

# **Northern Crisis and Advocacy Response Service (CARS)**

**Evaluation  
October 2008**

Marion Frere  
Stuart Ross  
Lucy Healey  
Cathy Humphreys  
Kristin Diemer

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Marion Frere  
Stuart Ross  
Lucy Healey  
Cathy Humphreys  
Kristin Diemer

## **Abbreviations**

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CARS	Crisis Advocacy Response Service
CALD	Culturally and linguistically diverse
DHS	Department of Human Services
IO	Intervention Order
IFVS	Integrated Family Violence System
NFDVS	Northern Family and Domestic Violence Service (Berry Street)
MAFVS	Mary Anderson Family Violence Service (Salvation Army/Crossroads Youth & Family Service Network)
WDVCS	Women's Domestic Violence Crisis Service
VOCAT	Victims of Crime Assistance Tribunal

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# Executive Summary

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## **Northern Crisis Advocacy Response Service (CARS)**

This report presents the findings of an evaluation of a new crisis response to women who have experienced family violence in the Northern Metropolitan sub-region of Melbourne, which covers the Local Government Areas of: Banyule, Darebin, Moreland, Nillumbik, Whittlesea, Hume and Yarra.

It examines the first six months of a new pilot service, the Crisis Advocacy Response Service (CARS), which was established to provide a 24 hour face-to-face crisis response to women experiencing family violence. The crisis intervention also allows women and their accompanying children to have access to a CARS Unit, a safe, comfortable space in a residential setting within which women can explore their options, supported by a CARS worker, whilst children have 'time out' from the precipitating situation.

CARS was developed by a network of service providers in the region to enhance the integration of the family violence service system and to provide better counselling, information, support and advocacy services. Referred to as the CARS Partnership (in the Service Protocol and Memorandum of Understanding), organisations participating in the pilot include: Victoria Police, the Women's Domestic Violence Crisis Service (WDVCS), and the Northern Integrated Family Violence Service System incorporating:

- Women's Health in the North (WHIN);
- Berry Street, Northern Family & Domestic Violence Service (NFDVS);
- Georgina Collective (incorporating Martina and Georgina Women's Refuges); and
- Mary Anderson Family Violence Service, Salvation Army / Crossroads Youth and Family Services Network (MAFVS).

Importantly, the CARS pilot was established in the context of Statewide reform in Victoria and represents a locally realised example of the implementation of the Integrated Family Violence Service Reform. It is an innovative collaboration across agencies that builds on and extends the Northern Integrated Family Violence Service System. It has been running through the pilot period from within existing service funding allocations, with some funds being made available from the Department of Human Services to develop partnership protocols and to conduct an evaluation of the initial six-month pilot. All of the agencies have made generous contributions to the development of the service.

## **The research**

The aims of the research were, firstly, to document changes in multi-agency working relationships in an integrated crisis response service and gain service providers evaluation of this change. Secondly, the research aimed to identify some of the outcomes for women as a result of the service reorientation.

A number of sources of information were used to inform this research. These included an examination of relevant documents, qualitative data collected from semi-structured interviews involving participants from all participating agencies and quantitative data collected through the CARS Intake and Referral Form.

## **Key findings on the CARS model**

- CARS developed in the context of statewide reform in Victoria and the implementation of the Integrated Family Violence System (IFVS). It provides an innovative example of collaboration across agencies that builds on and extends the local and sub-regional IFVS service delivery mechanisms.
- The strengths of the model are:
  - Better engagement with women at time of crisis
  - Access to the CARS Unit provides a comfortable space for decision-making (for women) and 'time out' (for children)
  - More flexibility of response to women
  - Immediate response satisfies all members of the CARS Partnership
  - Increased awareness of services available by members of the CARS Partnership
  - Enhanced communication and cooperation
  - Better integration of services involved in crisis response
  - Sharing of resources benefits agencies (especially small ones)
  - Improved contact with police
  - Better response to police
  - More follow through, including court action
  - Improved service for culturally and linguistically diverse (CALD) women.
- In documenting changes in multi-agency working relationships in CARS as an integrated crisis response service, the evaluation of the model is summarised according to three, inter-related elements: resources, attitudinal and cultural shifts, and systems development.

## **Resources**

- It is apparent that changes will need to be made to the resources available to support and sustain CARS as it presently operates and certainly if it is to expand its reach. All the costs of running CARS are met from within the existing budgets of participating agencies. This situation was unanimously described as unsustainable by interviewees, particularly as participating agencies are not equally affected.
- Neither VicPol nor WDVCS are negatively impacted by their current participation in CARS as far as allocating resources. The other participating agencies, regardless of size, face significant challenges as far as harnessing the human, financial, material/infrastructural resources to run CARS.
- Seeking ongoing, external funding from Government is logical for the following:
  - Salary support
  - CARS Unit support
  - Investment in new technology that avoids the limitations of fax technology for mobile CARS workers
  - Rapid access to brokerage funds e.g. for changing house locks and/or transport costs for women and children re-locating.

## **Attitudinal and cultural shifts**

- All interviewees commented favourably on the attitudinal and cultural shifts that have occurred in thinking about – and developing – an integrated crisis

response, at least as far as this has occurred at the local and sub-regional levels.

- The development of the Service Protocol and Memorandum of Understanding and the implementation of a shared vision for crisis response in the north has overcome old barriers and taken existing and new relationships between agencies in the region in new and positive directions.
- New, cooperative relationships have developed between the family violence services (WDVCS and CARS agencies) and police. VicPol Family Violence Advisors and Liaison Officers continue to inform and educate members about CARS and encourage CARS workers to introduce themselves when attending women at police stations.

### **Systems**

- Developing adequate systems that will sustain CARS involves not only the management of resources (which will depend on the future funding model, as discussed above) but also building and sustaining alliances and networks both horizontally and vertically.
- To date, the most concerted effort in building systems has related to cross-agency partnerships and the development of protocols and MoUs for CARS operations for the current participating agencies at the local level. The regular CARS forums and fortnightly pilot review meetings have been instrumental in enabling staff from the participating agencies to meet face-to-face, problem-solve (through discussion of Exception Reports and CARS Feedback/Evaluation Forms)<sup>1</sup> and resolve misunderstandings and miscommunication in operational matters. Also critical has been a sustained focus on data collection and effective information sharing. This has led to the development of a significant body of evidence on referral pathways and outcomes (discussed below). Nonetheless, significant improvements in data collection would be beneficial, including improved worker compliance in data entry and improved monitoring of usage of the CARS Unit.
- Further 'horizontal' relationships may need to be developed that can provide secondary consultation and further pathways into the CARS system (such as Child FIRST, disability, Indigenous and CALD services, health services, courts and Men's Behaviour Change Programs). Strengthening 'vertical' relationships and promoting the learnings from the CARS pilot would be highly desirable. Ideal forums in which to do this would include the North and West Metropolitan Region Integrated Family Violence Service Steering Committee, the Family Violence Statewide Advisory Committee, the Family Violence Interdepartmental Committee and the Family Violence Round Table.

### **Key findings on CARS referrals and outcomes**

- A total of 168 cases were analysed for the 6 month evaluation period.

### **Referrals**

- Six in ten referrals were made by Police, and a further one-quarter were self-referrals.

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<sup>1</sup> Where a breach of security or of protocol occurs, the on-call CARS worker is responsible for completing a pro forma incident report and providing a copy of it to their team leader as soon as possible. These incident reports were initially called 'exception reports'. As the pilot developed, an additional pro forma was developed, identified as the CARS Feedback/Evaluation form.

- The victims who were referred to CARS ranged in age from 11 years to 81 years, with a mean age of 33.<sup>2</sup> Just over half (91 cases or 54%) gave their country of birth as Australia, with the remainder from 28 different countries. In about two-thirds of cases the language spoken at home was English, but in 26 cases (15% of referrals) an interpreter was required to assist in the referral and assessment process. Five cases identified themselves as Aboriginal or Torres Strait Islander.
- Six in ten of the women had children in their care. The number of children ranged from one to nine, with a mean of 2.2 children. There were 23 cases (14%) where the victim was either pregnant or had recently given birth.
- Around four in ten of the women referred had previously been in contact with a family violence service. Twenty six had prior contact with police, 25 with WDVCS and 19 with a regional family violence service.

### **Perpetrators**

- In over 60% of cases the perpetrator was identified as the woman's partner (104 referrals) with a further one-quarter where the perpetrator was an ex-partner. In 17% of cases a weapon had been used in the most recent event, and around one-quarter of perpetrators had access to weapons.

### **Risk factors**

- Data from the Common Risk Assessment Framework undertaken by WDVCS on CARS clients and perpetrators indicates that nearly half of the 168 clients were assessed as living in circumstances of extreme danger given that 7 or more perpetrator risk factors were present. In the UK, the presence of 6 factors would initiate an intense multi-agency, serious case review (or MARACS).<sup>3</sup>

### **Intervention Orders**

- In thirty percent of referrals (50 cases) an outcome relating to an Intervention Order was recorded. Of these, two-thirds were cases where an Intervention Order was already in place. There were also 22 women who received a referral to legal aid or court support, usually in conjunction with an Intervention Order. We were unable to ascertain from the available data whether these Intervention Orders related to new or existing ones.
- We cannot draw on pre-CARS 'hard data' with which to compare these figures, however, police and CARS workers' perceptions were that the information provided by CARS workers to women invariably led to a greater preparedness on the women's part to follow through in seeking an Intervention Order.

### **Accommodation**

- Of the 168 cases referred to CARS:
  - 123 women returned home (including 45 where no further action was recorded)
  - 26 stayed with family or friends
  - 16 were referred to a housing service
  - 19 were referred to a crisis accommodation service and a further five who were referred directly to a refuge.<sup>4</sup>

<sup>2</sup> Victim age was recorded in 68 cases out of the total number of 168 cases.

<sup>3</sup> See Robinson (2003, 2004).

<sup>4</sup> Numbers add up to more than the total number of women because there was more than one outcome for some women.

- The likelihood that a woman would be referred to an accommodation service was related to whether there was an existing Intervention Orders, and especially if the Order included a sole occupancy condition.<sup>5</sup> Half of the women who returned home with no further action had an existing Intervention Order (IO), although there were four and five women respectively who had an IO but required referral to a refuge or crisis accommodation. There were no referrals to refuges or other housing services where women already had an Intervention Order with a sole occupancy condition and only one referral to crisis accommodation.

### **Youth and children**

- Despite the high proportion of women with children using CARS, there was little evidence of referral to children's services. There was one recorded referral to youth or children's services, and no Child FIRST referrals.

### **Conclusion and key recommendations**

Northern CARS represents a new form of service delivery that is based on principles of holism, timeliness, information-richness and respect. It is an essential crisis intervention service that is working (and continuing to develop) well, particularly considering that CARS workers were engaging with many women and children who were living in or attempting to escape from highly dangerous situations.

There are significant areas in which further development is required if CARS is to be sustainable and integrative of services that need to be involved in providing a timely response to women and children living with violence.

1. That Government contributes funding in order to maintain CARS as it presently operates, which will enable the CARS Pilot Review Group to allocate such funding in a fair, flexible and equitable way for the purposes of: investment in new technology for mobile CARS workers; salary support; and CARS Unit support.
2. That Government either improves access to current brokerage funds or establishes a new fund so that rapid access is guaranteed.
3. That CARS seeks to expand its services by building cooperative relationships, opportunities for secondary consultation and further pathways into the CARS system. This will involve facilitating attitudinal shifts and developing systems within and between services, such as Child FIRST, disability services, health services, courts, Men's Behaviour Change Programs, Indigenous services and CALD services.
4. That CARS strengthens data collection processes, in particular: usage of the CARS Unit (including a review in six months' time); and the identification of women and children with disability (including service implications).
5. That CARS strengthens its 'vertical' relationships throughout the family violence integrated response system; for example, with the North and West Metropolitan Region Integrated Family Violence Service Steering Committee, the Family Violence Statewide Advisory Committee, the Family Violence Interdepartmental Committee, and the Family Violence Round Table.

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<sup>5</sup> A sole occupancy order means that the offender is restricted from attendance at the victim's home. This condition allows women to return to their homes with the assistance of CARS changing locks on the doors and ensuring a level of security appropriate in the circumstances.

# 1. Introduction

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This report presents the findings of an evaluation of a new crisis response to women who have experienced family violence in the Northern Metropolitan region of Melbourne, which covers the Local Government Areas of: Banyule, Darebin, Moreland, Nillumbik, Whittlesea, Hume and Yarra.

It examines the first six months of the Crisis Advocacy Response Service (CARS), a pilot service which was established to provide a 24 hour face-to-face crisis response to women experiencing family violence. The crisis intervention also allows women and their accompanying children to have access to a CARS Unit, a safe, comfortable space in a residential setting within which women can explore their options, supported by a CARS worker, whilst children have 'time out' from the precipitating situation.

CARS was developed by a network of service providers in the region to enhance the integration of the family violence service system and to provide better counselling, information, support and advocacy services. Referred to as the CARS Partnership (in the Service Protocol and Memorandum of Understanding), organisations participating in the pilot include: Victoria Police, the Women's Domestic Violence Crisis Service (WDVCS), and the Northern Integrated Family Violence Service System incorporating:

- Women's Health in the North (WHIN)
- Berry Street, Northern Family & Domestic Violence Service (NFDVS)
- Georgina Collective (incorporating Martina and Georgina Women's Refuges) and
- Mary Anderson Family Violence Service, Salvation Army / Crossroads Youth and Family Services Network (MAFVS).

The aims of the research were, firstly, to document changes in multi-agency working relationships in an integrated crisis response service and gain service providers' evaluation of this change. Secondly, the research aimed to identify some of the outcomes for women as a result of the service reorientation.

The evaluation was guided by the CARS Pilot Review Group which provided advice on study methodology, served as a forum in which information collected during the course of the evaluation could be presented and discussed, and, read and commented on reports of the research findings.

The evaluation covers the operation of the CARS pilot from February 1st 2008 until July 31st 2008.

## 2. Background to the research

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### Aims of the research

The CARS evaluation has two primary aims. Firstly, it aims to document changes in multi-agency working relationships in an integrated crisis response service and gain service providers evaluation of this change. Key research questions were:

- What changes in multi-agency working are required under the CARS model?
- What are the enablers and barriers to implementing the model?

- What does the model tell us about planning service responses into the future?

Secondly, it aims to identify some of the outcomes as a result of the service reorientation. Key research questions were:

- Who was represented in the service user group using CARS? What gaps were evident?
- What were the service outcomes for women who use CARS?
- What do the service outcomes indicate on the nature and level of needs to be responded to?

### **Approach to the research**

A number of sources of information were used to inform this research. These included an examination of relevant documents including Protocols and MoUs, funding submissions and minutes of the Pilot Review Group which met fortnightly during the course of the pilot. It also included data collected from semi-structured interviews involving participants from the CARS Partnership and data collected through the CARS Intake and Referral Form and Exception Reports and Feedback/Evaluation forms. (The pro forma Exception Reports and Feedback/Evaluation forms identify breaches of agreed protocols under which CARS operates as well as ideas for service improvement. They are completed by the CARS worker and relayed to the team leader as soon as possible.)

The interviews were held with 23 current providers of services through CARS, including representatives from all parts of the participating organisations and 3 members of VicPol. Interviews explored the following broad areas:

- Formation of partnerships and networks amongst service providers;
- Forms of information and data sharing amongst agencies;
- Service utilisation and changes to service pathways for users; and
- Perceptions of effectiveness of changes in service orientation by service providers.

The data that was sourced from the CARS Intake and Referral Form is based on a total of 168 women who were referred to CARS over the evaluation period. The intake and referral forms provide information about the characteristics of the victim(s), the nature of the incident(s), the pathway whereby the participant entered CARS and the service responses identified and delivered via CARS. A total of 41 Exception reports and 16 Feedback/Evaluation forms were also received and analysed.

It is important when reading this report to bear in mind that it is primarily concerned with the crisis response provided through CARS. Many women who use CARS also require continuing support, and this may be provided by the agencies participating in CARS. However, information about this continuing service and support resides within these agencies and for the most part is invisible to this evaluation.

## **3. The establishment of CARS**

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### **Integrated Family Violence Service Reform**

An important issue to consider in relation to the establishment of CARS is the context of statewide reform in Victoria and the implementation of the Integrated Family Violence System. This context is broadly understood as providing added impetus for the integration of services at local and sub-regional levels. Indeed, on the ground CARS is seen to encapsulate what the IFVS reform is all about.

*So I knew this would be a new era for the crisis service in terms of how we worked. Everything was aligned I suppose.*

In this context, the CARS pilot was established as an innovative collaboration across agencies that built on and extended the Northern Integrated Family Violence Service System. The establishment of CARS was about using existing resources to provide greater crisis service coverage (for a limited pilot period) and about developing advantages from more co-operative working relationships. CARS has been running through the pilot period from within existing service funding allocations, with some funds being made available from the Department of Human Services to develop partnership protocols and to conduct an evaluation of the initial six-month pilot. All of the agencies involved have made generous contributions to the development of the service.

It is important to note, however, that the context of statewide reform is not without its challenges. In particular, the legacy of the competitive process that shaped the funding allocations (and therefore to some extent the nature of the partnerships) under the Family Violence Service Reforms continues to leave its mark. For some participants in CARS, the need to overcome the historical legacy of the competitive tendering process was an important impetus for participation.

*I think partnerships work best when relationships are good and you have got a shared vision and you trust each other and that's a personal relationship. Organisations that compete for a tender, it takes a very long time to break that down, to have that kind of corporate partnership idea... We wanted to step over any barriers that might have happened because of the competitive process. I would say that that's a failure of the way partnerships have been created in Victoria. I don't think that a competitive process is a very good way of creating service partnerships.)*

### **Filling a gap in services**

Prior to the establishment of CARS, the crisis response was focussed on re-housing women or providing them with essential emergency relief. During business hours, women from the region who called the Women's Domestic Violence Crisis Line would be assessed and referred directly to a refuge or to the intake and referral service at Northern Family and Domestic Violence Service (Berry Street). Berry Street also took direct calls and calls from other service providers in the region, as did Mary Anderson. After business hours, an outreach service was provided by a shared service arrangement that included Northern Family and Domestic Violence Service (Berry Street), Mary Anderson Family Services (Crossroads Youth and Family Services) and Georgina and Martina Women's Refuges. This service was funded primarily to provide practical assistance in relation to re-housing and material aid.

Whilst Berry Street and MAFVS have been funded to provide outreach services it is the capacity to be able to respond in a consistent and coordinated way 24/7 that was not available within the above funded model of service provision.

The absence of consistency in the business-hours and after-hours response was an important impetus for the establishment of CARS. The need for an enhanced face-to-face response that was available to women 24 hours a day, 7 days a week was seen as essential. The desire to provide such a service was of paramount importance to providers across the region.

Also, service providers were keen to emphasise the advocacy element of the new approach. Described by one interviewee as a “movement and a model” it was a service that aimed to ensure women had the opportunity to explore the full range of options available to them to secure their own and their children’s safety following an episode of violence. It aimed to operate from a woman-centred rights/advocacy approach which prioritised safety and offered women information about their rights and options, delivered in accordance with women’s informed choices.

One of the key elements of the new approach encompassed by CARS was to provide a crisis response that recognised more fully the criminality of the offence and ensured that the women’s options took into account the new options available to her under law with a view to keeping women and children ‘safe at home’. This led to a strong emphasis on working effectively with police and courts in the region.

### **Challenges and opportunities**

In the establishment of CARS, the process of developing the Service Protocol and Memorandum of Understanding was key to its success. Through this process, participants could raise the profile of their own work, improve their understanding of the work of other agencies and, together, identify the best way to smooth the inter-relationships and therefore pathways for women.

During the process of these discussions and in the early stages of implementation, the following challenges and opportunities were identified.

#### Challenges:

- Limited understanding across the sector about the nature and extent of services provided by others
- Different ways of working within and across agencies/sectors
- Historical legacy of competitive tendering processes
- Concern about agency resourcing, including a shift away from agency specific objectives to system-wide objectives
- Concern about workload of staff members
- Concern about negative impacts on existing or potential agency-specific clients.

#### Opportunities:

- Unanimous agreement on service gap and need for 24 hour face-to-face service for women
- Strong desire to provide a better service to women by pooling effort and resources
- Need to respond better to police and hospitals.

## **4. A new service delivery model**

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### **Key elements of the model**

Historically, the emphasis in the family violence crisis system has been to assist women with safety plans if they stay in their own homes, re-house them, and/or provide them with essential emergency relief or other assistance, as necessary. The CARS model differs in that it mobilises the family violence service response system (including police and – potentially – others, such as health services) to support the woman in a consistent and coordinated way. Importantly, it also

enables workers to take the time to fully explore the range of legal and other options available to women.

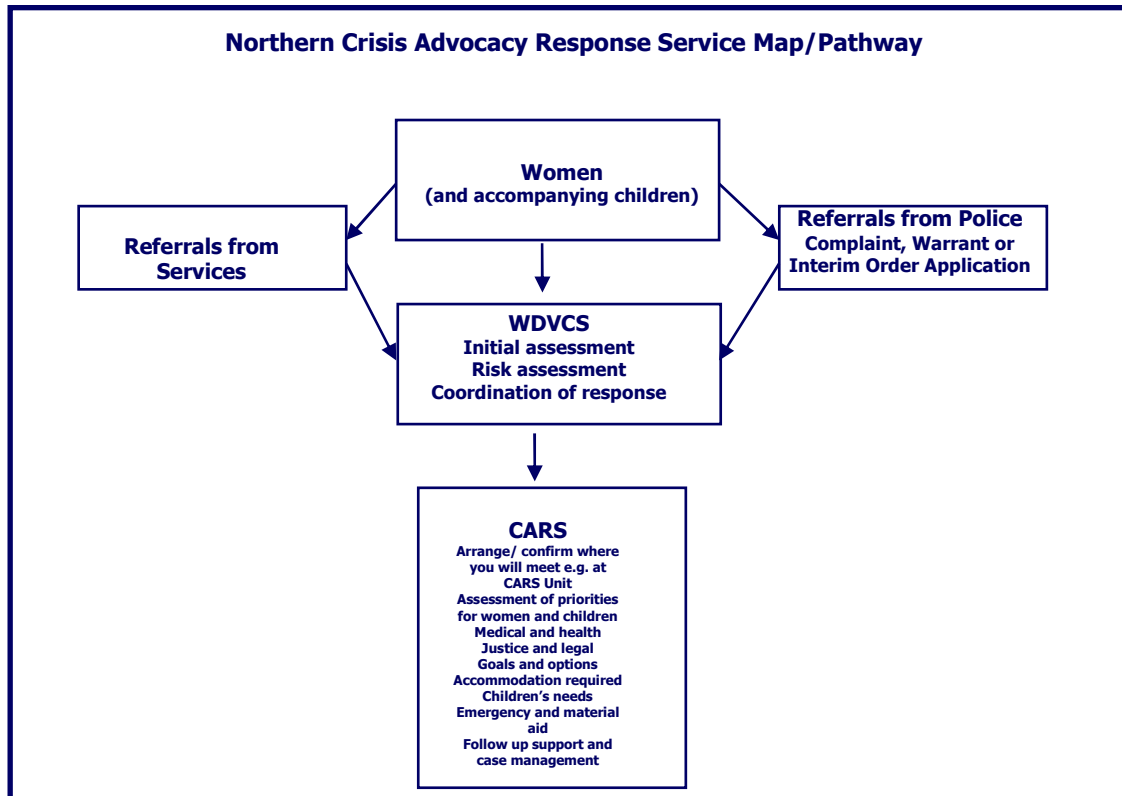
The Northern CARS service pathway aims to provide an alternative option for women that is focussed on an immediate face-to-face response with improved counselling, information, advocacy and support taking place, where appropriate, in a safe and secure space. From the perspective of police and other in-referring services (such as hospitals), CARS provides a clearly defined and coordinated pathway for crisis intervention.

The model is delivered through a shared service arrangement, with three week rosters that include Northern Family and Domestic Violence Service (Berry Street), Mary Anderson Family Services (Crossroads Youth and Family Services) and Georgina and Martina Women's Refuges; a protocol with the Women's Domestic Violence Crisis Line as the central referral point, and agreements with police (and to a lesser extent the major hospitals in the region) for referrals.

The service is targeted at women who live in the Northern sub-region or are seeking to relocate to that area. Referrals (primarily from Police but potentially from other services or women 'self-referring' by telephoning the WDVCS direct) are facilitated through the WDVCS telephone service. WDVCS acts as the central point for the coordination of CARS attendances on a 24/7 basis, receiving the initial referral call and then contacting the on-call CARS worker. The WDVCS CARS worker undertakes an assessment of the woman's eligibility for CARS and further develops the risk assessment that the referring service has begun (and communicated either electronically or verbally to the WDVCS CARS telephone operator). A copy of the risk assessment is faxed to the on-call CARS worker (either to their agency or CARS Unit prior to their departure to meet the woman or to the relevant police station if that is where the CARS worker has arranged to meet the woman).

The on-call CARS workers are employed by their 'home' agency and thus subject to the employment policies and practices of their agency. The CARS protocol prevails over an organisation's program procedures.

The service map/pathway is illustrated below.



## Guiding principles and best practice

CARS gives effect to the following elements of best practice in crisis response:

- Holistic and providing continuity of service in a manner that seeks to address at the one time all of the needs of the woman in relation to her experience of family violence
- Timely, gives the women time to make the right decision for them
- Information-rich, to ensure that the decisions of the woman are informed
- Respectful and based on advocacy and support that increases women's ability to act on the decisions that they take
- The CARS Unit offers a comfortable and safe space within which women can make decisions and within which accompanying children can have 'time out'

*So it's very much about giving a woman time and an environment where she can actually just sit down and go through what she wants to do. It is always about her decision.*

Of particular concern was the capacity of women to remain safely in their homes and to minimise their experience of being dislocated from their home and community.

*I still think we don't have all the answers to really ensure women get to be safe at home.... When there is more protocol and connection between services my sense is that it becomes safer and becomes a better system.*

## Is the model working?

Overall, the model is working well, with effective mechanisms in place to negotiate differences between agency specific interpretations of protocols and to facilitate discussion on system improvement.

The strengths of the model are:

- Better engagement with women at time of crisis

*...it's a bit of a barrier when the woman is not understanding, or she is distressed, or there are kids in the background and she's not really 100 per cent there with you on the phone. Then you would say, okay, maybe it's time for an CARS worker to come and sit with her and meet with her in a comfortable space, in a safe space where she's not in the police station or at the hospital or wherever she may be, and where there's not that kind of pressure that I have to pick up the next [crisis] phone call as well.)*

- More flexibility of response to women

*I think the flexibility of what we deliver as a service to women, it's very tailored. Its very client centred. Every woman's different and everyone has different needs. I think the service caters to that.*

- Immediate response satisfies all partners

*...a lot of outreach services waiting lists were getting longer and longer and longer. So, for a woman to actually get that outreach face to face, the woman had to wait a few weeks...Having [a place] where you could sit with the woman for hours...I think it's the lack of that got the agencies working together, going 'okay, we need something like [CARS].*

- Increased awareness of services available
- Better integration of services involved in crisis response
- Sharing of resources benefits agencies (especially small ones)
- Improved contact with police
- Better response to police
- More follow through, including court action
- Improved service for culturally and linguistically diverse (CALD) women, noting in particular that communication over phone can be difficult for some women and that meeting face to face can help overcome this barrier.

While there is considerable consistency across the system as a whole in relation to referral pathways, the way in which individual agencies manage their own resources varies. This relates to staffing the service, including both filling the CARS position and providing backups. This lack of consistency across the agency response has led to some tensions, with workers employed under significantly different pay and conditions, depending on the status of their employment with their host agency (ie casual or permanent with on-call elements in their employment contract).

*I know it's a pilot program but it is putting a lot of strain and stress on the services because quite often we're doing our after hours for our own service and doing this, as well, and you're juggling...*

A number of specific challenges to the model are identified as follows:

Challenges at the agency level:

- Differences between agency employment models, including HR issues
- Different structures within agencies for managing these services
- Degree of burden, particularly on small agencies
- Managing the flow on effect to other services provided by participating agencies including intake, outreach and case load.

Challenges for CARS workers:

- Sole worker model, including issues of safety for workers

*It relies on you to really know what you're doing. It leaves little room for mistake, because if you make a mistake, you find yourself in situations that can be quite dangerous and you could be putting others at risk as well. )*

- Variability of the work and the unpredictability of the workload
- Difficulties in accessing technology (fax)
- Different roles in job for day time and night time provision of service

*I think the after hours response is different to the response that you would give during the day, just because of kids, the time factor. You know, kids need to go to bed. Even mothers are quite worn down at night time...the last thing they want to be doing is, you know, completing a case plan.*

- High burden of paperwork

Challenges for the crisis line phone team:

- Eligibility criteria
- Understanding what is an appropriate referral
- Extensive paperwork required

*I guess the one thing is defining what is a woman in crisis is always quite hard. Like that – how do you define whether one woman should get this service and one woman shouldn't?*

Challenges for police:

- Continuing need to improve member's understanding of the system
- Need to improve referral reporting on L17
- Timeliness of referrals (were occasionally happening too late)

## **Resourcing**

All costs associated with the extension of the existing after-hours service to a 24/7 service have been met from within the existing budgets of participating organisations. This situation is identified by small and large organisations across all interviews as unsustainable.

Major direct costs include:

- Salaries, especially weekends, after-hours, on call, and back up
- Material aid cost (eg clothes, plane tickets, locks)
- Infrastructure costs including unit maintenance, property insurance, car, phone and fax

One CARS worker spoke of the difficulty in having access to sufficient funds to cover emergency expenses for a large family:

*...a woman came... with six children and nothing with them, no clothes...nothing. And they were all under ten...I did the support on the Friday night and I used all our petty cash, which was supposed to last us for the weekend, and that's with [providing] minimal support, with just the nappies and food for the night...the money isn't there to be able to even do the immediate needs. Nothing out of the ordinary...we're talking about nappies and bottles and basic food.)*

Whilst resource issues were not a concern for police operations, as far as their involvement in CARS, they nonetheless saw the need for more resources to be available to the service for its future development, most importantly, aimed at enabling women and children to stay safe at home:

*I think they need...more resources...I'd probably like to see...another house or two spread out a little more across the suburbs...just so they've actually got more options and people may not have to travel as far to go to the house...more funding where they could get the locks changed at the house so the woman can go back to the house and feel safe, that the perpetrator isn't going to go back there.)*

Major indirect costs include:

- The work of developing partnerships interagency coordination at both operational and strategic levels
- Lost staff time when worker is on CARS duty and therefore not filling core service duties
- Service costs relating to the maintenance of the CARS Unit, including upkeep of property and garden, and cleaning and stocking of Unit essentials
- Management costs
- Administrative support costs, including increased paperwork

*The weakness is that this is a really small service, already. So it's only a small service and you're spreading it amongst three organisations, which mean you don't have that same sort of consistency. But the other side of it has been a vehicle to get organisations to talk to each other. So there are swings and roundabouts.*

## **Training and skills**

Establishment training was provided to CARS workers through a cross-service training day and through internal organisational training. The focus of training was procedural and included information on the protocols and processes, practice issues involved in delivery and data collection.

For most workers, the skills that were used in CARS were largely consistent with skills used in other aspects of their job. This was particularly the case for those involved in intake and outreach. For others, new skills were required including increased speed of the response (compared to refuge work), increased flexibility of response (need to think creatively about solutions to particular issues) and increased knowledge in particular areas (such as legal and court processes).

It is, however, important to recognise the depth of skills that are required to engage in crisis advocacy work. As one interviewee said:

*...the workers have to be very multi-skilled, very adaptable, very flexible...a good advocate...a good support...There's a whole range that these workers are expected to do and the knowledge that they're expected to know and absorb... [It]takes time to get that sort of knowledge and information and experience...that's a pretty well skilled worker to be able to do what we're doing.*

Ongoing professional development took place through regular forums, regarded very broadly as extremely successful for information, practice development and networking.

## **5. Changes to interagency collaboration**

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### **Vision, leadership and partnerships**

It is clear from all participating organisations and from workers at all levels within these organisations that the level of good will that has been generated in the establishment and development of CARS has been extremely high. While challenges remain in terms of the service model (as outlined in Section 4), the collaboration of effort that has been generated as a result of a singular service delivery-oriented focus has been very significant.

The establishment of the model, including the drive to push existing and developing partnerships into new territory, was largely the result of a shared vision across the leadership of a number of agencies, and the ability of this leadership to "sell" the idea to their organisations. These leaders – in effect, "champions" – had pre-existing personal networks and were well placed at senior levels in influential organisations. This meant that the level of trust was already high, and their ability to influence change significant.

In addition to existing levels of trust, however, the overall vision to deliver an improved service to women had strong meaning for other important organisations in the sector. By framing collaboration with these other organisations within a strong operational focus, organisations without pre-existing personal networks were drawn into playing very significant roles. As a result, the existence of a shared vision and an operational mission enabled new relationships to develop and strengthen, further growing trust and collaboration across the sector.

*I think we've formed very strong partnership agreements. I can't see these breaking down as long as it continues or even if it doesn't continue. I think that we've already build our bonds.*

*The weakness is it's based on personalities like anything else. The risk is that we've really got to get it embedded. We've got to get it as a funded service and not just a group of people.*

While a cooperative network of agencies has emerged as a result of the establishment of CARS, there are still gaps, most notably in relation to responding to children and key population groups and referral pathways. These are discussed in more detail in Section 9.

### **Enhanced communication and co-operation**

In addition to information and data flows related to clients (examined in the section below) two important post-establishment mechanisms were set up to

facilitate continuous improvement in both partnership relations and CARS service delivery. These included:

- Fortnightly meetings between agencies, including those responsible for leadership in their organisations, and
- Regular professional development forums for all staff.

The fortnightly Pilot Review Group meetings focussed largely on operational matters were very successful, with ongoing attendance an indication of their usefulness to members. At these meetings, the Exception Reports and Feedback/Evaluation Forms (discussed in detail in Section 8) provided an excellent basis for discussing issues, including the resolution of specific issues and practice improvement.

*We thought originally, we won't need to keep meeting every two weeks. But we have found something to discuss about the way the service works every one of those meetings.... It's just been amazing and really focussed.*

The Practice Forums were also seen as very important. They provided a vehicle for sharing information, addressing practice issues and getting to know others in the service.

*Nine times out of ten I've met the person on the other end of the phone, I think if you can put a face to the name people are a lot nicer and they'll go more out of their way to help you. I think women are getting a better response.*

VicPol (involving representatives from all four regions included in the pilot area) were very active members of both the Pilot Review Group and the Practice Forums.

Of key importance in these relationship building and practice development processes was the development of a sense of a shared service, with shared clients (ie the women of the Northern sub-region and their children).

*Well I suppose the easiest way to describe it is that [we've moved from] "well she's your client, no she's ours"... To alright, "she's our client, we'll do this bit, can you do this and if you need us to do that, just do this"*

One interviewee described the ease with which referrals can be made and information transferred without the woman needing to repeat it:

*I was trying to access some counselling and support for the woman and she was actually with me at the time, so we were able to ring [the agency]...able to talk to the intake worker and we were able to...discuss it. I'd already previously discussed it with the woman, I said "Would you like me to call to find out"...and that's what we did. So it was worker...[We found] the most suitable situation for that particular client...[In] another incident...I've rung the intake worker and said look this is a client that you've had previously, moved back into the area, needs outreach support, can you take that on...the woman will ring you when she needs you...this is part of Northern CARS...and all those details were able to be transferred because I got permission off the woman to be able to do that...So, at least when she rings, cause we don't do outreach, you see...the outreach service's ready to be able to take that on board.*

For police on the ground, meeting the CARS worker was an important way of helping them see what would happen to the woman once their part of the process was finished. This was seen as a vast improvement to the experience of just faxing off a form. It assisted the building of relationships at member level (not just management networking)

*I think from the [police] member's perspective, again it's a positive for them in that it can ultimately help them from not re-attending that address or just knowing that we've done up to here and well she's not just going to get left or whatever, that there is actually that support process in place.*

From a CARS worker perspective, this was also a significant improvement in the nature of the response in the region.

*I've certainly introduced myself and every time I go to the Reservoir Police Station I make it very clear and I'm very chatty and they're just so great now and give us a room and we can use the telephone interpreters, cup of tea you know, yeah it's a real shift.*

The enhanced communication and cooperation described above illustrates the type of intense work required in order to get an integrated system working well. A positive outcome of such depth of communication and cooperation, whilst time-consuming, is that integration can develop comparatively quickly where there is goodwill. This is an important key finding of the evaluation.

## **Information and data flows**

As we have seen from the service model outlines above, when police attend a family violence incident and the incident results in a Complaint, Warrant or Interim Order Application, women are referred by police to the Women's Domestic Violence Crisis Service (WDVCS). Women can also be referred from another agency or they can self-refer. In the course of a phone conversation with the woman who has been referred to them, WDVCS completes the first half of the CARS Intake and Referral Form which includes the following information: woman's details, children's details; woman's relationship to perpetrator, types of assault, how was the woman referred to the service, has the woman had previous contact with the family violence sector (yes or no). A preliminary assessment is then made, medical assistance and accommodation arranged if necessary and an appointment made with the CARS on-call worker. In the course of a meeting with the woman, the CARS worker develops an agreed action plan and records the outcomes in the second half of the CARS Intake and Referral Form. This includes a record of whether or not the woman returned home, stayed with family/friends, required referral to other services including refuges, and arrangements for follow up.

A significant proportion of the information that is shared across agencies through CARS is recorded on the CARS Intake and Referral forms collated by WDVCS and CARS staff. The information gathered on these forms is discussed below in more detail in Sections 6 and 7. Also of key importance is the role of Fax back, and the opportunity that has been provided by CARS to refine and upscale Fax back procedures with

In addition to information recorded on the Intake and Referral forms, additional significant communication between agencies also takes place over the phone. In particular this happens when police refer to WDVCS, when WDVCS refers to the

CARS worker and when the CARS worker provides outcome information to WDVCS. Also important is the regular communication between the CARS worker and her back-up worker, and the formal handover (via WDVCS) from one agency to another at the end of their rostered week of CARS.

Overall, these data and information processes work well, with workers noting that they have seen improvements in these processes over time. The CARS paperwork presented a few challenges for staff within each of the partner agencies. Based on analysis by WDVCS of all the Intake and Referral Forms, the following items were identified:

- One CARS referral completed for two women
- Two CARS referrals with no referral number assigned
- The top section of the Action Page was not completed for the majority of the CARS referrals
- Outcome page was not completed on majority of referrals
- Consent to share information tick box was not filled for majority of referrals
- Children details information e.g. name, DOB, address was rarely fully completed
- Not enough detailed information on the risk assessment page about the woman
- Incomplete risk assessments after a comprehensive service to woman has been given by all agencies (including completion of an action plan)
- Incomplete CARS referrals as well as corresponding call sheets which made it difficult to cross check and extract information

In light of the analysis by WDVCS, the following recommendations were made to improve the format of the CARS Intake and Referral Form.

- Consent to share information and participating in the CARS evaluation tick box needs to be positioned on top of first page of CARS referral form as it can be easily missed by workers
- Removal or modification to top section of Page 3 (Time and place of CARS meeting) so it is more reflective of actual practice
- Include a category on the outcome page that has legal or court support provided
- Removal of the additional children's information page, but still include information on number of children the woman has and the age group of the children and whether or not woman is pregnant on a shortened form; or
- Provide an optional paper when issues related to children need to be addressed.

One additional issue was the fact that the status of legal and court matters will change over time – sometimes quickly. If this is to be recorded then the source of the information and the date when it was current should probably be recorded. One possibility would be to provide for legal/court info to be recorded at the time of the initial assessment, and then updated at the time of any follow-up meeting.

In addition, there were reports of occasional confusion from clients and external service providers (particularly hospitals) on the correct CARS processes, further compounded for hospital staff who confused 'CARS' with 'CASA'. This was possibly due to the fact that the CARS number was previously used as an after-hours response number (pre-CARS), and a decision not to fully engage hospitals in the pilot CARS processes. In addition, during the early stage of the pilot, potential WDVCS clients had received information that included the CARS-specific telephone number (as opposed to the general-WDVCS crisis telephone number). When the negative implications of direct client usage of the CARS-specific number were discovered, clients were provided with the general-WDVCS crisis telephone number only.

## Exception reports and Feedback/Evaluation Forms

The CARS Service Protocol and Memorandum of Understanding outlines the protocol of incident reporting for agency workers. It refers to an incident report as the mechanism for dealing with any issue which related to the breach of the protocol. CARS workers have responsibility for completing incident reports.

To avoid confusion with other incident reporting processes, these breaches were re-named 'exception reports'. A pro forma was made available to all agencies and included in the Resource manual at the CARS Centre. As the pilot developed, an additional pro forma identified as the 'CARS Feedback/Evaluation' was also put in place. This report asked CARS workers to reflect on any challenges with the referral, aspects that worked well, areas for improvement and aspects of the referral that could have improved.

*It has been helpful because you have got people that actually are willing to say yes, we didn't do that very well, let's look at ways of doing it better. The whole exception report has actually allowed that process to happen. It has been a really good positive process. Where people feel good about writing them up because they know when they write them up change happens.*

Over the period of the pilot, there were a total of 41 'CARS Exception Reports' and 16 'CARS Feedback/Evaluation Forms' completed. As discussed in Chapter 4, when significant breaches of protocol occurred, these issues were dealt with between managers of relevant agencies and summarised at CARS review meetings. The following table summarises the issues:

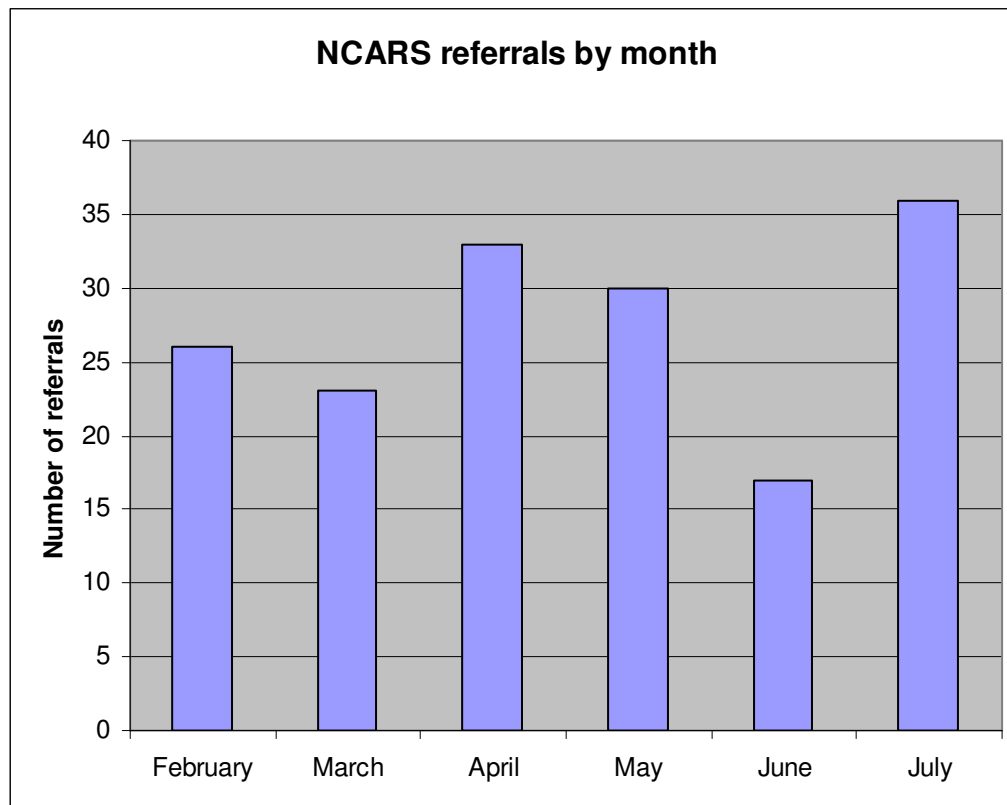
<b>Form of Exception</b>	<b>Number</b>	<b>Issues</b>
<b>Continuity of service</b>	5	Responsibility for completion of emergency assistance/refuge referral assessment paperwork
<b>Handover</b>	7	Delay in 'urgent face to face response' due to handover between business hours and after hours (3) Referrals not handed over amongst CARS workers and between agencies (4)
<b>Roles</b>	3	Confusion about the distinction between role of CARS and the Northern After Hours Outreach Service
<b>Referral</b>	2	CARS referral made outside of central coordination of WDVCS
<b>Fax/phone malfunction at CARS Unit</b>	3	Faxing CARS referrals to agency of CARS worker so worker has woman's details prior to meeting her
<b>Under utilisation of CARS Unit and its facilities</b>	2	For example; faxing CARS referrals to respective CARS agency/worker at their workplace rather than faxing referral to the Unit
<b>Police documentation</b>	1	Distinction between Victoria Police L17 and CARS referrals
<b>Inappropriate CARS referrals</b>	8	Male AFM (2) For women outside Northern region and wanting to stay in their region not the north(2)

		Homeless women with no DV (2) Underage women (under 15) (1) Women already supported at Trish's Place (1)
<b>Delay in faxing back Outcome pages</b>	5	
<b>Lack of awareness of CARS</b>	5	Lack of awareness of CARS as an alternative/additional service by Police and other DV agencies
<b>Inappropriate refuge referral</b>	2	CARS workers encouraging women to access refuge even though women stated she does not want refuge

## 6. CARS intake and referrals

Women who are referred or who self refer to WDVCS are asked a number of intake questions by WDVCS to determine the source of the referral, nature and severity of the violence, and details of any civil or criminal legal processes. In addition, a preliminary assessment of risks associated with the victim and perpetrator is also conducted. Further information is added to this Intake and Referral form by the WDVCS and CARS workers documenting the elements of the action plan agreed with the woman, and the outcomes of the woman's involvement with CARS.

The following analysis is based on all 168 cases that were recorded by WDVCS between February and July 2008<sup>6</sup> There was an average of 28 referrals recorded per month, although month-to-month variability was substantial. Note that the lowest and highest monthly totals were in June and July respectively.



<sup>6</sup> Two cases did not have a referral date, and one had a date of 2 August.

Over ninety percent of the woman referred to CARS gave their postcode of current address as the northern suburbs of Melbourne or the semi-rural towns on the northern urban fringe. The most common locations were Broadmeadows (13 referrals), Coolaroo (13), Epping (12), Craigieburn (8), Glenroy (8) and Bundoora (7). Six in ten referrals were made by Police, and a further one-quarter were self-referrals. In seven cases the referral was from a Health Service or general practitioner, and in five cases the referral was from another family violence service. In setting up CARS, the intention was that referrals would mainly come from police, and there was no systematic promotion of CARS to other potential referring agencies. The referrals from the courts, health services and GPs do not represent the true level of referral demand that would be present if information about CARS referrals was more widely available.

<b>Source of referral to CARS</b>	Frequency	Percent
Police	100	59.5
Self	40	23.8
Health Service/GP	7	4.2
Another family violence service	5	3.0
Courts	2	1.2
Family/friend	1	.6
Not recorded	2	1.2
Other	11	6.5
Total	168	100.0

All WDVCS referrals were passed on to a CARS worker for further assessment and action. Unfortunately, there are limitations on data collected, which CARS workers felt did not actually reflect face-to-face meetings with clients or usage of the CARS Unit. Trends in data, however, suggest that most face-to-face meetings took place at the CARS Unit, followed by a police station, motel, or hospital with a few taking place at 'other accommodation' sites. In a number of cases, an initial meeting was held at a venue other than the CARS Unit (for example, at a police station) with a follow-up meeting at the CARS Unit. In some cases, a follow-up meeting at the CARS Unit occurred on a day following the initial telephone contact between the CARS worker and client. (It will be important to record all meetings at the CARS Unit, regardless of where the initial face-to-face meeting between the client and the CARS worker took place, in order to satisfactorily assess its usage.)

In three-quarters of all referrals (128 cases) an action plan was agreed with the woman involving some service referral(s) or further follow-up. Where an action plan was not agreed, this was usually because the CARS worker was unable to contact the woman following the initial contact. There were 19 cases where the CARS worker recorded that no subsequent contact was made. Only two cases, where a meeting with a CARS worker was arranged, did not result in a follow-up contact. Of the 40 women for whom no action plan was completed, just over half (i.e. 23 cases) resulted in some service referral or arrangement for follow-up.

In about forty percent of referrals (66 cases), an Intervention Order was already in place, including seven that included a sole occupancy order. In 15 cases it was

recorded that this Intervention Order had been breached and in seven of the 15 cases the perpetrator had been charged with an IO breach. Charges had been laid against the perpetrator in 16 cases, and were in progress in a further 11, and in five cases the perpetrator was in custody. It should be noted that information on Intervention Orders and other legal proceedings recorded by WDVCS applies only to actions taken up to the point of contact with WDVCS and may not reflect actions in train at the time. It also the case that information about Intervention Orders and charges may be incomplete.

### **Who were the CARS' clients?**

Clients who were referred to CARS ranged in age from 11 years to 81 years, with a mean age of 33.<sup>7</sup> Just over half (91 cases or 54%) gave their country of birth as Australia, with the remainder from 28 different countries. In about two-thirds of cases the language spoken at home was English, but in 26 cases (15% of referrals) an interpreter was required to assist in the referral and assessment process. Five cases identified themselves as Aboriginal or Torres Strait Islander, with a further 18 cases where the identification of the victim was unknown or not recorded. Six in ten of the women had children in their care. The number of children ranged from one to nine, with a mean of 2.2 children. There were 23 cases (14%) where the victim was either pregnant or had recently given birth.

The women using CARS therefore appear to be broadly representative of the ethnic diversity of the northern suburbs of Melbourne. The number of Indigenous women using the service may reflect the existence of an alternative referral pathway for Indigenous women via Elizabeth Hoffman House.

Thirteen women reported some form of disability,<sup>8</sup> and about one-third of victims (52 cases) were recorded as having a mental health problem, with depression the most common form of problem.<sup>9</sup> Twenty five victims reported that they had had suicidal thoughts or attempts. In 10% of cases some form of drug or alcohol misuse was identified.

Around four in ten of the women referred had previously been in contact with a family violence service. Twenty six had prior contact with police, 25 with WDVCS and 19 with a regional family violence service.

Some groups of women using CARS were exposed to more risks than others. In particular, women who reported mental health issues or a disability, a perpetrator who was an ex-partner, and being pregnant or having recently given birth were exposed to more risks.

### **Who were the perpetrators?**

In over 60% of cases the perpetrator was identified as the woman's partner (104 referrals) with a further one-quarter where the perpetrator was an ex-partner. In 95% of cases the perpetrator was male.

### **Risk factors**

In addition to the risks associated with the women as clients (discussed above), the assessment recorded a range of risk factors associated with perpetrators.

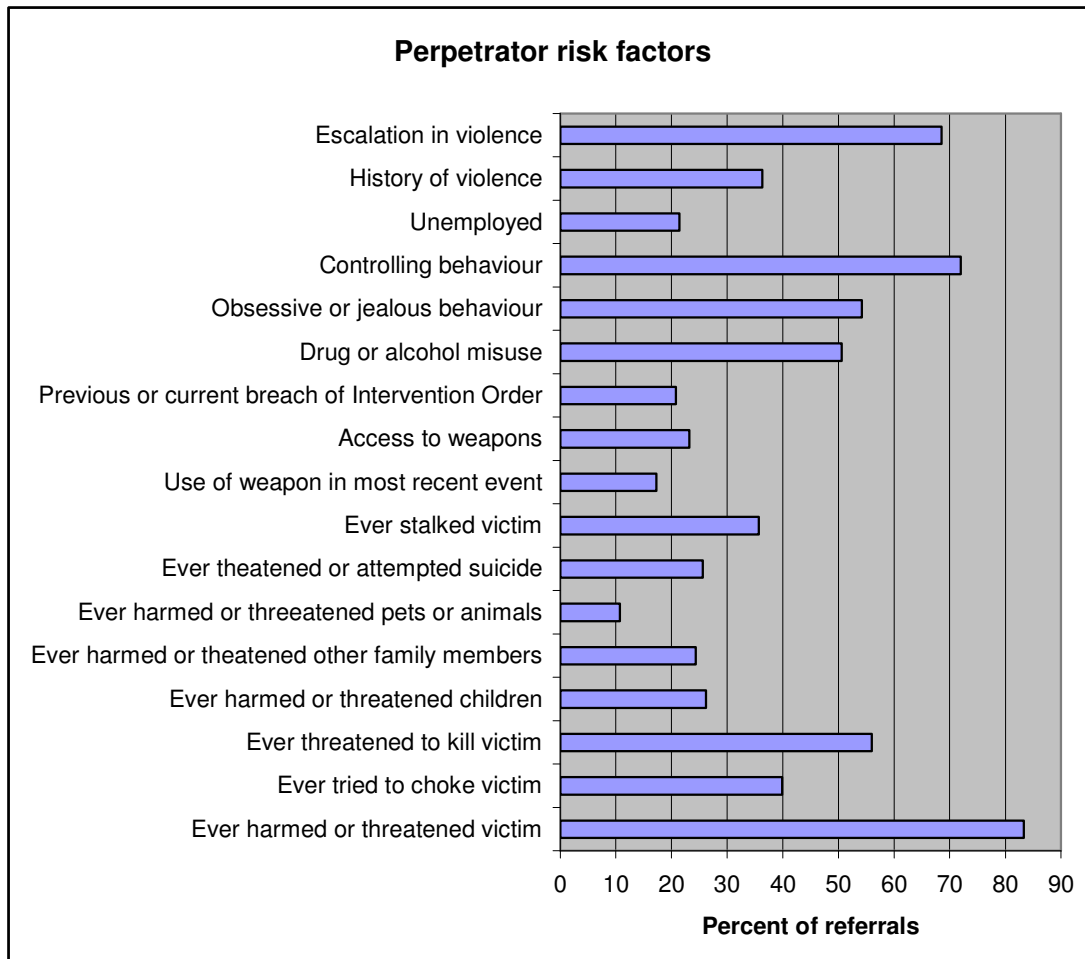
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<sup>7</sup> Victim age was recorded in 68 cases.

<sup>8</sup> There are a number of issues regarding improvements in data collection on women with disability including self-reporting, worker interpretation, definition and understanding and the likelihood of all women living with violence also experiencing mental health issues, including depression (see Healey, Howe, Humphreys, Jennings & Julian 2008).

<sup>9</sup> Seven women reported both a disability and depression or other mental health issues.

The most commonly identified risk factors were that the perpetrator had harmed or threatened to harm the victim (in over half of cases this included having threatened to kill the victim); showed controlling behaviour; and that there had been an escalation in violence in the period leading up to the referral. Violence or threats of violence frequently extended to children, other family members and pets or animals. Around one third of perpetrators had some history of violence other than family violence. In 17% of cases a weapon had been used in the most recent event, and around one-quarter of perpetrators had access to weapons (bearing in mind that access to weapons is a difficult concept to quantify).



Data from the Common Risk Assessment Framework undertaken by WDVCS on CARS indicates that almost half of the 168 women were living in circumstances in which 7 or more perpetrator risk factors were present (80 women or 47%).

Of the 42 or 25% of women who were living in circumstances in which there were 9 or more perpetrator risk factors present, half reported that the perpetrator was their ex-partner. Data also indicates that women who were pregnant or who had a new baby were more likely to be in this highest risk group (i.e. where there were 9 or more perpetrator risk factors present).<sup>10</sup> This highest risk group also accounted for 40% of all the legal aid or court support referrals, and 41% of all the health and counselling support referrals.

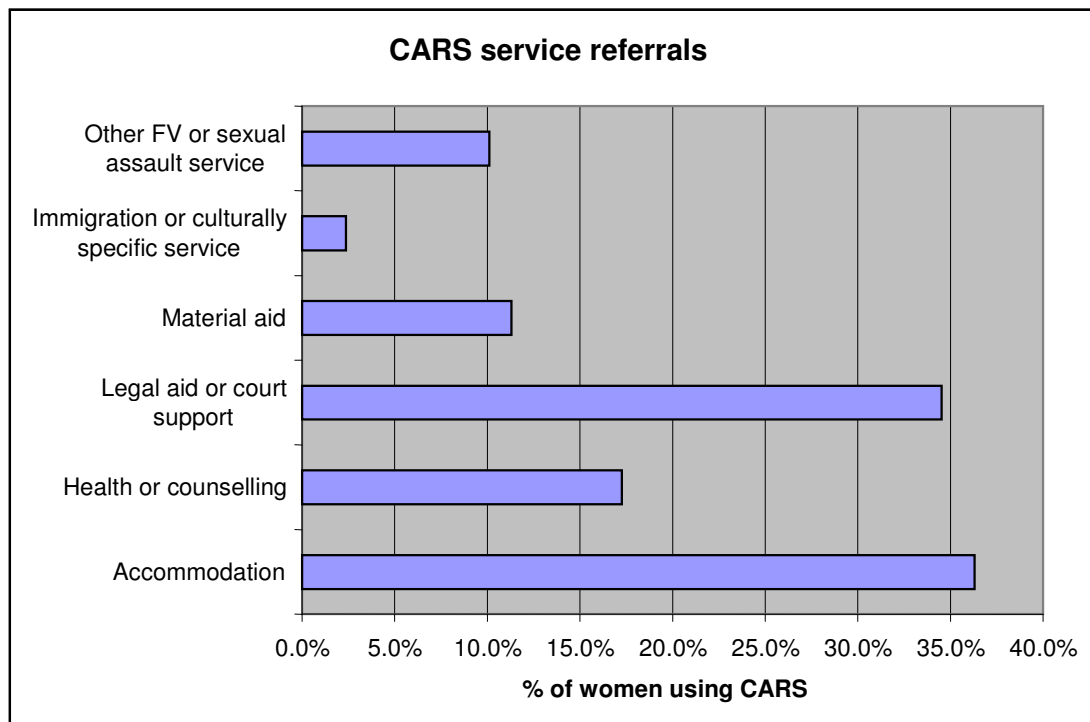
<sup>10</sup> Limitations on data collection processes means that we are unable to verify the presence of other 'victim' risk factors, such as isolation, presence of disability, attempted suicide or presence of suicidal thoughts, misuse or abuse of drugs and/or alcohol.

This data is alarming and indicates that CARS workers were supporting women (and their children) who were living in highly dangerous situations. It is worth noting that in the UK system, the presence of 6 or more perpetrator risk factors would immediately initiate an intense, multi-agency serious case review; the intervention called MARACS or Multi-Agency Risk Assessment Conferences for higher risk domestic violence victims (see Robinson 2003, 2004).

## 7. CARS service outcomes

The extensive safety planning undertaken by the CARS workers, which was reported by our interviewees, is indicative of the dangerous circumstances faced by women and children. Safety planning may influence outcomes for women. Without it, she may well have chosen to leave her home and seek alternative accommodation. After exploration of all options, however, many women choose to remain at home with a well thought out safety plan in place (see section below titled 'Accommodation').

The CARS referral form records referrals to a range of other services, including accommodation, health, counselling, social support and justice (Intervention Orders and VOCAT). The figure below (titled 'CARS service referrals') shows the proportion of women using CARS who were referred to one or more services within each of six general service types: accommodation, health and counselling, legal aid or court support, material aid, culturally specific services and other family violence or sexual assault services.



### Intervention Orders

In thirty percent of referrals (50 cases) an outcome relating to an Intervention Order was recorded. Of these, two-thirds were cases where an Intervention Order was already in place. There were also 22 women who received a referral to legal aid or court support, usually in conjunction with an Intervention Order. As noted earlier, information about IOs only relates to the initial point of contact with

WDVCS and the immediate crisis response. There may have been more women who applied for an IO, or where an amendment or breach action was initiated in relation to an existing IO.

We cannot draw on pre-CARS 'hard data' with which to compare these figures, however, we can report that from the perspective of police, there is a sense that women's access to the information the CARS worker can provide at the time of an incident has invariably led to a greater preparedness on their part to follow through in seeking an Intervention Order.

*One of the big things that we've found in the introduction of the CARS program is that the victims are actually supporting coppers with their application because somebody with expertise that can talk about a safety program and all the other elements that they need to with their expertise, are supporting the victim, hence the victim is supporting the police.*

This view is shared by workers operating the crisis telephone lines and those engaged in the CARS on-call work:

*...women who meet the CARS worker are more likely to go through with the court process...are more open and willing to follow through with the process. I don't think it's as daunting having a worker explain it all, rather than the police going well, 'you have to be at court at this day and this is what's going to happen.' I think it gives the power and control back to the woman, that she has a say and she has a decision to make as to how her life from there on is going to proceed.*

## **Accommodation**

Of the 168 cases referred to CARS:

- 123 women returned home (including 45 where no further action was recorded)
- 26 stayed with family or friends
- 16 were referred to a housing service
- 19 were referred to a crisis accommodation service and a further five who were referred directly to a refuge.

Note that there were a number of women who had more than one accommodation outcome, including nine who returned home or stayed with family or friends and were also referred to another housing service or crisis accommodation. Referrals were made to eleven housing services, including St Vincent de Paul, Berry Street, Homeground, MetroWest, and North East Housing & MAFVS and refuges.

The likelihood that a woman would be referred to an accommodation service was related to whether there was an existing Intervention Order, and especially if the Order included a sole occupancy condition. Half of the women who returned home with no further action had an existing Intervention Order, although there were four and five women respectively who had an IO but required referral to a refuge or crisis accommodation. There were no referrals to refuges or other housing services where women already had an Intervention Order with a sole occupancy condition and only one referral to crisis accommodation.

## **Health, disability and counselling**

The most common form of referral to health-related services was for individual counselling (22 referrals), with small numbers of women also referred to a mental

health service (6 cases), health service or GP (6 cases) or drug and alcohol services (2 cases).

### **Children's services**

Despite the high proportion of women with children using CARS, there was little evidence of referral to children's services. There was one recorded referral to youth or children's services, and no Child FIRST referrals. Service responses to children may also take place as part of the continuing outreach support. However, information about these follow-up responses may not be recorded as part of CARS.

### **Social support**

After accommodation, the most frequent form of service referral was to social support services. Seventeen women were referred to Centrelink, and available data indicates that at least 21 women received some form of direct material support (food vouchers, taxi and train fares, and clothing). One woman was assisted with a plane fare to travel to Tasmania. It is evident that there is significant under-recording of material aid provided and it was the unanimous view of respondents providing feedback to the draft report that most women received some element of material aid. (Indeed, the CARS information and resource kit carried by CARS workers, alone, represents a small portion of this material aid. It contains information on contacts and support, cash and vouchers.)

### **Level of risk and service support**

As discussed in Section 6 (in the section titled 'Risk factors'), women in the highest risk group (where 9 or more perpetrator risk factors were present) were more likely to receive legal or court support and referral to a health or counselling service.

## **8. Next steps for service development**

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In this section, we discuss the level of unmet need, the gaps in the network of agencies working together and the transferability of the model. The gaps - some of which are discussed in more details below - include:

- Child Protection
- While there has been some engagement of Child FIRST, including in relation to potential protocols, there is still a way to go.
- Major hospitals, including the Austin and Northern were involved in early discussions and are part of the protocol, however service understanding and utilisation is low.
- Courts have not been briefed about CARS
- Local GPs and medical clinics have not been briefed about CARS
- Collaboration with disability, Indigenous and CALD services to enable specialist advice and secondary consultation
- Linkage with Men's Behaviour Change Programs is lacking.

### **Level of unmet demand**

CARS has seen an increase in demand from the time of its establishment. Intentionally, the service was not initially promoted beyond the police. The plan was for a slow start with growth, and this is what eventuated. Increased use is an indicator of success as it shows that knowledge of the existence and effectiveness of the service is available to referring agencies and that they want to use it. While difficult to predict rate of growth, it is anticipated that demand for the service will continue to grow. In particular, there seems considerable potential for promotion of the service at hospitals and GP clinics in the region.

## **Where are the children?**

CARS workers do not necessarily have sufficient time to spend with the children who accompany their mothers; and some may not have the requisite expertise to identify how adversely affected a child is from the violence let alone provide a suitable crisis response. As a result, some interviewees commented on the fact that children's trauma can easily go undetected and that the present service is geared towards supporting the mother. For example:

*I'm a bit concerned that if they're not looking at the children as well and spending some time with these kids, that this [the violence perpetrated against children will not be] picked up...*

*But really it's about mum's crisis and options for her which will benefit the children.*

*We don't really allocate time to work with the family...as best as workers can, they...make a bit of an assessment around the needs of the children at the time when they meet with the parent. But whether or not there's any capacity to do any kind of meaningful work during that short period of time with the children. I doubt that that would happen.*

While accompanying children are included in the CARS documentation, it is clear that the service does not extend to addressing their needs or improving their pathways directly. This is recognised by participating agencies and widely noted as a place in which further service development needs to happen.

## **Where are women from key population groups?**

Further service development is also required in building relationships with specialist services that can provide secondary consultation and advice to CARS workers so they can provide a crisis response to women and children with disabilities; Indigenous women and children; and women and children from culturally and linguistically diverse backgrounds. This could mean developing relationships with disability services, Elizabeth Hoffman House, and Immigrant Women's Domestic Violence Service, respectively. As there are likely to be resource implications for specialist services to meet additional demands on their expertise, an integrated response to family violence would mean that government would need to assist in resourcing non-government organisations to do so.

One interviewee had trouble in assisting a woman whose wheelchair had been removed from her by the perpetrator. The CARS worker attempted to seek advice from a specialist disability source, only to be told that the latter "don't deal with crisis". Many hours and phone calls were spent in trying to locate a wheelchair for the woman when it would have been distressing enough for her, in such a crisis, not to have her own wheelchair. The situation was further compounded by the fact that it occurred on a Friday afternoon, just as the interviewee was supposed to be ending her shift and handing over to the week-end CARS worker who came from another agency.

*The client eventually got the support she needed, cause she couldn't get food, she couldn't get out...she couldn't lock her door...her mobile ran out of credit...she couldn't get her medication. There were a lot of*

*issues obviously but her biggest issue was the wheelchair...And then we had to find housing for her...Where could she go? She wasn't suitable for refuge because of her disability and her unsafe areas...the weekend Northern CARS worker supported her in all those issues and then they managed to find her suitable accommodation...*

Whilst some Northern CARS workers speak multiple languages, including those working on the telephone crisis line, one interviewee was concerned that insufficient priority was given by CARS workers to accessing the interpreting services when supporting women from CALD backgrounds. One police interviewee has advocated for a "larger interpreter service to be available", predicting that as immigrant and refugee populations grow in the region and as communities become better informed about family violence services (following community forums held by VicPol), there will be greater demand on the CARS.

*English speaking people certainly have an added advantage because of the communication barriers and, of course, especially out this way where we've got such a multicultural society out here...what I would like to do is create this awareness...let's not wait until it [the violence] gets to an extreme situation, let's get in at the early stages...I think that the availability of services for these people will need to be increased.*

The low numbers of women with disabilities, from CALD backgrounds and Indigenous women who have entered the CARS system should not be interpreted as women not wanting or needing a crisis response. The issue here is one of pathways into CARS. For example, one interviewee expressed concern that indigenous women are less likely to be in contact with police, which thus narrows the entry point into CARS, as it presently runs. Other entry points for these key population groups could be considered as necessary for future development of the service, especially in relation to Indigenous women and women with disabilities who are at greater risk of domestic violence and sexual assault than other women.

### **Collaboration with services for men who use violence**

At a recent CARS forum, it was noted that there is, at present, no linkage between Northern CARS and Men's Behaviour Change Programs, particularly with the Partner Contact Worker within the latter. This is another area of potential expansion of the integrated family violence response system at the local and sub-regional levels.

### **Strengthening of linkage with health services**

The Pilot Review Group has identified the need to improve relations between CARS and the major hospitals and other health service providers in the region. Areas of improvement in responding to presentation by CARS workers and their clients also continue to be an issue for future attention.

### **The transferability of the model**

The principles that guide the Northern CARS are ones that would be well replicated in other local contexts as a way of ensuring that women in crisis can access a face-to-face service 24 hours a day. These principles relate to both the service that is delivered to women (holistic, timely, information-rich and respectful) and the principles upon which interagency collaboration has been developed (not yet fully articulated by the partnership).

If replicated in other local settings, it is possible that the development of a service based on similar principles may result in a different operational model. This does not in anyway suggest any weakness in the model. Rather it points to the organic

nature of its development and the way in which it recognises and builds upon personal relationships, local networks, knowledge, capacity and geographic proximity.

Indeed, it is important to recognise the significance of the 'champions' of CARS and the personal relationships involved in initially driving the establishment of the Northern CARS and the necessary transformation of such relationships into protocols for systemic cooperation and communication between members of the participating agencies. Participants previously unknown to each other have, in turn, benefited from face-to-face (cross-agency) introductions and discussions at the regular forums and review meetings.

Geographic proximity of participating agencies in Northern CARS is another significant factor in enabling participants to come together to meet each other on a regular basis to iron out service problems. Extending such a model to areas that are beyond metropolitan Melbourne (or are a mixture of metropolitan, interface and rural communities) will present different challenges for the development of a crisis response service, not the least of which would be the ease with which long-distance relationships could be established with the metropolitan-located WDVCS.

As the CARS model remains immersed in local circumstances, it is possible the operations may change as individual participating organisations renew their capacity, or as the partnership as a whole moves towards alternative delivery mechanisms.

## 9. Conclusion

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This evaluation of the establishment of the first six month pilot phase of the Crisis Advocacy Response Service has aimed to document changes in multi-agency working relationships in developing an integrated crisis response service and identify some of the outcomes as a result of the service reorientation.

Overall, the new service delivery model – based on the principles of a service that is holistic, timely, information-rich and respectful - is working well and provides an essential service. At present, it is delivered through a shared service arrangement between Northern Family and Domestic Violence Service (Berry Street), Mary Anderson Family Services (Crossroads Youth and Family Services) and Georgina and Martina Women's Refuges. It includes a protocol with the Women's Domestic Violence Crisis Line as the central referral point, and agreements with police (and to a lesser extent the major hospitals in the region) for referrals.

Early indications suggest that whilst the CARS system is perceived, essentially, as a **crisis** intervention, it nonetheless has **ameliorative** if not **preventative consequences** for women (and – potentially – for children) living with violence, if only in the sense that women are better informed about possible options. This is particularly important considering that the data suggests that CARS workers were engaging with many women and children who were living in or attempting to escape from highly dangerous situations.

There are, however, significant areas in which further development is required if CARS is to be sustainable and integrative of services which need to be involved in providing a response to women and children living with violence.

Some of these will require investment from supra-regional levels of the integrated family violence response system (i.e. vertically, from Government) and some of

these are suggestive of further relationship and systems building (i.e. horizontally, from participating CARS agencies and other non-participating agencies/bodies).

We summarise our evaluation of these according to three, inter-related elements: resources, attitudinal and cultural shifts, and systems development.

## **Resources**

It is apparent that changes will need to be made as far as the availability of resources to support and sustain CARS as it presently operates and certainly if it is to expand its reach. All the costs of running CARS are met from within the existing budgets of participating agencies. This situation was unanimously described as unsustainable by interviewees, particularly as participating agencies are not equally affected. Neither VicPol nor WDVCS are negatively impacted by their current participation in CARS as far as allocating resources. The other participating agencies, regardless of size, however, face significant challenges as far as harnessing the human, financial, material/infrastructural resources to run CARS.

Seeking ongoing, external funding from Government is logical for the following:

- Investment in new technology that avoids the limitations of fax technology for mobile CARS workers
- Rapid access to brokerage funds e.g. for the purposes of changing house locks, transport costs for women and children re-locating
- Salary support (see below)
- CARS Unit support (see below).

There is the significant issue related to the lack of consistency in employment status of CARS workers across the participating agencies. Such inconsistencies are unjust and they have the potential to destabilise the system by undermining the considerable goodwill that has developed during the pilot phase, if they are allowed to continue into the post-pilot phase. How to solve the inconsistencies will not be easy as it goes to the heart of what, precisely, is being shared by agencies and the issue of agency autonomy.

In addition, there is the issue of who should bear the costs of providing and maintaining the unit to which CARS workers take women and children, when necessary, to provide a face-to-face service. At present, Mary Anderson 'donates' usage of one of their properties for this purpose. While we have been unable to establish the extent of unit usage (for example, per client) it is clear that access to a safe, secure place to talk to women where there are no phones and no staff interruptions is key to the success of the service.

## **Attitudinal and cultural shifts**

Interviewees commented favourably on the **attitudinal and cultural shifts** that have occurred in thinking about – and developing – an integrated crisis response, at least as far as this has occurred at the local and sub-regional levels. New, cooperative relationships have developed between the family violence services (WDVCS and CARS agencies) and police. VicPol Family Violence Advisors and Liaison Officers continue to inform and educate members about CARS and encourage CARS workers to introduce themselves when attending women at police stations.

A significant challenge, however, concerns the extent to which there is a shared understanding of what a 'crisis response' entails and whether or not it matters if there are different perspectives on how the CARS intervention is perceived and/or carried out in responding to woman and children in need of 'a' service. The main points of concern relate to providing:

- A 'crisis' response as opposed to an 'outreach' response

- A day-time response as opposed to a night-time response
- A week-end response as opposed to 'Monday to Friday' response

They further relate to how the above responses translate into:

- Assessments of eligibility by WDVCS telephone operators, on the one hand, and the on-call CARS worker, on the other
- How the CARS on-call worker decides to provide the services she perceives to be required by the woman and her children (a further telephone service, a face-to-face service, or a mixture)
- Referral to outreach worker within the CARS on-call agency the next day or a continuation of the work by the next CARS on-call worker the next day.

If CARS is to expand its services, as discussed in the previous section, similar cooperative relationships and attitudinal shifts may need to occur within and between services, such as Child FIRST, disability services, health services etc.

## **Systems**

Developing adequate **systems** that will monitor and sustain CARS involves not only the management of resources (which will depend on the future funding model, as discussed above) and continuing to improve data collection processes so as to make informed decisions about future development, but also building and sustaining alliances and networks both horizontally and vertically.

To date, the most concerted effort in building systems has related to cross-agency partnerships and the development of protocols and MoUs for CARS operations for the current participating agencies at the local level. The regular CARS forums and fortnightly pilot review meetings have been instrumental in enabling staff from the participating agencies to meet face-to-face, problem-solve (through discussion of Exception Reports) and resolve misunderstandings and miscommunication in operational matters.

Further 'horizontal' relationships may need to be developed that can provide secondary consultation and further pathways into the CARS system (such as Child FIRST, disability, Indigenous and CALD services, health services, courts and Men's Behaviour Change Programs). Strengthening 'vertical' relationships and promoting the learnings from the CARS pilot would be highly desirable. Ideal forums in which to do this would include the North and West Metropolitan Region Integrated Family Violence Service Steering Committee, the Family Violence Statewide Advisory Committee, the Family Violence Interdepartmental Committee and the Family Violence Round Table.

A general issue with this study is that it is essentially a case study of the family violence crisis response in one part of Melbourne. In order to better understand how CARS works it would be useful to examine the same set of issues in another region where more conventional inter-agency service arrangements apply.

## **Recommendations**

1. That Government contributes funding in order to maintain CARS as it presently operates, which will enable the CARS Pilot Review Group to allocate such funding in a fair, flexible and equitable way for the purposes of: investment in new technology for mobile CARS workers; salary support; and CARS Unit support.
2. That Government either improves access to current brokerage funds or establishes a new fund so that rapid access is guaranteed.

3. That CARS seeks to expand its services by building cooperative relationships, opportunities for secondary consultation and further pathways into the CARS system. This will involve facilitating attitudinal shifts and developing systems within and between services, such as Child FIRST, disability services, health services, courts, Men's Behaviour Change Programs, Indigenous services and CALD services.
4. That CARS strengthens data collection processes, in particular: usage of the CARS Unit (including a review in six months' time); and the identification of women and children with disability (including service implications).
5. That CARS strengthens its 'vertical' relationships throughout the family violence integrated response system; for example, with the North and West Metropolitan Region Integrated Family Violence Service Steering Committee, the Family Violence Statewide Advisory Committee, the Family Violence Interdepartmental Committee, and the Family Violence Round Table.

## 10. References

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