in Australia tend to share common characteristics such as:
  - case coordination, information sharing and/or multidisciplinary service delivery
  - police as lead or partner agency
  - inclusion of housing and accommodation services as partners, and
  - multi-agency risk assessment and safety planning (Breckenridge, Rees, et. al., 2016).
- Integrated approaches can improve safety through more accurate risk assessments and more coordinated responses to perpetrators. They can also decrease the systemic barriers faced by women who seek support.
- The implementation of integrated approaches can be challenging, for reasons that include:
  - confusion over roles and information sharing processes
  - the need to reconcile different organisational cultures and priorities
  - a funding environment which encourages competition rather than collaboration.
- Integrated approaches depend on collaborative work, which requires workers to understand how all the different parts of the service system function, and to build trust with other services and sectors over time.
- Collaborative practice can be enhanced by:
  - co-location of services; face-to-face meetings; secondments between services
  - cross-training (where services provide training to each other about their respective areas of expertise)
  - developing a common understanding of domestic and family violence and risk
  - training in a common framework (for example, the Safe & Together model).
- Sustainable collaboration is supported by:
  - strong leadership and a strong "authorising environment"
  - practices, partnerships, and decision-making processes that are shared by all partners
  - a belief in change and a culture of trust and learning (Humphreys & Healey, 2017).

This paper begins by exploring the concept of secondary victimisation—that is, the ways in which service system responses can cause harm to people seeking help. Secondary victimisation highlights the importance of effective service responses. The following sections on "integrated approaches" (services coming together to work in a coordinated way) and "collaborative practice" (how the work is done) leverage the lessons learned across the multiple research projects to highlight the benefits and challenges of both when providing services to people seeking help. Examples are provided through short case studies. The paper concludes by recommending that integrated approaches underpinned by strong collaborative practice be supported. Recommendations emerging from the evidence are included to provide guidance for policymakers, program managers and practitioners planning to implement an integrated approach. Further research is also recommended to fill identified gaps and enhance the capacity of services to meet the needs of their clients.

Secondary victimisation

Secondary victimisation is the additional harm and sense of betrayal experienced by victims/survivors of domestic and family violence (DFV) when they receive inappropriate service responses (Laing, 2017). Robinson, valentine, Newton, Smyth, and Parmenter (2020) give the example of a victim/survivor living with a disability who sought help with parenting, but due to a lack of alternative available support instead experienced intervention by a statutory child protection body.

Secondary victimisation impacts help-seeking behaviours of victims/survivors and can reduce the likelihood of the person approaching services for help in the future. This impact can be significant and long-term, as demonstrated in this quote from a participant who returned to her violent partner after her experience with services:

> I would never ask them for a single thing again. I would sooner rather cop a beating every day of my life from my partner than go back to one of them. (Quoted in Day, Casey, Gerace, Oster, & O'Kane, 2018, p. 58)

Service providers need to be aware of the risks and barriers that systems create and that victims/survivors may be exposing themselves to when they seek help. Some strategies used to engage with women or protect children can themselves replicate the coercive controlling tactics employed by perpetrators of abuse. Requiring a women to enter refuge accommodation or seek a protection order to demonstrate her capacity and willingness to protect her children is one example. An article drawing on accounts from a broad range of service providers working with victims/survivors and their children "identified a number of institutional practices that parallel the tactics deployed by domestically violent men in the private sphere" (Heward-Belle, Humphreys, Laing, & Toivonen, 2018, p. 2). Through mapping known tactics of coercive control against their manifestations in the private (domestically violent) and public (institutional responses) realms, the authors were able to highlight similarities in both function and impact for victims/survivors. From court orders determining who a woman can live with, and who their children can see, to practices which reinforce gendered stereotypes of the woman's role within the home and family, services and systems can serve to reproduce the constraints and limitations that victims/survivors experience in their relationships—conditions under which the woman's ability to choose is limited, and her power diminished. An integrated approach to service delivery can help overcome some of these risks and barriers when it works well, and exacerbate harm when it does not.

“

Service providers need to be aware of the risks and barriers that systems create and that victims/survivors may be exposing themselves to when they seek help.

Integrated approaches

Integrated approaches may be referred to as interagency partnerships, coordinated responses, integration, cross-sector work, integrated service delivery, multi-agency collaboration or similar. There is no consensus definition for an integrated approach and practices will differ in each case (Plunkett, 2017).

Integration is loosely used to "describe networks or partnerships of a variety of types" (Breckenridge, Rees, valentine, & Murray, 2016, p. 29). On the ground, integrated service delivery can take on many forms, including formal or informal networking, collaboration, communication and partnerships between key services across sectors (e.g. law, welfare and health). Models can range from co-location of services, to referral pathways, to loose liaison arrangements between services. The strength of the relationships and alignment between different services will differ depending on the model used and the intent of the individual integrated approach. As Breckenridge, Rees, and colleagues (2016, p. 4) note, "These responses are diverse, and represent a range of service models, partnership models, and intervention points … There is no shared cross-jurisdictional agreement of what constitutes integration."

Australian governments, at all levels, are committed to improving information sharing and implementing "flexible, innovative, inclusive and integrated services which recognise diversity" as key strategies and actions to reduce incidences of domestic and family violence and sexual assault (COAG, 2011, p. 24). Working across different government agencies and with non-government partners has been recommended as an efficient, cost-effective and innovative way to respond to the complex needs of victims/survivors and their children (Australian Law Reform Commission & New South Wales Law Reform Commission, 2010; COAG, 2011; National Council to Reduce Violence against Women and their Children, 2009).

Integrated approaches to DFV in Australia are likely to share some common characteristics, such as:

- case coordination, information sharing and/or multidisciplinary service delivery
- police as lead or partner agency
- inclusion of housing and accommodation services as partners
- multi-agency risk assessment and safety planning (Breckenridge, Rees, et. al., 2016).

Breckenridge, Rees, and colleagues' meta-evaluation (2016) identified that many integrated approaches are focused on enhancing safety, including, in some cases, supporting victims/survivors to remain safely in their homes. Perpetrator accountability is also a focus, often delivered through improved police responses, rather than the inclusion of men's behaviour change or other perpetrator programs (Breckenridge, Rees, et al., 2016). Most jurisdictions in Australia have undertaken reforms to ensure that integrated approaches are implemented in responding to high risk of DFV (see Appendix A).

Following is a summary of ANROWS-funded research and evaluation that draws out the evidence on service integration and collaboration. It covers service models, including key processes and frameworks, how well the various approaches achieve their aim to improve service quality, and how these approaches are experienced by victims/survivors of DFV or sexual assault.

Benefits of integrated approaches

For victims/survivors, integrated approaches can improve safety through more accurate risk assessments and coherent responses to the perpetrator, and by decreasing systemic barriers to support. Integrated approaches also benefit sector workers: they provide a mechanism for sharing knowledge and communicating between organisations, and allow workers from different sectors to understand and support each other as advocates and work together more effectively (Healey, Humphreys, Tsantefski, Heward-Belle, & Mandel, 2018). For sector workers, the benefits include:

- increased collaboration between agencies
- greater professional respect
- increased knowledge sharing resulting in a common understanding of violence and risk
- better facilitation and decision-making processes (Breckenridge, Rees, et al., 2016).

Within integrated approaches, the ability to share information about dynamic risk factors across sectors and services can improve the accuracy of risk assessments, increase safety responses to victims/survivors (see Box 1: Safe at Home) and "combat siloed, inconsistent, and ad hoc approaches to reducing perpetrator violence" (Wendt, Chung, Elder, Hendrick, & Hartwig, 2017, p. 50). When services are coordinated, for example, the conditions given on different court orders can mirror each other. For instance, a protection order, a community corrections order, and a child protection order can be aligned so as to improve the consistency of accountability messaging and create greater opportunities to reinforce those protective conditions (Chung et al., 2020, p. 235).

An integrated and trauma-informed approach has the potential to minimise the impact of system barriers on victims/survivors (see Box 2: The WITH study). Women with experiences of complex trauma (multiple, repeated forms of interpersonal victimisation) typically have multiple needs, however the majority of services are funded to address a particular issue or concern (Salter et al., 2020). As a result, women with experiences of complex trauma regularly need to navigate multiple services and agencies to have their needs meet. Service systems and agencies can place unrealistic expectations on women with experiences of complex trauma to understand and navigate the (formal and informal) rules governing each service system (Salter et al., 2020). Women and professionals interviewed in one ANROWS study advocated for models of practice involving a broad network of providers who support each other with mutual learning, partnerships and referrals (Salter et al., 2020). For women and children who have experienced trauma, "strengthening communication and integration is fundamental" (Hegarty et al., 2017, p. 48; see also McArthur, Thomson, Winkworth, & Butler, 2010).

Because integrated approaches tend to include formalised practices for referrals and information sharing as well as conducting joint or shared risk assessments, they can contribute to increased perpetrator accountability (Breckenridge, Rees, et al., 2016). The PAThways and Research In Collaborative Inter-Agency practice project (the PATRICIA project) found evidence that after receiving training in and implementing

BOX 1

Safe at Home (Breckenridge, Chung, Spinney, & Zufferey, 2016)

The term "Safe at Home" is used by Breckenridge, Chung, and colleagues (2016) to refer to a range of interventions which, although delivered differently across Australia, all aim to support women to remain safe and secure in independent accommodation. Breckenridge, Chung, and colleagues (2016) completed a meta-evaluation of Safe at Home programs and practices across Australia, seeking to determine which, if any, program characteristics improved safety for victims/survivors and their children.

All of the Safe at Home interventions captured in this meta-evaluation were delivered through an integrated response. It was not established by any of the evaluations reviewed through this project how integration contributed or failed to contribute to the success or otherwise of the Safe at Home programs. However, all evaluations identified that integrated responses were required to facilitate collaborative work across the service system and deliver holistic support to women. One benefit was the ability to share information at the sector and local levels, which meant that risk and safety could be assessed over time and according to changed circumstances, enabling a more accurate assessment of danger for the victim/survivor.

The importance of building the capacity of local partners to facilitate an integrated response was also noted by eight out of the 20 evaluations reviewed by Breckenridge, Chung, and colleagues (2016). Practitioner skills developed as a result of working closely with other agencies and collaboratively responding to the needs of victims/survivors as they changed over time. However, burdens on workers to secure coordination at the local level and educate other service providers were also identified. Formalising partnership arrangements was suggested as a strategy to ameliorate some of the pressure on workers.

The authors advocated for "developing a shared cross-jurisdictional understanding and definition of 'safe at home' as a response to DFV" to overcome barriers to evaluation (such as not being able to compare like with like), without which "there is unlikely to be any meaningful translation [of good practice] at either the jurisdictional or direct practice level" (Breckenridge, Chung, et al., 2016, p. 23).

a common framework—the Safe & Together™ model—"fathers who use violence were being seen and … workers were aware of the risks that DFV posed to the health and wellbeing of children" (Humphreys & Healey, 2017, p.12). Reviews of high risk integrated responses in New South Wales, the Northern Territory and Queensland noted service improvements including faster and more targeted responses to victims/survivors and perpetrators of violence and improved outcomes for families, and attributed these in part to the implementation of common risk assessment tools and a shared understanding of risk (New South Wales Government, 2019; Northern Territory Government, n.d; Queensland Government. Department of Child Safety, Youth and Women, 2019).

At a more pragmatic level, this approach also helps to reduce the cost of service delivery, due to minimising the number of interventions and reducing duplication of services (Breckenridge, Rees, et al., 2016; COAG, 2011; Humphreys & Healey, 2017). This is particularly relevant during crisis periods when multiple services may be working to promote safety within a short timeframe. Beyond the initial point of crisis, additional benefits for victims/survivors include the provision of multiple entry points for service interventions and access to a broader range of services (Breckenridge, Rees, et al., 2016).

Risks and potential barriers associated with integrated approaches

One of the benefits of an integrated approach is the ability to overcome problems such as duplication through information sharing. However, information sharing can also create risks for victims/survivors. For example, services sharing information with police or child protection services can be frightening for victims/survivors (Day et al., 2018). Sharing information about clients also raises concerns for service providers. In a project designed to uncover effective approaches to working with Aboriginal women from the perspectives of service providers and service users, participants reported feeling pressured to share victims'/survivors' information with systems that are not perceived to be victim-friendly (Putt, Holder, & O'Leary, 2017). Integrated responses to high risk DFV can include referral processes which do not require victim/survivor consent which, while seeking to positively enhance safety in response to a critical situation, can result in victims/survivors feeling as though things are done to them, and not with them (Northern Territory Government, n.d.). Appropriate, informed consent processes should be in place (Hegarty, et al., 2017) within a broader culture of transparent, victim-centred practice.

In their analysis of evaluations of integrated service responses to violence against women, Breckenridge, Rees, and colleagues (2016, p. 28) found that the integration of services has been criticised for

> limiting women's choices, reducing a diversity of approaches, limiting practical options (such as services offering different times and access opportunities), and potentially threatening privacy when data are shared within integrated services.

Evaluations of high risk integrated responses in Australia reveal a number of challenges that have emerged during implementation, including:

BOX 2

The WITH study (Hegarty et al., 2017)

The Women's Input into Trauma-informed care in Health settings study (the WITH study) explored an integrated approach to working within the healthcare system with women who have both experienced mental ill health and been subjected to sexual violence. In the absence of an organisational framework to guide the implementation of trauma-informed care with this significant cohort of victims/survivors, the authors recommended that the healthcare system adopt Varcoe and Wathen's (2016) "Trauma- and violence-informed care framework" (TVIC).

Project participants, including practitioners and clients, identified a lack of holistic service delivery, which significantly impacted the care that clients received. The health system was found to be even less effective for women who were experiencing multiple vulnerabilities (such as alcohol or other drug dependency) and/or belonged to marginalised and structurally disempowered groups (such as Aboriginal and Torres Strait Islander communities). TVIC differs from existing models of care, accounting "for the intersecting impacts of systemic and interpersonal violence and structural inequities on a person's life" (Hegarty et al., 2017, p. 64). The authors assert that this approach has the ability to support victims/survivors of violence who are also experiencing mental ill health to have their complex and diverse needs met through interventions that empower and support.

Through asking the question "How does the work get done across services?", the authors identified that what is needed is integrated, co-ordinated care with very clear roles for staff, internal and external referral pathways, policies supporting trauma-informed work, and staff "champions" within the service to drive the implementation.

Barriers to implementation were identified by the project's authors. For practitioners, the choice between spending time in direct service provision versus doing the relationship- and knowledge-building work required to strengthen the integrated response was a difficult and persistent tension, exacerbated when services were not co-located.

- confusion over roles and information sharing processes (Northern Territory Government, n.d.; Queensland Government. Department of Child Safety, Youth and Women, 2019)
- ongoing challenges in reaching people reluctant to engage with services and identified unmet need (New South Wales Government, 2019)
- differing assessment of risk between services (Northern Territory Government, n.d)
- administrative burden on participating services (Marshall, Ziersch, & Hudson, 2008)
- limited referral options for perpetrators (Marshall et.al., 2008).

The identification of challenges relating to information sharing procedures has prompted recommendations for more training and changes to policy and legislation in multiple jurisdictions (New South Wales Government, 2019; Northern Territory Government, n.d.; Queensland Government. Department of Child Safety, Youth and Women, 2019).

There are other challenges that are more difficult to overcome because they are not procedural, but relate more to acceptance of this approach in practice. These are linked to issues of power imbalance between service providers; conflicting aims, goals, perspectives and/or policies; perception of loss of specialisation; and a competitive funding environment. These challenges often lead to frustration from clients about the less than effective coordination between services, and to workers expressing their concerns about loss of control, predictability and certainty, and increased demands and activities not supported by additional resources (Breckenridge, Rees, et al., 2016; Stathopoulos & Jenkinson, 2016). The term "integration" can also be loaded with the implication that services speak with "one voice", which may be disadvantageous for establishing trust with clients. For example, while specialist women's services may want to collaborate with child protection services when children are at risk, they may not want to be seen as "integrated" with child protection (Humphreys & Healey, 2017). Being viewed as strongly integrated with child protection services may impact the help-seeking behaviours of women who have had negative experiences with child protection in the past, such as the forced removal of children.

Reconciling the different organisational cultures that can exist between private and community sector agencies and between government departments poses a significant challenge to implementing an integrated approach. A lack of shared frameworks (including resources, processes, practices, definitions and principles), as well as separate budgets and accountability mechanisms, may exacerbate the impact of violence on victims/survivors. For example, a review of the Tasmanian Safe at Home integrated response[1] (an integrated criminal justice response to family violence) exposed a tension between competing paradigms. Led by the Department of Justice, the Safe at Home integrated response viewed DFV as a criminal matter that must be responded to with arrest and prosecution. However, DFV service providers understood that responses must recognise the power imbalance within the violent relationship, necessitating a response that supports and empowers women while also holding the perpetrator of abuse to account. Service providers articulated concern that the zero tolerance approach of the Safe at Home program and its short-term or "bandaid" solutions might minimise risk in the short term, but escalate risk in the longer term due to the further fracturing of family relationships (Success Works, 2009).

Finally, there are risks to implementing an integrated approach without a robust understanding of the strategies which promote better interactions with and outcomes for victims/survivors. At present there is a dearth of large, generalisable data sets confirming the benefits of an integrated approach and models of good practice.

While the integration of services is actively encouraged and promoted as a valuable way to address the limitations and (actual or potential) harm associated with the siloing of services,

1 The Tasmanian "Safe at Home" integrated response is not one of the Safe at Home programs evaluated in the study by Breckenridge, Chung, and colleagues in Box 1, as it is not centred on enabling and empowering women to remain safely at home (Breckenridge, Chung, et al., 2016).

there is still a theory–practice gap to address. In theory, integrated service delivery is seen as a cohesive and comprehensive "one-stop shop" provided to respond to issues of violence against women (Breckenridge, Rees, et al., 2016). In practice, integrated approaches require strong collaborative practice, applied skilfully.

Collaborative practice

Collaborative practice is key to the integration of services. As with the concept of integration, the term "collaboration" has different meanings and can be implemented in a variety of ways. Stathopoulos and Jenkinson's (2016, p. 25) research highlights a diverse range of meanings for collaboration: "working together; sharing information; interacting and networking with practitioners from the other sector; increasing knowledge about the other sector; knowing how the other sector works; and formalised referral practices".

There is increased recognition that victims/survivors are likely to have a range of needs, the meeting of which requires different approaches and may involve a healing process that is best supported by being connected to services that are connected with each other (Hegarty et al., 2017). It may not currently be common practice for all services to be connected and communicate with each other, provide cross-referrals, or address issues outside their scope of expertise (Quadara, 2015). Multiple projects, from ANROWS and elsewhere, have identified a range of strategies that support the development of collaborative practice over time, from trust-building to co-located, coordinated services.

Teams from different services and sectors need opportunities to build trust over time through opportunities to talk and develop shared understanding (Hegarty, et al., 2017; Robinson et al., 2020). Interagency meetings can provide a platform for building trust between services when strategies such as acknowledging limitations, being accountable and following up on referrals are used (Robinson et al., 2020). Building relationships and trust between services creates connections that can support clients' access to the full range of services they need.

The capacity of services to reduce barriers to entry and meet client needs is further enhanced when workers increase their knowledge and understanding of the different parts of the service system. As identified in the PATRICIA project, this is not currently always the case, with many service types and sectors working in isolation, which can have significant consequences for victims/survivors. For example, for victims/survivors and their children living with disability, the reality is that "access to justice is often contingent on partial knowledge, insights, skills and service delivery models" (Maher et al., 2018, p. 5). Practitioners express "a lack of confidence, knowledge and awareness about how to speak with women about disability in the context of DFV, particularly intellectual disability" (Robinson et al., 2020, p. 10). Knowledge silos and assumptions made about the needs of victims/survivors with disability as well as a lack of understanding about referral pathways prevent women from accessing the support services they require (Maher et al., 2018). This highlights the need for collaborative and integrated efforts to be inclusive of diverse service groups, rather than creating additional barriers to entry.

The provision of cross training, where services within an integrated approach provide training to each other in their areas of expertise, has been consistently recommended as a means to enhance collaboration and improve victim/survivor access to services (Hegarty et al., 2017; Humphreys et al., in press; Maher et al., 2018; Robinson et al., 2020; Vaughan et al., 2020). Cross training has been identified as a potentially valuable

strategy to upskill workers, enhance service capacity to respond to victims/survivors with a range of intersecting needs, and reduce risk of harm to women and their children. For example:

- Cross training can enable a range of services to understand the impact of trauma (Hegarty et al., 2017).
- Training in a common framework (Safe & Together) can assist all practitioners, especially child protection services, to understand the impact of DFV on parenting and improve responses to children (Humphreys & Healey, 2017).
- Building cross-sectoral knowledge about women's legal capacity, rights and needs could support services working with victims/survivors living with disability to build links and information pathways (Maher et al., 2018).
- Cross training between mainstream DFV and multicultural and settlement services could prevent women from culturally and linguistically diverse backgrounds from falling through service gaps (Vaughan et al., 2016).
- Risks to women and their children can be reduced with an improved understanding of the intersection of DFV, mental health and alcohol and other drug use across the whole service sector (Humphreys et al., in press).

Building worker knowledge and skills can also be achieved through secondments between services and has been found to be an asset to the local service sector (Robinson et al., 2020). At a minimum, services should ensure that their individual processes and requirements do not conflict with one another (McArthur et al., 2011).

Further, co-locating services, face-to-face meetings (Humphreys & Healey, 2017; Robinson et al., 2020; Vaughan et al., 2016) and/or a shared language between services and sectors (Hegarty et al., 2017) have all been identified as enabling collaboration. Face-to-face work supports the development of relationships and increases the potential for cooperative case planning, including closing feedback loops (Humphreys & Healey, 2017).

In one study, for example, basing a child protection or Centrelink worker in the same location as other support services was found to facilitate collaborative work and information sharing, as well as providing practitioners with opportunities to learn more about how to get the most out of these services for their clients (Robinson et al., 2020). In another example, a child protection agency employed a specialist men's worker, who was able to work alongside a specialist women's DFV worker co-located at the same service. They were able to conduct joint home visits to engage men and women, respectively, at the same time (Chung et al., 2020). Co-location of services and specific initiatives, including health–justice partnerships, could be particularly beneficial for immigrant and refugee victims/survivors. They can provide an opportunity for professionals from different sectors to "share skills, seek advice and consultations, co-support clients and collaborate on safety planning and referrals [preventing] immigrant and refugee women from falling through gaps between sectors" (Vaughan et al., 2016, p. 41). Co-locating not only reduces the time it takes to reach integrated response partners, but introduces the potential for additional, incidental interactions, providing foundations for strong, trusting working relationships and opportunities to share information and learn new things.

A coordinator can further enhance and formalise collaborative initiatives through supporting the development of relationships between services and enabling services to provide a central person to coordinate case plans and follow through with referrals, enabling fast, consistent responses (Breckenridge, Chung, et al., 2016; Breckenridge, Rees, et al., 2016). Blagg and colleagues (2018, p. 7) stress that Aboriginal organisations, in particular, can "play a decisive role as the focal point for interagency collaborations;

"

... for example, basing a child protection or Centrelink worker in the same location as other support services was found to facilitate collaborative work and information sharing, as well as providing practitioners with opportunities to learn more about how to get the most out of these services for their clients.

(Robinson et al., 2020)

they can 'bridge the gap' between Indigenous and mainstream worlds" (see Box 3: Innovative models in addressing violence against Indigenous women).

While a coordinator can strengthen the capacity of services to work together, a "service navigator" can support victims/survivors to navigate the service system (McKibbon & Humphreys, 2020). This role requires the knowledge and ability to work across siloed service sectors and the ability to know where to go next for help, and serves "to provide advice about how the service system works and support and encourage the woman to effectively navigate her way through to the successful meeting of her needs" (McKibbon & Humphreys, 2020). McKibbon and Humphreys (2020) detailed the importance of the role being both independent and "authorised" and proposed that Davidson, Hampson and Connelly's (2020) service navigation relational autonomy framework (SNAF) should be used to guide service navigation. This approach prioritises the relationship with the client while supporting the client's autonomy without replicating the coercive controlling techniques employed by the person using violence.

An analysis of innovative programs designed to respond to Indigenous women "intimated that successful innovations tend to be cross-disciplinary, and step outside the 'silos' created when agencies work in isolation from one another and from the community" (Blagg et al., 2018, p. 11). In one initiative, where a support worker was based in a school one day per week, the practice was to have an Aboriginal Education Officer introduce the support worker to the family at the school, which helped the families and students get to know the support worker (Robinson et al., 2020). Staff and stakeholders saw this as a valuable approach, discovering that, as a result, students felt comfortable talking with the support worker (Robinson et al., 2020). Blagg and colleagues (2018) also caution that collaborative initiatives centred on delivering services to Aboriginal and Torres Strait Islander women experiencing violence need to be culturally safe, accessible, and based on a shared understanding of the nature and causes of violence against women in these communities and on trauma-informed practices.

In regional and remote Australia, a useful model is the "hub and spoke" model, in which a larger town or regional centre serves as a hub, while outlying areas are serviced through outreach services (the spokes). Wendt and colleagues (2017) identified a lack of available programs for perpetrators in regional and remote areas, coupled with scepticism about their efficacy and viability in these places. The authors assert that an "integrated approach, engaged with an established specialist (domestic and family violence) hub-and-spoke service, has the potential to combat siloed, inconsistent, and ad hoc approaches to reducing perpetrator violence" (Wendt et al., 2017, p. 50). It is important that these types of services are adequately funded, resourced and supported as the authors warn that limited or underfunded services may only be able to attend to the crisis end of the service spectrum, with limited capacity to conduct outreach into communities.

In the PATRICIA project (see Box 4), Humphreys and Healey (2017) identified a number of factors that consistently support collaborative initiatives:

BOX 3

Innovative models in addressing violence against Indigenous women (Blagg et al., 2018)

Blagg and colleagues' (2018) project investigated responses to family violence from the perspectives of Aboriginal and Torres Strait Islander peoples working within services, and Aboriginal and Torres Strait Islander victims/survivors.

The project found that tensions existed about definitions and responses to intimate partner violence between Indigenous and non-Indigenous service providers, and identified that Aboriginal and Torres Strait Islander women's voices were often ignored or silenced by other perspectives. The authors provided one example of an Aboriginal participant in a forum where a non-Indigenous practitioner spoke disrespectfully of local culture and practice during a forum; she found the experience intimidating and as a result no longer wanted to contribute.

However, the report also found that when Aboriginal and Torres Strait Islander services play a key role in integrated approaches and are well positioned to coordinate responses to violence, they can serve as a link between mainstream services and Aboriginal and Torres Strait Islander clients in a culturally safe and respectful way. The report recommended that magistrates, court-user groups and Indigenous community leaders work together with Aboriginal family violence committees, specialist services, safe houses and refuges to develop coordinated responses to victims/survivors and ensure community options for offenders and families.

- a strong and stable governance or leadership model, including the involvement of managers who have appropriate qualifications, skills, and expertise to guide the work
- a strong "authorising environment" created through the involvement of strong senior management support that enables more effective work across organisations
- practices, partnerships and decision-making processes shared by all partners
- a belief in change and a culture of trust and learning.

Failure to collaborate has been identified as a symptom of under-resourced services under pressure while responding to high demand for support (Vaughan et al., 2016). Obstacles to effective collaboration include limited funding, lack of knowledge and training, and organisational stress (Hegarty et al., 2017). A lack of specialist services, particularly in regional and remote areas, that are available to meet identified needs can also constrain the effectiveness of an integrated approach, as referral pathways and partnership opportunities are limited (Breckenridge, Rees, et al., 2016; Robinson et al., 2020). Effective implementation of integrated approaches requires resources and "may have unintended consequences, including increased demands on services resulting from better identification of unmet needs" (Breckenridge, Rees, et al., 2016, p. 20). Finally, Humphreys and Healey (2017, p. 47) note:

> It cannot be said that there is any single "magic bullet" that accounts for success or failure … but rather the presence or otherwise of a constellation of factors appears to tip the balance towards an enabling or a challenging context within which collaborative work is undertaken.

Summary

In Australia integrated approaches are typically led by police or a partner agency, and including housing and accommodation services as partners. Integrated responses coordinate care, share information and provide victims/survivors of DFV with benefits including multi-agency risk assessment and safety planning. Collaboration and coordination can reduce the impact of secondary victimisation, reduce risk and increase safety for women and children (COAG, 2016). These benefits can be multiplied with strengthened support for integration and collaboration, while remaining attuned to the potential risks for women.

Integrated approaches are efficient and cost-effective ways to respond to victims/survivors with complex needs. However, successful specialist responses do require further investment to provide infrastructure, expertise, pathways and practices, as well as to develop workforce capability and capacity at the local level (Wendt et al., 2017). Support to overcome the challenges of integration and the barriers to collaboration is recommended and would represent an investment in service systems' capacity and capability.

BOX 4

The PATRICIA project (Humphreys & Healey, 2017)

The PAThways and Research In Collaborative Inter-Agency practice project (the PATRICIA project) used a participatory action research process to strengthen the co-design of an integrated approach between child protection and specialist DFV services.

The project identified a history of siloed work, where organisations were working independently of one another. The project observed structural barriers that required creativity and policy redesign to overcome.

The project explored factors essential for collaboration and found that a complex array of factors in both child protection and DFV work contributed to success. Lessons learned from the project informed the development of the Collaborative Practice Framework for child protection and specialist DFV services which is designed to "build, maintain and sustain collaboration where DFV involving children was identified" (Humphreys & Healey, 2017, p. 12).

There were several recommendations emerging from the project relating to collaboration:

- Policymakers should support sustainable collaboration between child protection and specialist DFV services through formal mechanisms, information sharing agreements, shared risk assessment and management tools, and joint training.
- Governments should enact policy and legislative changes to allow information sharing about the perpetrator within appropriate collaborative forums based on the victim's informed consent.
- Policymakers should develop and implement common risk assessments and agreements regarding risk management in all jurisdictions.
- Child protection and specialist DFV services should use the Collaborative Practice Framework to provide guidance for training and developing partnerships.

RECOMMENDATIONS FOR POLICY AND PRACTICE

The following recommendations have been collated from the literature and evidence and provide guidance for policymakers, program managers and practitioners seeking to implement an integrated approach.

Strengthening integration

Funding bodies, policymakers, managers and practitioners can facilitate strong cross-sector collaboration by enabling the development of infrastructure which supports integration and is guided by principles discerned over time through multiple projects.

Effective integrated responses should:

- Feature a coordinating body of interested organisations to participate in the integrated approach (Hegarty et al., 2017).
- Cast a wide net when planning on partnering with other organisations (Hegarty et al., 2017).
- Formalise integrated approaches with shared and documented understanding of each agency's roles and responsibilities (Hegarty et al., 2017), and include formalised governance processes that secure an authorising environment for collaboration (Humphreys & Healey, 2017).
- Establish reciprocal approaches and pathways to sharing information and resources based on formal protocols, agreements, policies and legislation (Breckenridge, Rees, et al., 2016; Chung et al., 2020; Humphreys & Healey, 2017; Maher et al., 2018; Putt et al., 2017).
- Use victim-centred practice to guide informed consent and information sharing practices which may require policy, protocol and/or legislative changes (Humphreys & Healey, 2017).
- Develop shared risk assessments, safety planning and risk management (with informed consent) to increase victim/survivor safety (Backhouse & Toivonen, 2018; Humphreys & Healey, 2017).
- Pay attention to geographical locations to meet additional challenges relating to time, distance and the availability of local expertise, especially in remote, regional and rural areas (Humphreys & Healey, 2017).
- Establish partnerships between family violence, healthcare, multicultural and settlement services for culturally and linguistically diverse victims/survivors (Vaughan et al., 2016).
- Use integrated approaches based on a "hub and spoke" model to provide support and connection for victims/survivors living in regional and remote areas, with the potential (with further investment) to "combat siloed, inconsistent, and ad hoc approaches to reducing perpetrator violence" (Wendt et al., 2017, p. 50).
- Facilitate continued peer support and engagement for DFV-informed practice by establishing communities of practice across sectors to enable cross-sector sharing of practice expertise to inform both policy and practice (Humphreys et al., in press).

To enhance practice capability:

- Provide training for human services agencies so that they can confidently take advantage of information sharing legislation and share information to ensure that perpetrators remain visible across the system (Chung et al., 2020).
- Prioritise increasing cultural competence among specialist and non-specialist services working with culturally and linguistically diverse and Aboriginal and Torres Strait Islander clients (Blagg et al., 2018).
- Incorporate co-occurrence and interconnections between DFV and mental health and alcohol and other drug issues into the training, supervision and coaching of practitioners across all relevant sectors (Humphreys et al., in press).

To change policy and legislation:

- Enact policy and legislative changes to allow information sharing about the perpetrator within appropriate collaborative forums based on victim-centred, informed consent (Humphreys & Healey, 2017).
- Develop and implement common risk assessments and agreements regarding risk management in all jurisdictions (Humphreys & Healey, 2017).
- Support sustainable collaboration between child protection and specialist DFV services through formal mechanisms, information sharing agreements, shared risk assessment and management tools, and joint training (Humphreys & Healey, 2017).
- Make a whole-of-government commitment to the implementation and coordination of trauma-informed practice across sectors (Salter et al., 2020).
- Encourage a broad range of human services agencies to recognise their potential role in identifying and responding to DFV perpetrators and liaising with specialist DFV services for women and children (Chung et al., 2020).
- Ensure that the Safe & Together model continues to be explored across different sectors to ensure a more ethical and DFV-informed approach to practice. In particular, continued peer support and engagement through communities of practice across sectors would enable cross-sector sharing of practice expertise to inform both policy and practice (Humphreys et al., in press).
- Negotiate funding agreements and develop job descriptions which support collaborative efforts and provide practice infrastructure (Humphreys & Healey, 2017).
- Establish overarching programs at national and state level to improve continuity in referrals and provide support to local integrated responses (Robinson et al., 2020).

Building collaboration

After building the infrastructure that facilitates stronger connections, the next piece in the puzzle is to build the capacity of services to coordinate responses across sectors and between services. Training, coaching and implementation resources that support collaboration based on key principles and resources emerging from the literature should be developed, trialled and evaluated.

Key principles are as follows:

- Prioritise working relationships between integrated services. Formalised processes may need to be created to strengthen working relationships (Breckenridge, Rees, et al., 2016; Hegarty et al., 2017; Robinson et al., 2020).
- Provide cross training to service providers in different areas of expertise (Hegarty et al., 2017; Humphreys et al., in press; Humphreys & Healey, 2017; Maher et al., 2018; Robinson et al., 2020; Vaughan et al., 2016).
- Where possible, co-locate services or encourage face-to-face working between services (Chung et al., 2020; Humphreys & Healey, 2017).
- Integrate trauma awareness into core business utilising a holistic wellbeing framework that integrates mental, physical and psychosocial wellbeing (Hegarty et al., 2017; Salter, 2020).
- Enable the provision of stepped care through service collaborations so that victims/survivors can receive more intensive care when/if their needs escalate, and can be referred back to lower threshold care when their needs are no longer acute (Salter, 2020).
- Empower Aboriginal organisations to play a decisive role as the focal point for interagency collaborations; they can "bridge the gap" between Indigenous and mainstream worlds (Blagg et al., 2018, p. 7).
- Ensure that victims/survivors living with disability have access to specialised violence services, and support disability services to facilitate access to specialised violence services for the women they support (Maher et al., 2018).
- Develop a framework for training and capacity-building to support the development of positive practice in workers and organisations to respond to the needs of victims/survivors and their children living with disability (Robinson et al., 2020).
- Ensure that workers and services, when their clients' needs exceed their capacity or role, know how to refer effectively, and in ways that are done consultatively and collaboratively with families (Robinson et al., 2020).

Useful resources include:

- Collaborative practice framework for child protection and specialist domestic and family violence services (Humphreys & Healey, 2017)
- Trauma- and violence-informed care framework for a systems model of care (Hegarty et al., 2017)
- "REAL" transformation model (Hegarty et al., 2020)
- Proposed framework for building capacity and positive practice (Robinson et al., 2020)
- Partnerships analysis tool (VicHealth, 2011)
- Fact sheets: Your guide to building collaborative capacity (Australian Research Alliance for Children and Youth, 2013)
- The service navigation relational autonomy framework (SNAF; Davidson, Hampson, & Connelly, 2020)

Further research and evaluation

To improve integrated approaches there is a need to "build robust evidence bases for new and emerging knowledges about how best to support women to achieve safety, security and justice" (Maher et al., 2018, p. 10). It is recommended that:

- Evaluations focus on the different policy environments that integrated responses are operating in and seek to understand the impact of different policy frameworks (Breckenridge, Rees, et al., 2016).
- Research that captures families' long-term experiences, including longitudinal studies, be conducted (Robinson et al., 2020).
- Further research and evaluation investigating "outcomes on a number of levels relating to the efficacy, efficiency, effectiveness, and ethicality of collaborative initiatives and perpetrator accountability" (Humphreys & Healey, 2017, p. 16) are conducted.

Finally, findings and recommendations already produced in the literature should be leveraged through implementation and evaluation trials more widely so as to create the opportunity to build the knowledge and evidence base for integrated approaches and to enhance the capacity of services to meet the needs of their clients.

REFERENCES

Australian Law Reform Commission, & New South Wales Law Reform Commission (2010). *Family violence: A national legal response* (Report 114). Sydney: ALRC.

Backhouse, C., & Toivonen, C. (2018). *National Risk Assessment Principles for domestic and family violence: Companion resource: A summary of the evidence base supporting the development and implementation of the National Risk Assessment Principles for domestic and family violence* (ANROWS Insights 09/2018). Sydney: ANROWS.

Blagg, H., Cummings, E., Williams, E., Hovane, V., Torres, M., & Woodley, K. N. (2018). *Innovative models in addressing violence against Indigenous women: Final report* (ANROWS Horizons 01/2018). Sydney: ANROWS.

Breckenridge, J., Chung, D., Spinney, A., & Zufferey, C. (2016). *National mapping and meta-evaluation outlining key features of effective "Safe at Home" programs that enhance safety and prevent homelessness for women and their children who have experienced domestic violence: Final report* (ANROWS Horizons 01/2016). Sydney: ANROWS.

Breckenridge, J., Rees, S., valentine, k., & Murray, S. (2016). *Meta-evaluation of existing interagency partnerships, collaboration, coordination and/or integrated interventions and service responses to violence against women: Final report* (ANROWS Horizons 04/2016). Sydney: ANROWS.

Chung, D., Upton-Davis, K., Cordier, R., Campbell, E., Wong, T., Salter, M., … Bissett, T. (2020). *Improved accountability: The role of perpetrator intervention systems* (Research report, 20/2020). Sydney: ANROWS.

Council of Australian Governments (2011). *The National Plan to Reduce Violence against Women and their Children 2010–2022*. Retrieved from https://www.dss.gov.au/sites/default/files/documents/08_2014/national_plan1.pdf

Council of Australian Governments (2016). *COAG Advisory Panel on Reducing Violence against Women and their Children–Final Report*. Retrieved from https://www.pmc.gov.au/office-women/womens-safety/coag-advisory-panel-reducing-violence-against-women-and-their-children

Davidson, J., Hampson, R., & Connolly, M. (2020). Service navigation theory and practice. In J. Davidson, R. Hampson, & M. Connolly (Eds.), *Service navigation* (pp. 11-24). London: Red Globe Press

Day, A., Casey, S., Gerace, A., Oster, C., & O'Kane, D. (2018). *The forgotten victims: Prisoner experience of victimisation and engagement with the criminal justice system* (Research report, 01/2018). Sydney: ANROWS.

Healey, L., Humphreys, C., Tsantefski, M., Heward-Belle, S., & Mandel, D. (2018). *Invisible practices: Intervention with fathers who use violence* (Research report, 04/2018). Sydney: ANROWS.

Hegarty, K., Spangaro, J., Koziol-McLain, J., Walsh, J., Lee, A., Kyei-Onanjiri, M., … Spurway, K. (2020). *Sustainability of identification and response to domestic violence in antenatal care (The SUSTAIN study)* (Research report, 06/2020). Sydney: ANROWS

Hegarty, K., Tarzia, L., Rees, S., Fooks, A., Forsdike, K., Woodlock, D., … Amanatidis, S. (2017). *Women's Input into a Trauma-informed systems model of care in Health settings (The WITH Study): Final report* (ANROWS Horizons 02/2017). Sydney: ANROWS.

Heward-Belle, S., Humphreys, C., Laing, L., & Toivonen, C. (2018) Intervening with children living with domestic violence: Is the system safe? *Australian Social Work*, 71, 135–147. https://doi.org/10.1080/0312407X.2017.1422772

Humphreys, C., & Healey, L., (2017). *PAThways and Research Into Collaborative Inter-Agency practice: Collaborative work across the child protection and specialist domestic and family violence interface: The PATRICIA project: Final report* (ANROWS Horizons 03/2017). Sydney: ANROWS.

Humphreys, C., Kertesz, M., Isobe, J., Parolini, A., Heward-Belle, S., & Tsantefski, M. (in press). *Safe & Together Addressing ComplexitY for Children (STACY for Children).* Sydney: ANROWS.

Kelly, L., Meysen, T., Hagemann-White, C., & Magalhães, M. J. (2016). Transnational foundations for ethical practice in interventions against violence against women and child abuse. Retrieved from https://www.researchgate.net/publication/325370972_Transnational_Foundations_for_Ethical_Practice_in_Interventions_Against_Violence_Against_Women_and_Child_Abuse

Laing, L. (2017). Secondary victimization: Domestic violence survivors navigating the Family Law system. *Violence Against Women, 23*(11), 1314–1335. https://doi.org/10.1177/1077801216659942

Maher, J. M., Spivakovsky, C., McCulloch, J., McGowan, J., Beavis, K., Lea, M., … Sands, T. (2018). *Women, disability and violence: Barriers to accessing justice: Key findings and future directions* (ANROWS Horizons 02/2018). Sydney: ANROWS.

Marshall, J., Ziersch, E., & Hudson, N. (2008). *Family safety framework: Final evaluation report*. Retrieved from https://officeforwomen.sa.gov.au/__data/assets/pdf_file/0012/5142/FSF-Evaluation-Final-Report.pdf

McArthur, M., Thomson, L., Winkworth, G., & Butler, K. (2010). *Families' experiences of services* (Occasional paper no. 30). Retrieved from https://www.dss.gov.au/sites/default/files/documents/op30.pdf

McKibbin, G., & Humphreys, C. (2020) Service navigation in the context of domestic violence. In J. Donovan, R. Hampson, & M. Connolly (Eds.), *Service navigation* (pp. 147–166). London: Red Globe Press.

National Council to Reduce Violence against Women and their Children. (2009). *Background paper to Time for Action: The National Council's plan for Australia to reduce violence against women and their children, 2009–2021*. Retrieved from https://www.dss.gov.au/sites/default/files/documents/05_2012/background_paper_to_time_for_action.pdf

New South Wales Government. (2019). *Safer Pathway evaluation: Final report*. Retrieved from https://www.women.nsw.gov.au/download?file=650328

Northern Territory Government. (n.d.). *Review of the Family Safety Framework 2016–2017*. Retrieved from https://territoryfamilies.nt.gov.au/dfv/review-of-the-family-safety-framework-2016-17

Plunkett, C. (2017). *Churchill Fellowship report: How multi-agency responses to family domestic violence can generate positive systemic change*. Retrieved from https://www.churchilltrust.com.au/media/fellows/Plunkett_C_2016_Multi-agency_responses_to_family_violence.pdf

Putt, J., Holder, R., & O'Leary, C. (2017). *Women's specialist domestic and family violence services: Their responses and practices with and for Aboriginal women: Final report* (ANROWS Horizons 01/2017). Sydney: ANROWS.

Quadara, A. (2015). *Implementing trauma-informed systems of care in health settings: The WITH study: State of knowledge paper* (ANROWS Landscapes 10/2015). Sydney: ANROWS.

Queensland Government. Department of Child Safety, Youth and Women. (2019). *Evaluation of the integrated service response and high risk teams trial (2019): Summary of key findings*. Retrieved from https://www.csyw.qld.gov.au/resources/campaign/end-violence/dfv-isr-evaluation-summary.pdf

Robinson, S., valentine, k., Newton, B. J., Smyth, C., & Parmenter, N. (2020). *Violence prevention and early intervention for mothers and children with disability: Building promising practice* (Research report, 16/2020). Sydney: ANROWS.

Salter, M., Conroy, E., Dragiewicz, M., Burke, J., Ussher, J., Middleton, W., … Noack-Lundberg, K. (2020). *"A deep wound under my heart": Constructions of complex trauma and implications for women's wellbeing and safety from violence* (Research report, 12/2020). Sydney: ANROWS.

Sleep, L. (2019). *Domestic violence, social security and the couple rule* (Research report, 04/2019). Sydney: ANROWS.

Stathopoulos, M., & Jenkinson, R. (2016). *Establishing the connection (between alcohol and other drug use and sexual victimisation): Final report* (ANROWS Horizons 03/2016). Sydney: ANROWS.

Success Works. (2009). *Review of the integrated response to family violence: Discussion paper*. Retrieved from https://www.safeathome.tas.gov.au/__data/assets/pdf_file/0003/567444/SAH_discussion_paper_FINAL-web.pdf

Ussher, J. M., Hawkey, A., Perz, J., Liamputtong, P., Marjadi, B., Schmied, V., … Brook, E. (2020). *Crossing the line: Lived experience of sexual violence among trans women of colour from culturally and linguistically diverse (CALD) communities in Australia* (Research report, 14/2020). Sydney: ANROWS.

Varcoe, C., Wathen, C., Ford-Gilboe, M., Smye, V., & Browne, A. (2016). VEGA briefing note: Trauma- and violence-informed care. Retrieved from http://projectvega.ca/wp-content/uploads/2016/10/VEGA-TVIC-Briefing-Note-2016.pdf

Vaughan, C., Chen, J., Sullivan, C., Suha, M., Sandhu, M., Hourani, J., & Murdolo, A. (2020). *Multicultural and Settlement services Supporting women experiencing violence: The MuSeS project* (Research report, 11/2020). Sydney: ANROWS.

Vaughan, C., Davis, E., Murdolo, A., Chen, J., Murray, L., Quiazon, R., … Warr, D. (2016). *Promoting community-led responses to violence against immigrant and refugee women in metropolitan and regional Australia: The ASPIRE project: Research report* (ANROWS Horizons 07/2016). Sydney: ANROWS.

Wendt, S., Chung, D., Elder, A., Hendrick, A., & Hartwig, A. (2017). *Seeking help for domestic violence: Exploring rural women's coping experiences: Final report* (ANROWS Horizons 06/2017). Sydney: ANROWS.

APPENDIX A

Current examples of integrated responses to high risk in Australia

State or territory	Name	More information
ACT	Family Safety Hub	https://www.communityservices.act.gov.au/safer-families/family-safety-hub Family Safety Hub design report: https://www.communityservices.act.gov.au/__data/assets/pdf_file/0006/1198824/Family-Safety-Hub-Design-Report.pdf
NSW	Safer Pathways	https://www.women.nsw.gov.au/programs/safer-pathway Evaluation report: https://www.women.nsw.gov.au/download?file=650328
NT	Family Safety Framework	https://pfes.nt.gov.au/police/community-safety/family-safety-framework Review: https://territoryfamilies.nt.gov.au/dfv/review-of-the-family-safety-framework-2016-17
Qld	Integrated Service Response	https://www.csyw.qld.gov.au/campaign/end-domestic-family-violence/our-progress/enhancing-service-responses/integrated-service-responses Evaluation summary: https://www.csyw.qld.gov.au/resources/campaign/end-violence/dfv-isr-evaluation-summary.pdf
SA	Family Safety Framework	https://officeforwomen.sa.gov.au/womens-policy/womens-safety/family-safety-framework Evaluation: https://officeforwomen.sa.gov.au/__data/assets/pdf_file/0012/5142/FSF-Evaluation-Final-Report.pdf
Tas	Safe at Home	https://www.safeathome.tas.gov.au/ Review: https://www.safeathome.tas.gov.au/__data/assets/pdf_file/0003/567444/SAH_discussion_paper_FINAL-web.pdf Internal performance review report: https://www.safeathome.tas.gov.au/__data/assets/pdf_file/0010/567451/Safe_at_Home_Review_Report_2014.pdf
Vic	Multi-Agency Risk Assessment and Management (MARAM)	https://www.vic.gov.au/family-violence-multi-agency-risk-assessment-and-management Implementation report: https://www.vic.gov.au/report-on-implementation-of-the-family-violence-risk-assessment-and-management-framework-2018-19-victorian-government/ensuring-continuous-improvement-evaluations-reviews-and-continuing-to-build-the-evidence
WA	Family and Domestic Violence Common Risk Assessment and Risk Management Framework (CRARMF)	https://www.dcp.wa.gov.au/CrisisAndEmergency/FDV/Pages/CRARMF2.aspx A brief outline of evaluation findings from a review of the first edition of the framework conducted in 2011 are contained within the Common Risk Assessment and Risk Management Framework (CRARMF): https://www.dcp.wa.gov.au/CrisisAndEmergency/FDV/Documents/2015/CRARMFFinalPDFAug2015.pdf

Suggested citation

Australia's National Research Organisation for Women's Safety. (2020). *Working across sectors to meet the needs of clients experiencing domestic and family violence* (ANROWS Insights, 05/2020). Sydney: ANROWS.

ANROWS acknowledgement

This material was produced with funding from the Australian Government and the Australian state and territory governments. Australia's National Research Organisation for Women's Safety (ANROWS) gratefully acknowledges the financial and other support it has received from these governments, without which this work would not have been possible. The findings and views reported in this paper are those of the authors and cannot be attributed to the Australian Government, or any Australian state or territory government.

Acknowledgement of Country

ANROWS acknowledges the Traditional Owners of the land across Australia on which we work and live. We pay our respects to Aboriginal and Torres Strait Islander Elders past, present, and future, and we value Aboriginal and Torres Strait Islander histories, cultures, and knowledge. We are committed to standing and working with Aboriginal and Torres Strait Islander peoples, honouring the truths set out in the Warawarni-gu Guma Statement.

Published by

Australia's National Research Organisation for Women's Safety Limited (ANROWS)

PO Box Q389, Queen Victoria Building, NSW 1230

www.anrows.org.au | Phone +61 2 8374 4000

ABN 67 162 349 171

Creative Commons Licence