Alexis - Family Violence Response Model

Dr Lisa Harris  Dr Anastasia Powell
Dr Gemma Hamilton, May 2017
We acknowledge the Traditional Custodians of this land
the Yalukit Willam clan of the Boon Wurrung. We pay our respects to their Elders both past and present. We acknowledge and uphold their continuing relationship to this land.

We acknowledge the Traditional Aboriginal Custodians of the country throughout Victoria and respect the ongoing living culture of Aboriginal people.

We value human diversity and difference. We welcome:
Aboriginal and Torres Strait Islander people, people who identify as lesbian, gay, bisexual, transgender, intersex or queer, people from culturally and linguistically diverse communities, people with disability.

We are committed to providing a safe environment for all children regardless of their age, culture, ability, gender, language, racial origin, religious belief and/or sexual identity.
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The pilot of Alexis – Family Violence Response Model (A-FVRM) integrated initiative was formally launched on December 1, 2014. The pilot originally serviced the local government areas of Glen Eira, Bayside and Kingston and the model (or an adaptation of it) has now been expanded to include Stonnington, Port Phillip, Frankston and Mornington Peninsula. This report is informed by data from the pilot site and qualitative interviews with A-FVRM Police Members (past and present), partner services, FV key workers employed in A-FVRM and their management. The report uses program reported data that is current as of 21st April 2017.

A-FVRM is not a generalist response to all FV. Rather, it is a targeted approach to violence in what Victoria Police originally termed ‘recidivist households’. These families are identified as having three or more Police attendances for FV in the past 12 months or where an attending Police Member believes an incident of violence is such that the likelihood of further violence at that address is possible. Importantly, social services partners interviewed identified that it is possible the cohort of clients serviced by A-FVRM may represent a group that is not serviced well by the existing family violence service system. This is because, in many incidences, the idea of leaving the family is not an option the Affected Family Member (AFM) is willing to consider. So rather than a program logic designed to support an AFM in leaving and subsequently supporting them with post separation issues (such as homelessness, legal and financial), the focus in A-FVRM is to stop the violence occurring within the family. This involves exploring the contributing factors to the violence (such as mental health, alcohol and other drugs etc.), providing social services support to the AFM, children and respondent and where applicable remanding of a respondent.

The other remarkable point to note on the cohort serviced by A-FVRM is the high level of dependent respondents (children over 18). Currently dependent respondents (adult child living at home) represents 27% of the families A-FVRM work with. Over the life of the pilot program this figure has been relatively constant at between 25-30%. It is unclear if this is specific to the risk framework used in identifying families to be serviced by A-FVRM or if it is a changing trend related to the phenomena of younger people remaining in the family home longer (Settersten and Ray, 2010).

Results from the pilot have been impressive. A total of 111 families have been clients of A-FVRM. The program was designed to achieve a reduction in violence, represented by a reduction in Police callouts. To understand the sustainability or otherwise of the intervention, recidivism rates were measured once a client had been closed 12 months. 75 clients of A-FVRM have been closed for 12 months or more as of April 2017. Program provided data from the pilot reports an 85% reduction in recidivism for these clients (average number of call outs per client prior to A-FVRM involvement is 5.5 versus 0.8 12 months after the client file was closed). While this is pilot data, it provides evidence that the model is working for the intended target group.

The initial design brief of A-FVRM provided an outline for embedding a FV key worker (FVKW) within a Victoria Police FV unit and described the governance and social services - Victoria Police interface. However, the A-FVRM pilot has also included a number of important Victoria Police practice elements that are not captured in the initial model design, but which are likely to be important in the outcomes achieved. The evaluation has captured these practices which are discussed in detail below.

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1 The term ‘recidivist households’ was replaced in 2016 by the term ‘priority families’ – this latter term is used throughout this report and reflects a shared understanding of Police and social services cultures.

2 ‘Family’ was described in various way by those interviewed as either the relationship or the property, or a combination of both.
The pilot of A-FVRM represents an important progression in understanding how to work with vulnerable families. This includes ensuring a FVKW has oversight of the engagement with social services of the whole family (rather than specifically working with the AFM, the FVKW engages the respondent as well). The integration of the FVKW into the physical locality, as well as the day-to-day practice of the FV Police unit, provides the opportunity for learning to occur across both social work and policing practice cultures. The A-FVRM Coordination Team meetings with community services provides a level of case management oversight and coordination of community resources that facilitates, supports and holds all parties accountable (community services, Victoria Police and clients engaged with social services).

Interviews with past and present Victoria Police Members of A-FVRM and community sector partners suggest that as well as reducing the level of violence within the families on the program, that this evolving model is also delivering excellent professional development for Victoria Police Members in the area of FV, strengthening the justice response and providing agencies working with the program’s families a greater level of clarity on the complexity involved.

A-FVRM has also provided a number of insights into client characteristics that could be valuable in informing further theoretical and practice insights on differentiating practice models and approaches in working well with families where there is violence. The process of this evaluation has enabled the FVKW and Victoria Police Members to reflect on A-FVRM families and established that there are three distinct cohorts: Traditional FV, Adult Children and Complex Needs. Cohort one has been characterised as ‘Traditional FV’ - where a male respondent uses violence and aggression to threaten, intimidate and control his intimate partner and children. Cohort two are ‘Adult Children’ (over 18 years old) of the Affected Family Members - usually the parents and siblings. Cohort three is referred to as ‘Complex Needs’ which describes families where either the respondent, the Affected Family Member (AFM), or both, have presenting comorbidities of mental health support issues, alcohol and other drug use issues, homelessness, poverty and trauma based issues and/or chronic health conditions. A-FVRM has developed differentiated responses to these three cohorts that aim to reduce the incidence and severity of violence, while connecting or reconnecting people to support services. While much of the current FV service system has been designed around supporting cohort one, ‘Traditional FV’, with FV Outreach Services, Refuges and Men’s Behaviour Change Programs, there has been little coordinated program response for the second and third cohorts. There is no designated program service response for cohort two, ‘Adult Children’, and a lack of case coordination of support and resourcing for families with complex needs. A-FVRM has provided valuable insights in developing a coordinated policing and community services response to these two cohorts that reduces the incidence and severity of the violence experienced.
Alexis - Family Violence Response Model (A-FVRM) is a collaboration between Victoria Police and the Salvation Army Crisis Services Network, Family Violence Services (CSN FVS) and partner support agencies in the Bayside area of Melbourne. A-FVRM was designed to provide a coordinated response to families that met the criteria of having three or more police attendances within a 12-month period or where the incident of violence was such that a police member referred the family to A-FVRM.

1.1 Aims and purpose
This document provides a final report on the evaluation of A-FVRM and builds on two unpublished documents - a Ministerial briefing document and an interim report provided in 2016. The Ministerial briefing provided some initial outcomes data and reported on some design elements of the program. The interim report provided trend data for the program and discussed some of the practice elements that were coming to the fore. This document reports on the long-term data from the program and attempts to explore why the program is working - what elements of the program design, its implementation and practice approaches are contributing to its success.

1.2 Structure of this report
This report provides the background and policy context on the development of A-FVRM. This background includes a discussion on the various models of linked Police-community service responses to FV. A brief exploration of the Victorian policy context in which A-FVRM was developed and the trend data for FV in Victoria based on ‘family incidents’ as reported via L17 police data.

A-FVRMs design is then outlined, including a discussion on the goals and assumptions within the program logic, and a discussion on the scope and objectives of this evaluation. The method for the evaluation is outlined, including various ethics concerns raised and addressed by the research team. The model as originally defined and subsequent practice refinements is documented.

Finally, the results of the evaluation are discussed in detail, including a discussion on the quantitative data provided directly from the program (reporting an 85% reduction in recidivism) and an exploration of qualitative interview data gathered over the life of the pilot with FV key workers, Victoria Police members, CSN FVS management and allied community service providers that have worked with A-FVRM families.

3 A-FVRM was originally titled ‘Taskforce Alexis’ in briefing documents.
2.1 Responding to Family Violence

The A-FVRM and subsequent evaluation are both strongly rooted in empirical research on coordinated multi-agency responses to family violence. The following is an overview of the evidence that helped to inform the A-FVRM. It also helps to understand the context in which the Taskforce Alexis model is nationally and internationally situated.

Coordinated responses

Coordinated multi-agency responses to family violence generally involve different service providers (e.g., specialists in family violence, mental health, drug and alcohol, housing support, child protection, police, etc.) working together to intervene and prevent violence against women (DePrince et al 2012; Mulroney, 2003). The rationale behind collaborative coordinated responses is largely three-fold. Firstly, in an uncoordinated system, survivors of violence must individually seek out multiple isolated services, and repeat their stories and requests for help numerous times (Greeson and Campbell, 2012). A coordinated response aims to facilitate the help-seeking process for victims/survivors of family violence. Secondly, coordinated approaches acknowledge that no single agency can adequately address the complexity of family violence, and multiple agencies are necessary in order to provide a comprehensive and effective response to family violence (Shorey, Tyrone and Stuart 2014). Lastly, coordinated approaches are seen as a way of maximising efficiency, and avoiding the duplication of agency resources (Klevens et al 2008).

The concept of a coordinated response to family violence was thought to initially emerge in the development of policies during second wave feminism in the 1970s-80s (Robinson and Payton, 2016). Subsequently, the first version of a coordinated community response to family violence was established in Duluth, Minnesota in 1980: The Domestic Abuse Intervention Project (DAIP), or commonly referred to as the “Duluth Model” (Shepard and Pence, 1999). The Duluth Model is based on the core premise that family violence is the community’s problem, not the individual’s problem. It comprises several simultaneous components: a philosophy that prioritises victim’s safety and perpetrator accountability; the development of standardised policies and protocols that are followed by agencies such as police, local courts, and non-government organisations (e.g., women’s shelters); communication amongst agencies at regular networking meetings; advocacy for women during multi-agency decision-making; increased sanctions and educational rehabilitative programs for perpetrators; and ongoing tracking of cases to ensure best-practice and evaluate the coordinated response (Shepard and Pence 1999). The Duluth Model has since been enhanced to include methods for agencies to collect and share risk assessment data, particularly when deciding what level of punishment is appropriate for the family violence perpetrator (Shepard, Falk and Elliott 2002). This model has been named the world’s best domestic violence policy (Robinson and Payton 2016).
Following the Duluth Model, there has been an influx of coordinated responses to family violence across the United States (Salzman, 1994; Whetstone, 2001), the United Kingdom (Hague and Bridge, 2008; Robinson, 2006; Robinson and Payton, 2016), New Zealand (Balzer, 1999), and Australia (ANROWS, 2016; Meyer, 2014; Mulroney, 2003; Wilcox, 2010). In the U.K., for example, a best-practice coordinated response to family violence has been termed ‘MARACS’: Multi-Agency Risk Assessment Conferences. A MARAC is a fortnightly meeting where multiple agencies (e.g., police, health, housing, children’s services) discuss and share information relating to individual and high-risk cases of family violence (Robbins et al, 2014). In other words, independent agencies come together to gain a comprehensive picture of a case in order to decide on the best action forward.

In Victoria the RAMP program, which is a similar model to MARACs, aims to improve responses to serious and imminent threats to women and children as a result of family violence. The primary aims of the RAMP program are to:

- increase the safety of women and children who experience a serious and imminent threat of family violence
- lessen serious and imminent threat posed by perpetrators and increase the accountability of perpetrators
- increase agency accountability and strengthen the capacity of the service system to achieve the above two aims. (Department of Health and Human Services Victoria, 2016)

Following an initial pilot, the Victorian RAMP model was rolled out across 18 locations in Victoria in June 2016. A-FVRM commenced prior to the pilot and subsequent rollout of the RAMP program. A-FVRM is situated differently to RAMP in relation to the temporal nature of the threat faced by an AFM. The RAMP program stipulates the ‘serious and imminent’ nature of the threat from family violence compared with A-FVRM which identifies families at risk via the number of L17s and/or the severity of violence. The RAMP program is a referral option for A-FVRM should the threat be identified as ‘serious and imminent.’ While RAMP focuses on mitigation of imminent risk, A-FVRM focuses on early intervention with a view to preventing the escalation of risk.

**Specialist Policing Responses**

In line with the growth of coordinated responses, there has also been a shift towards specialist policing approaches to family violence. There are no standardised specialist models, however, in the UK and US context these typically appear to include a unit of officers who are dedicated to investigating cases of family violence, and who have received in-depth training in family violence matters (Klein, 2009; HMIC, 2014). In Australia, Victoria Police have a number of specialised Family Violence Units, as well as Family Violence Advisors and Family Violence Liaison Officers. Advisors are responsible for providing training and guidance to operational police, while liaison officers coordinate services with other relevant agencies and ensure members adhere to the Code of Practice for the Investigation of Family Violence (Segrave et al., 2016; Victoria Police, 2015). Empirical evidence regarding the effectiveness of specialist police responses is limited, however, some U.S. research has indicated that the introduction of specialist family violence units resulted in significantly increased reporting, prosecution, and conviction rates, and lower family violence recidivism rates (Klein, 2009).

**Integrated Responses**

Other coordinated responses involve integrated teams of service providers who provide joint, on the ground services in cases of family violence. For example, the Family Investigative Response Services Team (FIRST program) is a partnership between specialist police and social workers in one jurisdiction in the U.S. While one police department employs the multi-disciplinary workers, the police are largely responsible for the investigation and prosecution of family violence matters, while the social workers undertake the role of supporting victims and families (White, Goldkamp and Campbell 2005; see also Corcoran and Allen, 2005; Davis and Taylor, 1997; and Whetstone, 2001). A
similar approach has also been recently implemented in Queensland, Australia, with police, probation, child safety and a regional domestic violence support service (Meyer, 2014).

What can be gleaned from the extant research literature is that ‘coordinated’, ‘specialist’ and ‘integrated’ responses to family violence can encompass a range of varied stakeholders and approaches. Such variations have led to mixed evaluation results (Garner and Maxwell, 2008; Visher et al, 2008) making it difficult to draw solid conclusions about the effectiveness of these response models for family violence. Some researchers have subsequently concluded that it is more fruitful to concentrate on particular coordinated responses, and evaluate what works for specific communities (Clark et al, 1996).

2.2 Victorian Policy Context

For the purposes of this report, ‘family violence’ is defined according to the Family Violence Protection Act 2008 (Vic):

‘behaviour by a person towards a family member of that person if that behaviour–
(i) is physically or sexually abusive; or
(ii) is emotionally or psychologically abusive; or
(iii) is economically abusive; or
(iv) is threatening; or
(v) is coercive; or
(vi) in any other way controls or dominates the family member and causes that family member to fear for the safety and wellbeing of that family member or another person.’

The Family Violence Protection Act defines ‘family member’ broadly, such that it can include: current or former intimate partners (whether married or de facto), heterosexual and same-sex relationships, parent (or step-parents) and child relationships, siblings, grandparents, grandchildren, uncles, aunts, nephews, nieces and cousins. It can also include ‘family-like’ relationships, such as in certain cultural traditions or between a person with a disability and their unrelated carer.

Notably, not all family violence behaviours are necessarily criminal offences. To be criminal, family violence behaviours would also need to meet existing legislative definitions of, for instance, crimes against the person (e.g. assault, sexual assault, stalking, threats). However, each of the behaviours listed may form the basis for a civil protection order, the breach of which is a criminal (justice procedures) offence. Following a series of family violence-related deaths, and in light of growing recognition of the extent and harms of family violence, the Victorian Government established a Royal Commission into Family Violence (RCFV) on 22 February 2015. The RCFV report was tabled in Parliament on Wednesday, 30 March 2016. The report made 227 recommendations directed at improving the current response system, and building towards a long-term program of reform that deals with all aspects of family violence including victim safety and supports, legal responses and prevention.

Several of the recommendations made by the RCFV report concern the provision of both specialist and integrated family violence support services, improved policing responses (including strengthening investigative approaches to family violence), and the establishment of 17 Support and Safety Hubs that will provide a single entry-point into local specialist family violence services, perpetrator programs and Integrated Family Services and link people to other support services (State of Victoria, 2016). A-FVRM commenced in December 2014 and has evolved during the FVRC. In many ways, A-FVRM engages the question of policing and service system fragmentation as explored by the RCFV.
2.3 Overall trends in Victorian family violence incidents

Before considering the characteristics and outcomes of those experiencing family violence whom A-FVRM has responded to, it is useful to provide a brief overview of the general trends in family violence in the Victorian context.

Steady increase in Victorian recorded family violence incidents

According to data released by the Victorian Crime Statistics Agency, in the year ending December 2016, there were 78,628 family incidents recorded by Victoria Police, representing an increase of 5.7% from 74,376 incidents in the previous year (ending December 2015). This indicated a family incident rate of 1,298.9 per 100,000 people in Victoria, an increase of 3.7% from the previous year, and an increase of 28.8% from the year ending December 2012 (see Figure 1, reproduced from Crime Statistics Agency, 2017a).
Gendered nature of family violence victimisation and perpetration

Overwhelmingly, family violence is experienced by female victims (affected family members) at the hands of male perpetrators (respondents). For example, in Victoria, for the year ending December 2016, 74.9% (58,925) of the 78,632 affected family members were female, while 24.7% (19,417) were male (see Figure 2, reproduced from Crime Statistics Agency, 2017a).

Figure 2: Affected Family Members (AFMs), January to December 2016. Reproduced from Crime Statistics Agency, Victoria.
Meanwhile, in the year ending December 2016 there were 78,632 ‘other parties’ (respondents) recorded, of which 76.6% (60,206) were male and 22.8% (17,931) were female (see Figure 3 below, reproduced from Crime Statistics Agency, 2017a).

Together what these data demonstrate is that in Victoria, family violence incidents can be understood as a form of gender-based violence, in which the majority of incidents are acts perpetrated by a male respondent towards a female affected family member. However, there is also a notable minority of both male victims, and female perpetrators, as well as adolescent and adult child perpetrators of family incidents. As such, it is important to remember that while a majority of family incidents may be consistent with a traditional intimate partner violence (IPV) model (whereby a male perpetrator uses violence against a female partner or ex-partner), a substantial minority of cases do not readily fall into this model.

**Patterns of family violence perpetration: Recidivists and specialists**

A recent report published by the Crime Statistics Agency (2017b) examined the recidivist and specialist nature of family violence perpetration. By recidivists, the report refers to perpetrators who had been recorded at more than one family violence incident in the five-year period examined. By family violence specialists, the report refers to those perpetrators to who only have family violence related incidents and/or offences recorded. This is as compared to family violence generalist perpetrators, who have both family violence and other non-family violence incidents recorded by police.
Recidivist perpetrators

Of the 38,107 alleged family violence perpetrators analysed, 47.3% (n=18,034) had only one FV incident recorded over the five-year period examined (from October 2011 to September 2016). The remaining 52.7% (n=20,073) had multiple incidents recorded over that period. Of these, the majority had two to five incidents recorded. In short, approximately half of all perpetrators where a family violence incident is recorded by police, can be considered recidivist perpetrators. Moreover, a minority (13.6%) could be considered high-recidivist perpetrators with 6 or more family violence incidents recorded (n=5,200, Crime Statistics Agency, 2017b). Indeed, according to earlier research conducted by the Crime Statistics Agency, 6.9% of perpetrators who committed five or more family incidents between 2006 and 2015 were responsible for 30.7% of all family incidents (Millsteed, 2016).

Specialist perpetrators

Of the 38,107 alleged family violence perpetrators analysed, 59.8% (n=22,793) had no other offences recorded other than their FV incidents, and were therefore classified as specialist perpetrators. Of these specialists, a majority (61.1%, n=13,919) were recorded for only one FV incident during the five-year period. Meaning that of the 38,107 family violence perpetrators analysed in the report, approximately one in five (23.3%, n=8,874) were both recidivist and specialist family violence perpetrators; while a further third (29.4%, n=11,199) were both recidivist and generalist perpetrators (Crime Statistics Agency, 2017b).

Severity of violence & future risk

It is worth noting that these data, while providing some indication of the frequency and dynamics of family incidents, provide little information about the severity of the violence nor the level of potential future risk of harm to the victim. It might appear for instance that the largest group of perpetrators who are family incident ‘specialists’, but with only one recorded incident, represent little future risk of repeat family violence or fatal harm to the victim. However, it is possible that among this group of perpetrators, there may be a hidden history of family violence that has never previously come to the attention of police. Indeed, for some families the first time an incident is reported to police may represent a response to a sudden and/or severe escalation of violence that has been occurring for some time. Similarly, it is possible that among those perpetrators who have generalist offending histories, that family incidents are more likely to be reported and/or documented due to the heightened police presence in the lives of the household. As such, the information documented as a result of a police attendance at a family incident may not represent a complete picture of the severity and risk of future family violence in a given household.

It should be noted that concerns have also been raised about the accuracy and/or completeness of data recorded by police via L17s, and therefore whether these are a suitable source of data for fully understanding family violence, including as a basis for assessing risk. In the first instance, there is a hidden and unknown incidence of family violence which includes those incidents that are never reported to police. Australian Bureau of Statistics (ABS) data from the Personal Safety Survey indicates that as many as 58% of women who have ever experienced violence from a male current or former partner, had never contacted the police (ANROWS, 2016). Furthermore, in a recent Monash University review of risk assessment in family violence, police stakeholders identified that L17s are often completed back at the station after an incident, and as such include only the information that an officer recalls as significant (McCulloch et al, 2016). A report by the Crime Statistics Agency also notes the limitations of the L17 as a risk assessment tool noting that, unlike the Common Risk Assessment Framework (CRAF) tool used within the family violence support sector, the police L17 form only gathers risk indicators that were present at the family incident attended by police - as opposed to whether these indicators have ever happened (Crime Statistics Agency, 2016a). Indeed, the RCFV report has made substantial recommendations for the improvement of family violence data and risk assessment tools, including reform to the L17 form and police procedures. As discussed, while there has been some criticism of Police L17 data as an indicator of family violence more broadly (Crime Statistics Agency, 2016a), it is clear that an individual L17 report represents, at the very least, the point in time where previously ‘private’ violence has become ‘public’ and as such requires a state response.
The Alexis – Family Violence Response Model (A-FVRM) aims to reduce recidivist family violence for women and children and to hold offenders accountable. The A-FVRM also seeks to reduce secondary victimisation and decrease the incidence of domestic violence through the enhancement and monitoring of interagency cooperation and collaboration. This aim is to be achieved by targeting priority families and coordinating a cross-sectoral, multi-agency integrated response to perpetrators and victims. In this manner, the pilot aimed to identify and respond to family violence as soon as possible after an incident occurred to work towards minimising recidivism. Furthermore, the pilot aimed to encourage on-going service engagement for the perpetrators, and the women and children who are re-victimised when violence persists.

3.1 Local data driving the development

The A-FVRM was developed in collaboration with Victoria Police Division 2, Bayside Peninsula FV Regional Integration Coordinator and The Salvation Army Family Violence Services based in St Kilda. The pilot was designed following analysis of L17 police referral data and Victoria Police LEAP data. Analysis of this data revealed that of the 1959 L17 referrals (Jan 2014 – Sept 2014), 55% (1086) did not result in a successful engagement with the family by the Salvation Army Family Violence Service. Of the 1086 L17s, approximately 39% (427) responded to priority families. Victoria Police define ‘priority families’ as those where there have been 3 or more calls within a 12-month period or where the severity of the incident is such that the family is identified as at risk by the police member attending. Victoria Police identifies these addresses as families where the Affected Family Member (AFM) is at significant risk. Further analysis of the data suggested that these 427 L17’s represented 113 individual families, with an average 3.77 calls.

Following similar program innovations developed through the Quincy Court Model (Salzman 1994) and the Duluth Domestic Abuse Project (Gondolf 2007) - both in the USA, and the Hamilton Abuse Intervention Project (Balzer 1999) - New Zealand, the A-FVRM was developed.

3.2 Building on local knowledge and experience - PACT

The design of A-FVRM was also influenced by the experiences from the Police and Community Triage (PACT) pilot. The PACT project, also operating in Bayside, Glen Eira and Kingston area, commenced in 2011 as a pre-trial diversion program. PACT included police working with specialists (psychologists) to appropriately link community members experiencing a range of health, welfare and social problems, who were also in frequent contact with police. Although PACT targeted generalist policing, an evaluation of PACT found that family violence was identified as a common social/health or welfare issue by the majority of police interviewed (Kesic and Thomas 2012). Police learnings from the PACT project informed initial discussions with the community sector in the design of A-FVRM. The A-FVRM pilot commenced in December 2014, and was still in operation at the time of writing (May, 2017), though with no secure ongoing funding.
3.3 Goal and Assumptions of the model as proposed

Inherent in all human services program design is a goal. This goal and the program design to achieve it are based on a series of assumptions related to the existing operating environment and the various actors, including practitioners and clients. These assumptions are critical and relied upon for program logic and design. They are also based in existing practice theory (be it policing, social work or psychology) and practice knowledge. However, it is useful to explicitly name these assumptions as a touchstone when exploring program effectiveness. Iterative evaluations, such as this, provide the opportunity to challenge these assumptions and either confirm or question their basis.

The goal and assumptions underpinning A-FVRM are:

**Goal** - to reduce violence experienced by AFMs, as measured by the number of Police callouts to priority families.

**Assumption** – that identified priority families are not currently engaged with the necessary support.

**Assumption** – that a more integrated response by community services would reduce the violence.

**Assumption** - the model as initially proposed, and provided as a brief for the evaluation, described the social and community service elements of the program but did not include elements of Police practice.

3.4 Scope and objective of the evaluation

As stated previously, a core assumption of A-FVRM, and the social service system more broadly, is that identified priority families are either not engaged with services or they are not engaged effectively – if they were engaged effectively there would not be the repeated (or severe) incidences of violence occurring. It is possible that the functions of the A-FVRM, as described within the pilot program documents, are completed successfully but that violence within these families is not reduced. It was important, therefore, to ensure the scope of the evaluation was broad enough to understand what works well and what might illustrate systemic failures beyond the control of the pilot program, or a failure in the underpinning theory of Family Violence as it is understood in relation to this client cohort. As such the notion of ‘success’ within the project was explored in three ways.

Firstly, the evaluation explored success within a short to intermediate timeframe (6-9 months) and was limited to the function of the FV key worker role, the boundary of control of the position and the role and functioning of the A-FVRM Coordination Team meeting and Executive group.

In this context, the success of A-FVRM was defined as clients who were previously difficult to contact and/or not-connected with mainstream services, are now:

a) in contact with the FV key worker, and ideally b) connecting with mainstream services.

In the **intermediate term** (9-18 months) ‘success’ was defined as program participants (AFM and/or perpetrators) engaging in actions that addressed the violence. This was difficult to quantify but was to be understood as effective safety planning and/or perpetrator accountability - either voluntarily or mandated through legal processes. These changes also included better coordination of social services supporting the family via referral to the Coordination team.

Long term (24 months from commencing) success of A-FVRM was defined as a reduction in repeat police attendance to priority families. This long-term sustainability criterion was agreed on as a reduction in violence within the target families 12 months after the conclusion of A-FVRM involvement.

The overarching areas the evaluation explored were:

- To describe how the A-FVRM model is working – the experience from agencies and A-FVRM Police Members.
- To provide an analysis on the effectiveness of the model e.g. FV key worker approach, coordination team and executive group.
- To look at the outcomes for clients who receive support from A-FVRM via program data.
- To look at the system impacts e.g. Smoother interface for clients, better service integration.
The core research question for the evaluation is simply: Has there been a reduction in recidivism? With secondary questions, such as: Has there been improved client engagement with services? Has A-FVRM resulted in better coordination of services?

The A-FVRM evaluation project used an action research approach, in that it provided a number of informal and formal interim briefing processes designed to provide the pilot program with information on what was working well and what might work better with a change in process or resourcing. Given the inherent assumption within the pilot and social service system, that if families are connected to services that the incidence of violence will reduce, it has been important to explore the implementation and development of the project to elicit if the project was achieving its goals and if so, why. It was understood that learnings from the pilot (either gained internally to the project or from informal briefings from the evaluation team) would fold into the pilot to improve practice iteratively. The evaluation had two phases: firstly, to explore the implementation and the development of practice, and secondly to explore the elements that have contributed to the success or failure of the program.

The evaluation used a mixed method approach to explore if A-FVRM was achieving a reduction in violence in priority families over time and, if so why. Phase one of the evaluation has been reported on previously and explored initial trend recidivism data via the program’s quantitative data capture and started to explore the development of practice within the model via interview data. This final phase of the evaluation was designed based on the findings from the first phase. Given the initial success in reducing recidivism reported by the program data, this phase of the evaluation sought to understand the sustainability of change in recidivism, to understand the nature of cohorts within the A-FVRM clients, why the program was working and identify any context specific issues that might be important in the possible expansion of A-FVRM.

4.1 Quantitative Data

The program team developed an excel spreadsheet that tracked individual client’s entry, progress through and exit from the program. A unique SAMIS client identifier was used in order to provide a de-identified version of this spreadsheet to the research team. Elements such as gender, nature of relationship, dependents, local government area, risk on entry and close, vulnerabilities for AFM and/or respondents, police call outs prior, during and post closing, the number of A-FVRM home visits and social services involvement were recorded. This spreadsheet also identified if a family has been referred to the Coordination team, referrals from the program and if a family was engaging with A-FVRM or not.

The spreadsheet had some modifications following analysis during the first year of the program. While the spreadsheet provided key recidivism data, it was altered to incorporate elements that would enable the research to team to better understand clients’ relationships and vulnerabilities. TSA CSV FV staff then used case files to provide missing data from earlier clients. A final cut of this spreadsheet was provided by the program team to the evaluation in April 2017.

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5 Reported via a briefing and unpublished internal report.
6 SAMIS is the Salvation Army case management and data recording system
4.2 Qualitative data

Qualitative data for the evaluation comes from 17 interviews conducted over the life of the pilot with past and present Victoria Police members and management team who have worked in A-FVRM, with community service providers including the TSA CSN FV management and A-FVRM key workers, and with members of the Coordination team including Child Protection, Justice and allied social services. These in-depth interviews ranged from 45 minutes to over 2 hours in duration and generally explored the stakeholders' understanding of A-FVRM, their length of engagement, their observations about the processes and practices of A-FVRM and how this may have differed from their previous experience of working in FV or other models of integrated service approaches, an exploration of their understanding of the cohorts of clients within A-FVRM, speculation on why AFVRM might be working, critical elements of the model, concerns about the model, and any contextual issues that might impact the transferability of the model beyond the pilot site. These interviews were transcribed and analysed using Dedoose to identify key themes.

As the evaluation process progressed it became clear that A-FVRM’s families represented a complexity of family relationships and contributing factors that was worth understanding in the context of their referral into and engagement with A-FVRM. TSA CSN FV agreed to complete an audit of 30 client files using a framework provided by the research team. This framework included exploring why the family was identified for the program, what services were engaged with the family, what happened during the intervention, why the case was closed and what outcomes were achieved with the family. These case file audits were identified via the same unique SAMIS client identifier as used in the quantitative data spreadsheet and as such provided a richer set of data to analyse.

4.3 Ethics approval

Formal ethics approval for the research elements of the evaluation was approved by the RMIT University Human Research Ethics Committee and Victoria Police Research Coordinating Committee. Approval was sought to analyse de-identified quantitative data and to conduct qualitative interviews with Victoria Police members, the Salvation Army Crisis Services Network Family Violence Service FV key workers, management and practice partners. No permission was sought to interview clients of the program because it was viewed by the research team to constitute undue risk for research participants. This decision was based on three factors. Firstly, the size of the program, duration and geographical boundaries, meant the confidentiality of the client could not be guaranteed in reporting or publication. Clients are engaged or may continue to be engaged in matters before the courts related to the work of A-FVRM and therefore any disclosed criminal activity may subsequently be used in court. Some clients of the program remain engaged in practice relationships with practice partners, as such there was a direct conflict of interest in obtaining consent to participate in the research.

Over 20 hours of audio interviews were captured including 7 interviews with Victoria Police members and 11 interviews with community service providers. These interviews were transcribed in accordance with Victoria Police and RMIT Ethics Committee requirements and thematic analysis conducted using Dedoose<sup>7</sup>.
4.4 Limitations and strengths of the program's evaluation

As discussed, for the ethical reasons outlined above clients of the program have not been interviewed for this evaluation. This posed a significant limitation in trying to understand why the program was so successful because it was not possible to definitively establish why respondents reduced their use of violence or to explore more fully how the interventions provided by practice partners supported an AFM and family members. Importantly the lack of client interviews has also hampered developing an understanding of what has happened in the family after the closure of their contact with A-FVRM.

A strength of the evaluation has been the focus on the sustainability of change - not just a reduction of L17s during a family’s contact with the program, but a reduction 12 months after the closure of a family’s A-FVRM contact. While this framework provided a robust measure for those families that remained within the catchment area, it is not discernible from the data provided if families with zero L17s 12 months on from closure were still living in the area.

The other limitation worth noting is the size of this program and the nature of the cohort in the context of the broader family violence service system in Victoria. A-FVRM has been designed to respond to a specific cohort of families experiencing recidivist or significant FV within a specific geographical area; as such the finding from this evaluation speak to the success of the program in that context. Further research that addressed these questions would provide a more robust understanding of why the program worked, answer questions on the sustainability of change for respondents and explore the replicability of the program beyond this pilot site.
The model as initially proposed described the social and community services elements of the program but did not include continuous Victoria Police practice improvements implemented over the life of the pilot. The initial design included an embedded FV key worker and two structural elements designed to support the role of the Taskforce. The Coordination Team and the Executive Group were designed to ensure Agency resource allocation (or reallocation) as required and to identify, and if possible, address systemic failures or service gaps as they were identified. The model has ‘morphed’ over time and has subsequently been documented anew via ALEXIS Family Violence Response Model (Victoria Police Southern Divisions 1-2 & 4) July 2016 Version 1.4 (see appendix A) to support the expansion of the current pilot.

5.1 An embedded worker versus a co-location or multi-disciplinary Centre.

As discussed previously, there are various forms of co-location and multi-disciplinary models available in the integrated response to FV practice space. A-FVRM specifically aims to embed a FV key worker within a Police unit. From this perspective, it is different to other models because it situates the social service response to FV within the justice system, rather than creating a hybrid approach. The A-FVRM model recognises the value and importance of social and community support practitioners in supporting women, children and respondents but the case management of A-FVRM clients remains the responsibility of Victoria Police.

A-FVRM sits within the broader Task Force Alexis pilot.
The following is the A-FVRM model design as proposed for the pilot.

An embedded Family Violence key worker
Unlike traditional co-location models the FV key worker is embedded within the Taskforce team.

The objectives of the FV key worker are:
• To strengthen integration between police and services.
• To reduce the incidences of police attendance where there is a history of recidivism.
• To prevent escalation of risk to women and children by intervening early.
• To promote successful and ongoing engagement in mainstream services system.

Taskforce Alexis – Coordination Team
The Coordination Team comprises of key agencies within the Taskforce Alexis Catchment Area that can support the key aims of the program including but not limited to: Child Protection, Child First, Family Violence Agencies, Mental Health agencies, Corrections, Housing and Drug and Alcohol services. The Coordination team meets on a monthly basis and is convened by Victoria Police through A-FVRM. A-FVRM identifies a number of families to discuss at each meeting (these might include new families or families where A-FVRM is concerned that community service engagement is not occurring as planned).

The Coordination team’s main objectives are:
• To ensure stronger integration of services across sectors, including but not limited to, justice, health, housing, and family violence.
• To provide a smoother interface for clients working with multiple agencies
• To ensure rapid re-engagement of clients where disengagement occurs.
• To minimise ongoing recidivism by sharing information and taking a coordinated approach to service delivery and resource allocation.
The Executive Group comprises of senior representation from all agencies represented on the Coordination Team.

The Executive group’s objectives are:

- To observe and analyses the cross sectorial coordination of A-FVRM client group.

- Through effective partnerships with government portfolios, develop a whole of government response in addressing family violence, social disadvantage and complex and entrenched issues that result in repeat contact with the police.

- Providing solutions to address service silos and other factors that may hinder the successful sustainability of the A-FVRM.

- Providing direction for the integration of this model of service delivery into broader social policy strategies for the Victorian Government and Victoria Police and to ensure long-term planning and development in order to embed this initiative in Victoria Police and service system frameworks.

- To provide high-level advocacy and support for the sustainability of the model.

- To identify family violence service system gaps in relation to A-FVRM and explore collective solutions to address these.

It should be noted that for a significant period during the pilot the Executive Group was not constituted as a formal meeting. Senior management members reflected and provided three reasons why this was the case. Firstly, the rapid change occurring both within A-FVRM and more broadly in the FV service system required timely engagement from management and this was generally achieved by people telephoning or emailing each other. Secondly, A-FVRM was developed prior to the RCFV and as such, many of the systemic issues that it was envisaged the Executive Group would engage policymakers on were now before the commission in formal submissions. Thirdly, practice and resourcing issues were generally dealt with effectively at the Coordination Team. From 2017 onwards, the Executive Group has formally met. This coincided with the expansion of the A-FVRM beyond the original site and is indicative of the need for greater oversight and coordination of a new model once it moves beyond a single practice site.
5.2 Engagement, triage and assessment workflow - the first visit

The program’s engagement, triage and assessment workflow is discussed in detail within ALEXIS Family Violence Response Model (Appendix A), however there is one element of the program’s work flow that is of significant difference from existing practice in FV and is worth noting in detail to provide context for the findings reported here.

Once a family is identified, via the defined inclusion criteria, the FVKW and a police member from A-FVRM coordinate an unannounced, joint visit to the family’s address where the last incident took place. The timing of this visit is as soon as practically possible after the last incident of family violence. The purpose of this visit is both practical and symbolic.

From a practical perspective, the visit provides A-FVRM with further intelligence on the family and safely makes the first connection between the FVKW and the family. This first visit consists of an introduction from the FVKW and police member, the FVKW explains A-FVRM and its role, the support that can be provided and the next steps for further engagement. The worker undertakes a preliminary assessment of the family dynamics, issues of concern and any issues or vulnerabilities that might exacerbate the violence or increase the risk to the AFM or children. The worker discusses if the family is in contact with other services and clarifies a safety plan (if the respondent is not present). The FVKW seeks consent to contact the AFM again. This first visit effectively lays the groundwork practically for A-FVRM to develop a case plan that includes the FVKW making contact in an ongoing way.

Symbolically this meeting provides a clear statement to the family that the state is aware that violence is occurring within the home and that the respondent will be held accountable and the AFM will be supported. A-FVRM members and management interviewed discussed this at some length and the importance of this initial joint meeting to set the culture of engagement with the family into the future. For the FVKW this is a fundamental shift away from the current FV practice service system, which provided an open door to women, but required them to initiate the engagement. For police members, it ‘marked a line in the sand’ to the respondent - effectively saying ‘we know what you have done and I’m (the same police member) going to be holding you to account for your actions.’ There was a real sense from the police members interviewed that AFVRM provided them with the right conditions to be able to work effectively with these families and that they wanted the respondent to know that from their first meeting.

5.3 Victoria Police practice elements of A-FVRM not identified in the original model

At its heart A-FVRM is an integrated response team of Victoria Police and social services identifying and following up on incidents of family violence - in effect the team applies a case management approach to identified families (with each A-FVRM Police Member having a ‘case load’ of a specific set of addresses). By definition this change in approach has required Victoria Police to work on a day-to-day level with the FV key worker as part of their team. For both parties, the boundaries of their roles are important and Police Members commented that having a social worker present in the team has allowed them to focus more directly on the policing elements of the incident at hand. Interviews with Police Members have underscored the importance of a number of procedural changes that have significantly contributed to the success of the program and reveal a reflective, continuous improvement approach to implementing A-FVRM by Victoria Police. This has included making changes that could best be categorised across areas such as cultural, structural, resourcing, professional development and practice. Some changes have had implications across a number of these areas and further exploration is required to understand the implication of some of these in the success of A-FVRM.
Changes within the approach adopted by A-FVRM included the recruitment of a Detective to the unit. This was significant because this Police Member identified concerns relating to the collecting of evidence and the preparation of briefs for court that could be strengthened by the application of investigative practices and processes common within units usually staffed by detectives. While normally these methods are deployed in the investigation of a crime where the offender may be unknown, the application in A-FVRM ensured that Police were able to get greater traction on intervention order breaches and provide well-developed briefs for remand hearings. This resulted in more successful applications for remand and Police Members commented on the opportunity a secondment to A-FVRM represented in learning and applying these generic investigative practice and processes, which would be important in future policing roles.

Similarly, A-FVRM allocates a resource, in the form of a Police Member, to attend the Magistrates Court each Monday morning. This ensures that the Court is aware of relevant information regarding any matters related to A-FVRM clients and the implications this information had for applications for intervention orders or remand hearings. For the A-FVRM Police Member attending, this represented an opportunity to follow through with the experience of court and Police Members also act as a resource for other Police Members attending court on FV matters.

In this spirit of supporting other police units in their work in the area of FV, a senior A-FVRM Police Member reviews every L-17 form generated in the divisional area. This not only assists A-FVRM in identifying likely families of concern, but feedback provided to the attending officer’s station also provides professional development, oversight and assists in ensuring that elements of a matter may be followed up further on advice.

From a personal point of view, Police Members talked about the ‘opportunity’ a secondment to AFVRM represented for career advancement, professional development and achieving greater work/life balance. This was interesting because no Police Member identified FV as their main area of policing interest but all acknowledged that, as a Police Member ‘on the van’ in regular policing, much of their time was spent at FV incidents. A secondment to A-FVRM represented an opportunity to develop greater knowledge in the area but also the opportunity to apply that practice experience and to consolidate that knowledge. Many Police Members also commented on the favourable rostering available within A-FVRM as a factor that supported their family life.

As discussed, A-FVRM has been an iterative learning implementation, where the practitioners (both Victoria Police and the TSA) have incrementally adjusted practice and deployed resources to improve outcomes. This has included innovations relating to the previously undocumented elements of the Victoria Police practice as discussed above, but has also included the use of existing resources to support the work of A-FVRM. A good example of this is the engagement of the Proactive Policing Unit to conduct safety audits of women’s homes. This has resulted in the unit recommending specific safety upgrades to a property. It is likely that many of these elements work together with the formal structure of A-FVRM, as proposed in the original program model, to facilitate the outcomes the program appears to be achieving.
6.1 Quantitative Data - Who are A-FVRM clients and who is the program working for?

Since its commencement on 18th December 2014, and at the time of writing (May, 2017), A-FVRM has managed 111 clients in total. That is equivalent to approximate four new clients per month, on average. The majority of these have been affected family members (AFMs, n=96), with a smaller proportion of respondents (n=15). Overall, the nature of family violence as seen by A-FVRM is primarily intimate partner violence, with 80 of the 111 (or 72%) clients reporting this relationship between the AFM and respondent. A further substantial sub-group of clients are represented by adult child respondents (n=26).

6.2 Overall reduction in recidivism

Overall, data available to date suggests that A-FVRM is achieving its primary objective of reducing recidivism as measured by the number of police callouts to family violence incidents, in the 12-month ‘pre’ and ‘post’ engagement periods. In short, when comparing for all clients (n=111) the family incidents recorded by police in the 12-months pre-engagement with A-FVRM (M=6.2), with the post-closed period (M=0.8), there is an 88 per cent overall reduction in recidivism.
A key and more meaningful indicator of the success of A-FVRM, however, is whether this reduction in recidivism is sustainable over time. The data represented in the Figure 4 below shows the reduction in recidivism both overall, as compared with those clients whose files have been closed for 12 months; with the last client included in the analysis having been closed on the 21st April 2016 (n=75). For the time period 18th of December 2014 to 21st April 2016, A-FVRM had managed 75 individual clients. For these clients, the mean number of family incidents recorded by police in the 12-months pre-engagement with A-FVRM was 5.5, as compared with the post-closed period mean of 0.8, representing a 85 per cent overall reduction in recidivism.

In short, the reduction in recidivism observed during and immediately following engagement with AFVRM, is largely maintained (dropping by 3%) 12-months following closure/exit from A-FVRM. This is shown in the Figure below.

Yet key to understanding the nature and drivers of this reduction in recidivism is to explore why AFVRM is working (through qualitative data reported in a subsequent section), and for whom it is working. In other words, it is important to examine whether the A-FVRM is working differently or with variations in outcomes for particular sub-populations (or cohorts) of clients. The data in the following section further elaborates on the different nature of family violence and outcomes achieved for the 75 clients whose casework has been closed for 12 months, according to key sub-populations.
6.3 Who are the clients of A-FVRM?

Clients by Gender

Females (n=60) account for 95 per cent of affected family members (n=63) managed by A-FVRM, with males account for 5 per cent (n=3), as represented in the Figure XXX below. While it is well established in state-wide data that family violence is highly gendered in nature (75 per cent of AFMs were female in 2016), A-FVRM data reflects a higher proportion of female AFMs (95 per cent) than state-wide data (Crime Statistics Agency (2016b)). This trend may be understood in light of the risk level required for case management by A-FVRM. As discussed previously, in order to be allocated to A-FVRM, a family must have either represented a) repeated risk (measured as three police family incident attendances in a 12-month period), or b) a high risk (as measured by an assessment of a family incident attended by police, including due to severity of violence, or an assessed risk of escalation of violence). As such the higher proportion of female AFMs in A-FVRM may reflect a broader gendered trend in high-risk family violence relative to family violence incidents reported to police generally.

Clients by Relationship Cohort

Overall, 64 per cent of clients managed by A-FVRM are female AFMs experiencing violence from an intimate partner (n=48). A further 27 per cent are parents/family members experiencing violence from their adult child (e.g. child aged 18 years or over, n=20). Finally, 9 per cent (n=7) are represented by ‘other’ family relationships (n=2), or intimate partner violence where there is a male AFM (n=2) or a female respondent (n=3). These data are presented in the Figure below.

There are very few respondents among the clients serviced by A-FVRM (n=12), with just 6 females and 6 males. Half of these respondents (n=6, males=3, females=3) are adult children who are using violence against a parent, step-parent and/or other family members in a family (an emerging trend which will be discussed further below).

What this data suggests is that while the family violence sector more broadly is largely directed at responding to family violence in the context of a female AFM and male intimate partner respondent, 36 per cent (or a third) of A-FVRM’s work is responding to family violence outside of this traditional relationship cohort.
**Client vulnerabilities**

The majority of AFMs (66.7%) presented with no identifiable vulnerability. For those who did, the most common were alcohol and other drugs (AOD, 17.3%) and mental health (14.7%). For respondents meanwhile, the majority did present with vulnerabilities of which AOD or mental health affected 64 per cent of respondents.
Complex needs
There was also a smaller sub-set of clients where the FV key worker had documented that both the AFM and the Respondent presented with vulnerabilities (n=24). AOD and mental health again, accounted for the majority of vulnerabilities for this cohort. These clients represent what might be considered complex needs cases, where both the AFM and Respondent required multiple service engagement in order to reduce the risk of future violence.

Some within this cohort (n=6) could further be identified as representing highly complex needs where both the AFM and the Respondent presented with multiple vulnerabilities, most commonly a combination of both AOD and mental health, with some also experiencing either a disability or problem gambling. The overall drop in recidivism for clients with complex needs remained the same as the broader cohort.

6.4 What types of client engagement occurred during A-FVRM?

Police engagement with different client cohorts
The number of police callouts in the 12 months prior to A-FVRM range from 1 through to 16 (M=5.4). Patterns in repeated (recidivist) callouts differed somewhat by relationship type. For example, the average number of police callouts in the 12 months prior to A-FVRM engagement was 4.8 for male-to-female IPV, 6.5 for adult-child respondents, and 8.0 for other family relationship violence. However overall reductions in recidivism were similar, with an 84% reduction for the male-to-female IPV cohort (post-Alexis callouts M=0.8), an 86% reduction for the adult-child respondents’ cohort (post-Alexis callouts M=0.9), and a 79% reduction for the ‘other’ family relationship violence cohort (post-Alexis callouts M=1.7). These are shown in the Figure below.

![Figure 10: A-FVRM – Reduction in Police callouts by relationship category](image)
Patterns also differed a little according to different recidivist cohorts. For example, percentage reductions in recidivism were greatest for both very high recidivist groups (with 10 to 16 police attendances in the 12 months prior to A-FVRM engagement, 91%), and recidivist groups (with 3 to 5 police attendances, 91%). A slightly lower reduction in recidivism was observed for the severe incident group (with 1 to 2 police attendances, but included in A-FVRM due to a police or worker identified concern for safety, 89%).

The lowest reduction in recidivism was observed for high recidivist groups (with 6 to 9 police attendances, 73%). These are shown in the Figure below.

What the data illustrates is that even among high and very high recidivist cohorts, A-FVRM model appears to have a similarly strong impact on recidivism.
Days open and number of home visits

The average number of days a client was held ‘open’ and managed within A-FVRM was 86 days (approximately 12 weeks). This differed slightly by relationship type, with an average open period of 102 days for male-to-female IPV, 97 days for adult-child respondents, and 96 days for other family relationship violence. In short, ‘traditional’ intimate partner violence cases (whereby violence was directed by a male respondent towards a female AFM) were open a week longer than other relationship types on average.

Meanwhile, home visits made by the FV key worker during the case management period ranged from none to 30 (M=4.1), with a small number of clients (3 out of 75) having had more than 15 home visits. For the vast majority of clients (60 out of 75, or 80%) the home worker made 5 separate visits or less. There were less home visits made to the ‘other’ family/partner violence cohort, as shown in the Figure below.

Overall, out of the 75 clients analysed here 58 (77%) actively responded to the home visits and engagement by the FV Key Worker. The remaining 17 clients were described in the client data record as not engaging with the worker. The reasons noted for non-engagement included: being unable to locate8 the AFM (n=6), child protection or another service response was in place (n=5), and client refusal to accept visit/contact from the FV key worker (n= 5).9 Notably this nonengagement group had a lower success rate as indicated by a reduction in recidivism (77%) as compared with the engaged group (88% reduction in recidivism).

8 For two of these clients (AFMs) it was noted that it was known to police that they had moved away.
9 Two clients had no note on the file to explain non-engagement.
6.5 What were the outcomes for clients of A-FVRM?

Risk assessment
A risk assessment, using the Comprehensive Crisis Risk Assessment Framework (CRAF), was completed for all clients of A-FVRM on entry to the response model. These were conducted by the FV key worker and documented on the client case file. A follow-up risk assessment using the Comprehensive CRAF was also conducted on closure of the client file, providing some indication of the change in outcomes for clients upon their exit from A-FVRM.

The figures below illustrate the reduction of risk for clients from their entry into, through to their exit from, the A-FVRM. In summary, there was a notable reduction in risk, with no clients remaining at high risk, and the majority of client risk assessments determining the level of risk of future violence to be low. Importantly however, there was some missing data at exit indicative that some risk assessments were not completed at client case closure (n=19, all were assessed as low or medium risk at entry). The reasons for this missing data is unclear, though may include that clients had moved away, or were uncontactable. As such, it is possible that the reduction in risk demonstrated may be somewhat misrepresentative of the whole client cohort. Nonetheless, for the majority of clients where both entry and exit assessments were completed, there was a documented reduction in risk.

![Figure 13: A-FVRM – Risk assessment at Entry](image)

![Figure 14: A-FVRM – Risk assessment at Exit](image)
**Escalation to coordination team for assessment**

Overall, a third of A-FVRM clients (33%) were referred to the coordination team for further assessment and allocation of support resources. This was comparable across the different relationship cohorts, with 35% of male to female IPV cases, 30% of adult child respondent cases, and 29% of other family/partner violence cohorts being referred to the coordination team. However, the referral of clients to the coordination team differed substantially by recidivist cohort.

Of those clients with dependents (n= 39, or 52%), 72 per cent (n=28) also had child protection involvement. These families were much more likely to be referred to the coordination team (n=19) than those without dependents (n=6).

![Figure 15: A-FVRM – Referral to Coordination Team by recidivist category](image-url)
**Engagement as an outcome**

It is important to return to the genesis of A-FVRM before discussing engagement as an outcome. A-FVRM was developed in response to the identification of a cohort of families that, despite repeated episodes of violence, did not engage with existing FV services when offered. By definition, for the AFMs in these families, the existing service system did not represent an option they felt would improve their current situation. Given this pre-program lack of engagement A-FVRM achieved an amazing 79% (n=63) engagement with these families. Engagement with the program was defined as ongoing engagement with the key worker or subsequent engagement with social services as a result of contact with A-FVRM.

**Outcome without engagement**

An exploration of families who did not engage with the program (as defined above) revealed there was also a significant drop in recidivism. Of the 17 families that did not engage beyond receiving the initial visit from a police member and the key worker, there was 77% drop in recidivism 12 months after close. As shall be discussed later, it may be that the combined presence of police and social services during that visit has resulted in the respondent understanding that they will be held accountable for their violence in a new way. The responsibility is no longer on the AFM to seek support or to coordinate change.
Qualitative stakeholder data key findings - why is A-FVRM working?

While the quantitative client data summarised in the section above provides an indication that AFVRM is achieving its stated outcomes of reduced violence as measured via police attendances, improved client engagement, and reductions in risk; a core task of program evaluation is also to understand why a program works. As such, the second main data source for this evaluation report is 18 in-depth interviews conducted with key stakeholders including: past and present Victoria Police members and management of A-FVRM, Salvation Army management and A-FVRM FV key workers, selected members of the A-FVRM coordination team. These interviews provide crucial contextual information about the implementation, day-to-day operation, and challenges faced, throughout Alexis’ response to family violence since its commencement in December 2014.

The qualitative stakeholder interview data reveals a number of structural, practice and process elements that appear to be fundamental to understanding the success of the response model to date. This section thus provides a summary of the key findings arising from the interviews conducted, including: innovations in police practice, broader capacity building in the Bayside area, the role of an embedded FV key worker in a unit like A-FVRM, and a discussion on some of the key underpinning principles that have guided A-FVRM. Finally, this section will theorise why this combination of program design, practice innovation and shared culture is achieving the results it is.

7.1 A clear commitment:
Developing a shared culture that brings the strengths of existing practice to the fore and provides the platform for innovation

A-FVRM started with a clear commitment from Victoria Police and social services to ‘do better’ for the families identified as priority families. Within this commitment there was an acknowledgement that despite the use of existing ‘best practice’ methods in policing and social services (recording of an L17 and referral to services), there was a significant cohort of families, with repeated incidence of violence, for whom this approach did not facilitate engagement or result in a reduction of violence. As discussed previously, while an L17 is not the only indicator of violence occurring within a home, it is the point at which the violence becomes public. It is the point where the state officially understands there is violence occurring within a family and therefore acts. A-FVRM set itself the task of developing a response that was fundamentally different to the existing form of ‘acting’ in response to family violence. This required the design of A-FVRM to understand the culture and boundaries of practice between policing and social services, how these differences could be combined to move beyond existing practice to produce a more effective and coordinated response for the families involved.
Interview participants talked about their previous perceptions of the ‘other’ and their frustrations. Typically, social services talked about a frustration about police not acting even though there was a understanding that violence was occurring. Police talked of a frustration related to the perceived ineffectiveness of existing social services to achieve outcomes with clients with complex needs. In talking through their understanding of the other’s work, from their new experience of working in or with A-FVRM there was a greater sense of the complexity occurring in families for both Police Members and social service workers, the need for a coordinated and nimble case management approach that could draw on community resources to support change in a family, with a clear lens of accountability. There was also a sense of a ‘whole of system’ approach to family violence and the need for A-FVRM to take an active role in engaging and practically supporting elements of the service system to respond better to family violence - from courts to the allied health and welfare services. A-FVRM found itself in a position to do this because of flexible resourcing within the model and a capacity to develop an ‘intelligence’ overview of the complexity within individual families. In each element of the FV system, A-FVRM found ways to improve their own response or to support other elements (other police units, courts, statutory services and social services) in order to ‘do better’. Doing better involved innovations in police practice, capacity building in the Bayside area in the generalist police and justice response, and creating a conduit between the cultures of policing and social services through the FVKW and the Coordination Team.

7.2 Innovation in police practice

The development of a case management approach with priority families

A case management or a case work approach is central to homelessness and other social services work (Gronda, 2009). The process of case management within human services usually involves the allocation of a client or family to a specific worker, the coordination of resources to support the goals of case management, and the use of case reflection and problem solving to support change. In A-FVRM the development of a case management approach with priority families had four significant elements: the allocation of an address to a specific Police Member, the application of investigative techniques, the coordination of resources (police and community), and case reflection and problem solving. The first two of these elements, which are discussed in detail here, required a different approach to policing practice in the context of family violence. As these new approaches to policing in FV developed, they enabled and supported better coordination of resources and the use case reflection and problem solving to adjust case plans where needed.

The allocation of a specific caseload to a Police Member

Police Members of A-FVRM are allocated a specific number of families to case manage. This ensures there is active ownership of matters relating to a specific family over time. For many of the Police Members this was significantly different to their experience of general policing. In general policing members talked about how their responsibility, related to a specific incident, concluded when they had ensured the wellbeing of the parties present and the general public, ensured charges or breaches of orders were followed through, and they had completed the required paperwork. In A-FVRM they had ongoing responsibility for an address. The importance of an ‘address’ is worth noting. The physical address a family resides at is the point of reference for a call out - Police are called to an address, with the nature of the incident, and they engage with the people they find there. In A-FVRM the Police Member’s involvement continues beyond that initial engagement. This ownership or sense of responsibility was evident in interviews with Victoria Police Members. Many described being in the office and constantly having an ear open for one of ‘their’ addresses coming over the internal police radio (which is constantly broadcast through the station). For individual Police Members, this was characterised as listening for one of ‘my’ addresses. For senior Police Members of the team it was characterised as listening out for ‘one of our addresses’. Members had a sense of the history with a family, a history that they were now an ongoing part of while the family was engaged with A-FVRM.
The application of investigative techniques

The iterative nature of the A-FVRM pilot innovations can be seen through the development of a case management approach and then working out how to apply that in policing. Police Members talked about the enormous value of learning specific investigative techniques that would ensure they had the evidence required to hold respondents accountable for specific breaches of intervention orders and for their violence more broadly. These techniques included everything from evidence gathering (using CCTV, to using mobile phone towers to confirm or contradict respondent’s statements), to using new evidence and case recording software normally used within detective roles. While they all understood the broad idea of gathering evidence that could be relied upon for a conviction theoretically, their experiences in A-FVRM developed their actual skills and provided them with a supportive environment where these skills would be successfully put into application. When asked for an example, most often members described their capacity to develop a really strong brief of evidence that would sustain a conviction. As one Police Member suggested it was about providing the court with the whole picture of a respondent’s offending, rather than specific incidents. Each breach of an order in and of itself may not have warranted remand, but when a pattern of behaviour could be established and evidenced to the court, Magistrates recognised the risk to the AFM and remanded the respondent. As one member put it, ‘we are not social workers, we are police, and in the end, we arrest people’.

7.3 Broader capacity building in the Bayside area - informal police professional development

Reviewing all L17s from the Division

The A-FVRM pilot recognised that improving the nature of the initial response and awareness by Victoria Police to an incident of family violence was an important ‘value add’ A-FVRM could assist with. These learnings were often based in A-FVRM’s experience of problem solving issues and reflecting on their own responses to individual callouts to a priority family attended to by divisional members. In order to develop better techniques to assess the nature of risk related to a specific family address, A-FVRM reviewed L17s related to specific incidents. Over time it was clear that AFVRM could provide feedback to the station that generated the L17. The aim of this feedback was to assist Police Members to improve their response in future incidents of violence at that address, or more broadly. This was often simple things like ensuring there was enough information on the L17 to enable services to follow up (e.g. complete names, phone numbers, addresses, etc), to suggesting other charges that might be appropriate (e.g. charging a respondent for the physical damage they might have caused to an AFM’s property, as well as the physical assault). Over time the senior Police Members of A-FVRM moved to reviewing all L17s from the area. This assisted in developing their own data analysis capacity and the development of better risk profile techniques to assess if a family should be listed as an A-FVRM priority family or if the level of risk at a particular address was escalating. Working with other stations in the division also ensured they could support the informal professional development of non A-FVRM Police Members.
**A court presence**
An extension of this process was the allocation of an A-FVRM Police Member to attend the local Magistrates Court on a regular basis (Monday mornings at the time of interviewing). This Police Member could assist other Police Members in the development of briefs and ensure that magistrates were provided a comprehensive overview of the case. A number of members talked about the value of having a more experienced member at court to assist them with their briefs of evidence and conveying the gravity of the risk posed by the respondent. Members also talked about the ‘remand rate’ from A-FVRM being very different to their experience of attending court previously. When pushed to think why this might be, they tended to respond that the court had a better sense of the respondent’s pattern of behaviour and how an individual incident fitted into that pattern of behaviour. While only A-FVRM police were interviewed for the evaluation, it is reasonable to assume that divisional police attending court on FV matters would also have found the A-FVRM attending officer helpful.

**Practice capacity building**
The final area to note brings elements of the practices outlined above and builds capacity of the AFVRM team as a whole to better respond and manage priority families:
- Investigative techniques
- Brief development
- Court follow-through
- Data analysis capability

As discussed, the application of investigative techniques (like the use of data recording systems, cameras, etc), with a view to the development of strong briefs of evidence, to the attendance and follow through with court hearings by the same Police Member, have all resulted in better accountability of respondents. As one Police Member put it, using a ‘major crime’ lens was important in the development of A-FVRM practice and process. In a major crime investigation officers are uncertain of the perpetrator but gather evidence with a view that material (evidence) will be important in the development of a brief for prosecution. While the perpetrator is known in a FV matter, the nature of the crime (which can relate to patterns of behaviour) requires the same strong development of an evidentiary base if a case is to be successfully prosecuted. This approach, together with a sense of a team with a shared goal of reducing FV, ensured joint learning resulted in better quality court briefs.

It became clear during the interview process that one of those core questions from FV advocates ‘why don’t police follow-up on Intervention Order (IO) breaches?’ was a mix of issues that are not well understood in the community. Police Members talked about the complexity of Intervention Orders and the variability of conditions, but more importantly it appeared that the ‘system’ of policing is not well designed to follow-up on IO breaches. Police discussed the reality of how four or five incidents could occur at a single address but because of the different attending Police Members, there was a lack of oversight to identify and act on the breaches. This included the time, support and structure required to investigate the breaches, develop an evidence brief of the ‘whole story’ - which might evidence a pattern of behaviour that a magistrate would recognise as serious enough to act upon. An example of this provided by one Police Member was a respondent that repeatedly drives past a house at night or knocks on an AFM’s door repeatedly. When this evidence is presented it can be difficult to reach the criminal burden of proof required in court. AFVRM’s use of investigative surveillance techniques and technology that provides irrefutable evidence to a court is critical in holding respondents to account.

As practice innovations occur, senior Police Members started the process of exploring how analysing what Police knew about a priority family could lead to better decisions on who A-FVRM worked with - the respondent or the AFM. This involved gaining a better understanding of the nature of data available, evolving ways to explore data and developing the internal capability to do the analysis.
7.4 The FV key worker and partner social services

The innovations in police practice and broader capacity building within the policing and justice systems have been critical, but Police Members commented on the relief they felt at real social work capacity within their team, in the form of the FVKW, and a capacity to coordinate their knowledge and efforts with that of social services. As one member put it ‘we know we can’t do this on our own’, and another ‘we are not social workers and we are really not very good at that’.

Embedding of a FV key worker versus co-location or a multi-disciplinary unit

Clearly a critical element of understanding the relationship between the capacity of the social service system that seeks to support a family and the justice system, which seeks to hold perpetrator accountable for their choice to use violence, is the experience of the family violence worker who becomes the conduit between the justice system and social service response. In the A-FVRM model the embedded FV key worker is part of the police team in regards to problem solving, but plays a coordination and referral role with community service partners that support AFMs and respondents. In co-location and multi-disciplinary models, the emphasis is on a holistic approach to FV. In A-FVRM the risk profile of the families involved situates the focus more towards the policing response of holding perpetrators accountable through a justice response. While there is a sense that a shared understanding of each culture (policing and social services) has developed, it is clear from the Police Member’s perspective and some of the services interviewed that the A-FVRM unit sits within the policing response to FV rather than a co-location or multi-disciplinary unit.

Active case reflection and collaborative problem solving

The physical location (including office setup where all members of A-FVRM are located in the same physical space) and active case reflection, ensured Police Members of the team drew on each other’s expertise and knowledge to problem solve. This problem solving included concerns like client engagement, procedural issues, court brief requirements and evidence gathering ideas. Police Members described having the opportunity to ‘bounce ideas’ off each other and to work through a pathway. This seemed to provide an empowering environment for the officers involved. Some described how they had felt endlessly frustrated ‘on the van’ when attending FV callouts, but that now they felt they could really work with the FV key worker and the family to achieve something. For some this was about a reduction in violence because the family was receiving appropriate support, for others it was about holding respondents accountable through the remand process.

The coordination of resources (police and community)

Case management, at its heart, is the coordination of resources and actions. The FVKW working directly with A-FVRM Police Members enabled better identification of appropriate and timely resources, and joint interventions with a family. Police Members talked about finding the myriad of social services and their various referral boundaries and pathways confusing and frustrating. They commented on how great it was to have their own ‘service system’ overview, in the form of the FVKW, to talk through the complexity of needs within a family and who was best to speak to. Working together, the FVKW and Police Members were quickly able to get a sense of the level of engagement with community resources a family had, the severity of the risk to AFMs and this informed a case plan that did not replicate existing supports.
Monthly coordination team meetings
It is clear that these meetings were critical in developing a coherent case plan for complex families. This is particularly useful for families where children are present but can also be important for AFMs and Respondents with complex needs or dual diagnosis. Although there have been some concerns about the Coordination team meetings (discussed in the next section), it is clear that these meetings have been critical in achieving the goals of the pilot because this meeting brought together social service partners and police for a detailed discussion on what is known about a family; who is working with the family; whether individuals within a family are engaging with services; and whether services are delivering on their commitments with a family. From this discussion, a clearer picture of the risk for the AFM could be developed, particularly in the context of isolation from services or contributing vulnerabilities of a respondent. Information from these discussions came together in the form of new referrals to partner services or strengthening of existing case plans.

While elements of the Coordination team meeting, and indeed A-FVRM itself appear similar to the RAMP model now in operation in Victoria, evaluation participants suggested that the goal of AFVRM was to reduce the risk experienced by AFMs and children and therefore the need for a family to be referred to RAMP. Evidence from the program would suggest this goal is being met. Given the criteria for A-FVRM is three L17s in a twelve-month period or a severe incident of violence, it would be logical to assume that reasonable percentage of A-FVRM priority families would be referred to RAMP at some point. However, at the close of data collection for the pilot’s evaluation only one A-FVRM family had been referred to RAMP over the life of the program. Those interviewed suggested the role of RAMP in identifying and responding where services felt an AFM or children were at imminent threat was a critical escalation point.

7.5 Key principles underpinning the model
For the elements discussed above to innovate and work coherently there has been key principles that have evolved over time to underpin program design, partnerships and collaboration, as well as day-to-day case planning and operations. An overarching principle of the model is the idea of ‘priority families’. This is a significantly different framework for working in FV than exists in other elements of the FV service system. Those interviewed from A-FVRM are very clear that their goal is the safety of AFMs and children, but recognise that the current service system approach often provides a fragmented response, where no single service element has overall understanding or coordination of services to a family. In effect, A-FVRM situates itself as the case coordinator for a family and therefore responsible across the policing/social services divide. This has required some significant reorientation for the Police Members.

FV as a ‘major crime’
Several of the Police managers interviewed articulated a shift to thinking about FV as a major crime. This leads to a form of an ‘intelligence-led policing’ model, rather than a ‘keeping of the peace’ and an immediate risk diffusion model. The latter description of policing is not meant as a slight but rather recognises that general Police Members in an operational vehicle will, on any busy night, be responding to a list of calls. In most of those situations they are working hard to defuse situations, restore public order, maintain the safety of the public, charge offenders and then move on to the next incident. These Police Members represent the frontline of policing and are critical in primary response. An intelligence-led policing model seeks to ascertain information relating to circumstance (in this context a family) or a perpetrator in such a way as to support an effective intervention over time.
As discussed previously, this includes applying investigative techniques that are beyond the resourcing capacity of day-to-day divisional police. One senior member talked in detail about working with new members of A-FVRM to get them to realise their job was now to ‘take the time’ to investigate. To think through the collection of evidence beyond ‘he said, she said statements’. An example was provided of accessing mobile phone tower location systems and canvassing neighbours to identify inconsistencies in a respondent’s statement. As members became more confident in their capacity to develop intelligence, over time on a respondent, they felt more confident in pursuing action. Another senior officer talked about ‘being in their (the respondent’s) face’, that it was important that ‘he knew it was between him and them now’ and they were not going anywhere until the violence stopped.

In turn, this capacity and confidence seemed to also be important for the FV key workers interviewed. They could confidently support an AFM in the knowledge that police resources would be allocated to pursue and prosecute a respondent. If they were working with a respondent, they could confidently provide the respondent with the choice: engage with services to support them in not using violence or you will be charged and held accountable.

### Practical accountability

The value of responding to priority families with a ‘higher-level’ and ‘intelligence-led’ view leads to a much higher level of accountability for police, service providers, perpetrators and to the AFMs. This accountability occurs because of the embedding of the FV key worker, but also through the Coordination Team meetings. These Coordination Team meetings provide the opportunity for Police to identify families of concern, to be clear which service providers are currently involved and to develop a coordinated plan to which agencies and the Police can be held accountable. In effect, it is making the case management plans of individual service providers public and accountable - to each other but more importantly to the family members. For example, the idea that a client was not engaging with a service was not a reason to close that client, rather it becomes the basis for collective thinking on ‘who’ and ‘how’ the client could be engaged.

### 7.6 Why is A-FVRM working? Theorising why A-FVRM is working

What elements of A-FVRM are critical in its success? This question has to be asked in light of the assumptions underlying the pilot. Are families more engaged with services and therefore the violence is reducing? This would suggest that the FV key worker is critical in making the appropriate referrals. Are services more accountable for their provision of service, resulting in better service being provided? This would suggest that the ‘collective gaze’ provided by the pilot and the Coordination Team meetings are important. Does the continuing presence of the state (in the form of a Police Member acting as a case manager), together with the timely provision of social services, provide both the respondent with the opportunity for change, the motivation and accountability to engage with existing services? In which case the elements of case management as described within this report are critical. The reality is probably that A-FVRM works in
different ways for different cohorts of clients. AFM clients of A-FVRM, by definition previously did not respond to FV services when contacted after an L17. For many AFMs, ending their relationship was not what they wanted, particularly for parents of adult children who had assaulted them. The 85% reduction in L17s suggests that respondent’s, from each of the cohorts, felt the ‘accountability lens’ in a way that resulted in them choosing not to use violence in the same way as they had in the past. For both AFMs and respondents A-FVRM represents a fundamentally different engagement with police and social services because of the accountability elements discussed. This accountability is, in effect, a ‘tension’ between police, social services and the family - the only way the gaze of the state in their lives alters is if the violence stops.

For those AFMs that did end their relationship with the respondent, it appears that A-FVRM was pivotal in creating ‘space’ for them to experience a life without violence. FV workers would be familiar with this when working with women who go into refuge and who get an experience of living without violence and fear. This becomes a powerful space from which women can rebuild their lives. In the latter experience the woman has expressed her own agency by initiated this change. In A-FVRM, the state has identified the violence and effectively taken responsibility for coordinating the creation of this ‘space’ (often via remanding the respondent) for the AFM to experience some time without violence and fear. It is unclear what implications this shift agency will result in for AFMs.

It is clear that A-FVRM is an expression of the state’s capacity and willingness to intervene in a family's life where there is violence. This is a fundamental acknowledgement of the decades of advocacy to have family violence named and responded to through a coordinated and accountable service system.
The iterative nature of the interviews with key stakeholders in this evaluation resulted in people identifying concerns as the program was evolving. As such, some of the elements identified below have been responded to or are now part of the learnings incorporated into the expansion of the pilot. However, it is useful to document these concerns formally.

8.1 The police makeup of A-FVRM

A number of interviewees raised concerns about the mix of permanent, gazetted Police Members and seconded Police Members in A-FVRM. While there was no clear indicator from the interviews of the appropriate mix, all those interviewed believed it was important to have some gazetted positions and some secondments. The permanent positions would provide for the development of organisational memory and consistency in practice over time. The secondments were seen as important for many of those Police Members who saw that a secondment in A-FVRM was about providing a valuable professional development experience that would enhance their individual capability and be important in building their career.

8.2 Period of police secondment

Many of those interviewed raised the issue of the shorter length of secondments of Police Members. This appeared to be something that was occurring more frequently in the second year of the pilot, when the length of secondment was shifting to as low as three months. A case management model is based on a relationship built over time (Gronda, 2009). This is the same in A-FVRM. Various interviewees provided examples of Police Members becoming aware of critical insights regarding respondents or concerns from AFMs that were revealed once the family members had developed some sort of trust relationship or understood that the same Police Member would be dealing with their family over time. Police Members also talked about the value, in holding respondents accountable, of having the same Police Member working with the family over time. This ensured that commitments made by respondents could be followed up with them and provided a clear message that they would be held accountable for their words and actions. Police Members talked about the possible ‘loss of intelligence’ regarding families when Police Members moved on from A-FVRM. Other Police Members talked about the development of relationships with a family that meant they would drop past an address and do ‘a welfare check’ - this ensured AFMs understood that there was still support available, that respondents understood that they were being monitored and that their violence was being taken seriously in a sustained and accountable manner. This represents a form of proactive policing that removes the responsibility from the AFM to call the violence, to the state taking active responsibility. In a sense, it is an acknowledgement that once the violence is publicly known, the state must act to support the AFM and respond to the crime committed.
Police Members also talked about needing a period greater than six months to really benefit from the professional development opportunity this approach to FV represented. For those Police Members interviewed who had moved on from A-FVRM, many talked about specific elements of learning that they now applied in their general policing duties. Many believed that shorter secondments would not allow them to feel the full weight (and responsibility) of case managing an address and therefore to miss out on the learning opportunities this experience provided.

A-FVRM appears to be a robust model, despite these concerns raised by police and social services representatives, the program still managed to achieve a consistent drop in recidivism. Although it should be noted that by definition the clients included in this evaluation were generally priority families during the first year of A-FVRM’s operation. This was the most stable time in the program and ongoing analysis of the program’s data would be useful to understand if Police Member rotation does negatively impact outcomes for the program.

8.3 Risk assessment - the need for better ‘intelligence’

A core concern for the senior Police interviewed related to the development of better risk assessment tools. A-FVRM represents a combination of pro-active, intelligence-led policing and case management. In order to focus energies and cut down the ‘white noise’ as one Police Member put it, it is important to develop tools that ensure AFMs at risk are prioritised. A-FVRM has worked to develop their own capability in this area and to attract further Police resources to develop more sophisticated analysis. Police Members did comment that while they attempted to develop sophisticated practices in this area, many still triangulated the data with their own ‘gut feel.’ This often resulted in them choosing to act (i.e. include an address in A-FVRM) even if the intelligence at that point did not warrant action. In other words, Police were likely to err on the side of caution based on their ‘gut feel’, rather than just follow the numbers. The current redevelopment of the CRAFT recommended by the RCFV will add to the information Police can access to support the assessment process, together with other Police maintained data on respondents. Some Police Members also commented on the inconsistency of Police data systems and the difficulty in finding information on respondents. It is unclear if this related to historical or contemporary information.

8.4 Role of the Coordination Team meetings

Who is responsible for the meetings?

As discussed, a significant design feature of A-FVRM is the monthly Coordination Team meetings. During the evaluation however, there was a level of frustration about how these meetings were working at times throughout the pilot. There was some concern that the chairing, and therefore the responsibility for arranging the meeting, sat with Victoria Police. This had a number of flow-on effects that created frustrations for those attending meetings. For some interviewees, this was a frustration because they felt there were families that should be discussed but they were unclear of Police involvement. Attendees also questioned A-FVRM’s capacity to follow-up on case management plans (an important element of holding service providers and police accountable) was missed when timely meetings did not review the previous decisions of the Coordination Team meetings. Although not mentioned in the interviews, it would seem reasonable to suggest that this inconsistency would also represent a lost learning opportunity to understand what was working well and what service gaps were revealed.
Social services responding effectively to the meeting

At a practical level, community service representatives felt they needed more time to prepare effectively for the meetings. For an attending representative, the preparation of material relating to a client often involved speaking to other workers from their organisation, accessing case notes and understanding the circumstances relevant to A-FVRM. One community service representative mentioned that many human service workers were either employed part-time or their roles were a combination of fractional elements. This further hampered their capacity to provide comprehensive material to the meeting. Most suggested having more than five working days was necessary to ensure they could access material and develop a clear picture of an Agency’s involvement with a client.

Social services identifying families

There was some general confusion regarding the legitimacy of a community agency identifying a client/family to discuss in the meetings (e.g. was this appropriate? If so what was the mechanism? What were an agency’s obligation regarding client confidentiality if they did identify a client to the meeting?).

Confidentiality

There was a concern about inconsistent membership or attendance at the meeting by community service representatives. This was further compounded when clients were being discussed that had no relationship (or prospect of a relevant relationship) to a service at the table. This issue came to light when discussing a concern from one worker at not ‘knowing who was around the table’ and therefore being unclear what information they could provide without breaching confidentiality arrangements. When this was explored further it was clear that the meeting did not follow a formal process of introductions, common within a community service setting, and it was clear this was a soft clash of police/community sector cultures that could easily be resolved with an agreed meeting process. The broader question of what information should be provided was a significant concern.

The issue of confidentiality, in relation to a human services client, was raised by the Royal Commission into Family Violence. The complexity of this issue was clear in the interviews conducted. Human services workers were extremely uncomfortable with the lack of clarity on this issue, describing it as a risk for the client and for them professionally. This risk for the client was twofold. If a client was unlikely to have contact with a service at the Coordination Team meeting, then their confidentiality had been breached in a general way. If the client was likely to have future contact with the service, then the client’s right to provide the information they choose to a service was compromised. One worker described having pre-meeting meetings with Police to provide information regarding a client because they felt providing this information at the Coordination Team meeting, with workers present from services that would not currently know of a client’s involvement with another service, as breaching the client’s confidentiality and possibly detrimental to future involvement of that client with the service. This lack of transparency and clarity could impact the goals of the Coordination Team meeting as a forum for problem solving and case planning.

Consistency

A frustration regarding the regularity of the Coordination Team meeting, when explored further, revealed some frustration with the uncertainty that occurred with rolling changes in Police personnel in A-FVRM as discussed previously. While those interviewed understood that Police Members would move on, there appeared to be an unreasonable lag time between a new Senior Police Member’s appointment and the ongoing operation of the Coordination Team. Interviewees questioned situating the chairing of the meetings within Victoria Police and the subsequent desire for new Police Members to ‘get across all of A-FVRM’ before organising the next Coordination Team meeting. While interviewees
discussed this as understandable, they commented that it was unusual in a social services context (that a critical meeting would not be held) and felt that new AFVRM Police Members could use the meeting as part of their orientation process to the role rather than delaying the meeting.

The goals and role of the Coordination Team meeting was under revision during the final six months of the evaluation. Verbal briefing of many of the issues outlined above were provided to AFVRM management for consideration and have been subsequently addressed.

8.5 The Executive Group meeting

As discussed previously, while the project Executive Group had not met over the life of the pilot, it is clear that a number of senior staff from the Police and TSA were in regular communication, problem solving and innovating practice. The provision of this element of governance was originally described as having the capacity to explore and respond to systemic barriers the pilot encountered. However, given the level of change now occurring in the FV service system via the implementation of the recommendations from the RCFV, the newly constituted Executive Group is incorporating learnings from A-FVRM alongside this systemic change.

8.6 Client profile - understand more about FV

As discussed there are three distinct A-FVRM cohorts: Traditional FV, Adult Children and Complex Needs. Cohort one has been characterised as ‘Traditional FV’ - where a male respondent uses violence and aggression to threaten, intimidate and control his intimate partner and children. Cohort two are ‘Adult Children’ (over 18 years old) of the AFMs - usually the parents and siblings. Cohort three is referred to as ‘Complex Needs’ which describes families where either the respondent or the AFM, or both, have presenting comorbidities of mental health support issues, alcohol and other drug use issues, homelessness, poverty and trauma based issues and/or chronic health conditions. An exploration of each of these cohorts have required A-FVRM to identify service gaps and develop an understanding of how to ‘think well’ about responding and supporting these families.

While much of the existing FV service system is designed around the Traditional FV cohort, there is no formal program service response the Adult Child respondent and family. This cohort consistently represented approximately 25-30 per cent of A-FVRM and had a high number of female respondents. This cohort is not made up of vulnerable or violent youth (for whom there is already a service response), rather adults who represent the changing makeup of families to include adult children who are remaining in the family home longer. This cohort, while still choosing to use violence, do not fall within the traditional gendered power models used to understand family violence and therefore represent a challenge to existing practice.

While those in the complex needs cohort were identified by many police interviewed as the most frustrating and time consuming group to work with, it was clear that the Coordination team meeting was imperative in working well with this group. The initial design of A-FVRM was informed by the idea that priority families were not engaged with support services - and clearly, they were not responding to FV service L17 referral telephone calls, but it is clear from an exploration of A-FVRM that complex needs families often have a number of services in their lives. A-FVRM provided a mechanism for the coordination and accountability of services with these families.
During an early interview for the evaluation, one practitioner commented that she now understood that most of the FV service system was about ‘supporting a woman to leave’. That while there was rhetoric about supporting women if they choose to stay with their partner, the design of services was really about resourcing women’s choice to leave. But the worker commented that it appeared for A-FVRM families, ‘leaving wasn’t an option’ they would consider. In an interview with the same worker 12 months later, when asked had her thoughts on this changed she commented in a more nuanced way that reflected the deeper understanding of the specific needs of each cohort. She reflected for each cohort you had to understand the family dynamic at play to understand what could change. While the Traditional FV cohort is reasonably well understood, for the Adult child cohort, parents were reluctant to make their kids homeless. For the Complex needs cohort, while there was violence, there were often interdependencies that were beyond the scope and capacity of the existing FV service system to respond to. Engaging with an overview of the family actually required A-FVRM to engage the complexity, motivations and choices members of a family have - and to develop a plan that changes something in that dynamic.

A review of the case files audited for the evaluation (30 files out of 70) revealed that 10 families remained in the same home after closing and approximately 23 still maintained a relationship between the AFM and respondent. It is unclear if this is representative of all A-FVRM families and is worth exploring more.

8.7 Feminist FV practice in this context

Traditionally FV services are developed within a feminist practice approach that aims to use empowering practices to support women (Sullivan, 2012). This approach, situated within a structural understanding of the gendered nature of power in society, works toward supporting a woman (AFM) to take charge of the elements of her circumstance she has control over while, advocating for social change in those areas of society that have traditionally marginalised and disempowered women (Murray and Powell, 2011). As discussed previously, typically, women contact services of their own accord or are referred by other social services. They express their agency through their actions of engaging with services. The A-FVRM model, situated within a justice framework, provides a more assertive model that engages an AFM (as part of working with a family). In effect, this changes the power dynamic between the FV key worker and the AFM. The FV key worker has more information about the AFM circumstances and attends the residence for an initial visit with a Victoria Police Member. This marks a significant departure from current feminist informed FV practice. The implications of this change need to be explored further given the success of the program pilot and its expansion.
Future considerations and program adaptation

9.1 Is the change real?

Is the change real and is it sustainable? Certainly, the criteria for success and sustainability, as defined within the program, clearly represent a positive outcome for the families involved but there are some concerns voiced informally from within the family violence sector that should be explored further. Is the reduction in call outs to a family related to a respondent no longer being violent or is an unintended consequence of the program that the AFM is no longer willing to call the Police?

A second sustainability question, that is beyond the scope of this project but is important to follow up, would be to understand if respondents refrained from using violence within their family into the future. While A-FVRM will track new calls to previously managed addresses, the program does not monitor police contact with respondents once an address is closed in the program. As such if a respondent ‘re-partners’, or the family move out of the area, any subsequent violence would not be identified. A dedicated project, within Victoria Police, could access existing internal data to clarify this question into the future.

9.2 Transferability of the model

There is pressure to extend the A-FVRM model. This evaluation has reported on the success of the model in a specific location over a relatively short time. Programs have structural elements that are generally easy to replicate, however it can be the situational or context elements that may be relevant to a program’s success. It is clear that elements not documented in the original model such as the physical co-location of the A-FVRM team within the same office space is important because the shared space enables incidental knowledge transfer, the building of intra-team trust, information sharing and problem solving. As outlined in this report, the policing aspects described are also extremely important because of the development of risk profiling, case management and capacity building.

All non-Salvation Army staff interviewed for this evaluation have commented on the qualities of the FV key worker, who needed to be the bridge between policing and social services cultures, but who would also have a role in holding all parties accountable in their practice. It is clear that the individual employed in this role must have the capacity to work across both cultures (police and community sector) to enable communication, the development of trust and to support innovation in practice and thinking.

In questioning the transferability of the model, some interviewees questioned if some communities might experience the project differently. For example, in environments where respondents might have significant other police matters on-foot, that the ‘gaze’ of police and social services afforded by A-FVRM could be a disincentive for women to call for assistance. One person interviewed suggested in families with high criminal activity or networks of criminal activity, that the increase police ‘gaze’ could represent a risk for women and children that would need to be actively managed in any expansion. Another interviewee suggested that the pro-arrest approach and the subsequent risk to middle-class ‘reputational’ damage that might ensue (possibly a motivating element of success in A-FVRM) would not be present in some of the communities across the DHHS region.
References


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Appendix A
- ALEXIS Family Violence Response Model
(Victoria Police Southern Divisions 1-2 & 4)

ACKNOWLEDGMENTS
This iteration of the Alexis – FV Response Model is a co-design by The Salvation Army, Good Shepherd Australia New Zealand and Victoria Police.

BACKGROUND/CONTEXT
In more recent times, there has been an emphasis on the coordination and/or integration of the responses of police, legal systems, social and health services. Successful programs from which many of us have looked to for inspiration and direction, include the Quincy Court Model and the Duluth Domestic Abuse Project both in the USA, and the Hamilton Abuse Intervention Project, New Zealand. The programs while all differing from each other have core elements necessary for the establishment of a successful multi-agency approach to domestic violence. In addition to this the release of the Royal Commission into Family Violence findings highlighted the importance of services working better together.

“Individual service elements needed by a victim during both the crisis and the recovery phases are often ‘silod’ requiring victims to navigate the complex systems by themselves at a time when they be under acute stress. Those without access to a case manager are not guided or assisted in finding or using all the services they need…”

Queensland project
A model that has been successful in this type of initiative is the Queensland project. This particular response was led by police and involved three additional key partner agencies including probation, child safety and a regional domestic violence support service. The domestic violence service embedded a FV worker into the Police station to provide an assertive and intensive response to families identified as recidivist or at high risk. Integrated response work involved information sharing between the four key partner agencies to facilitate identification of high-risk cases, adequate support referrals for women classified as high risk and joint monitoring of children’s safety, as well as perpetrator compliance with Domestic Violence Order (DVO) conditions.

Results from the pre and post-support surveys provide a snapshot of women’s self-rated safety and wellbeing at initial contact and after the six-week support period through the police-led integrated response to domestic violence and indicate a statistically significant improvement across all items associated with women’s safety and wellbeing during the initial support period.

Since the appointment of this embedded worker in the Queensland project victims’ engagement with services has increased from three to 60 percent.

PACT project and Changing Family Futures
Both the PACT and DHS ‘Changing Families Future’ models demonstrated shared knowledge and expertise of a multidisciplinary team is effective in having a positive impact on the increasing rates of family violence.

Current Identified System Gaps
Victoria police has prioritized a need to focus on family violence and recidivist offending. Gaps had been identified in policing responses to family violence after a number of high profile cases within the Southern Region of Melbourne. These gaps coupled with expectations to improve police response to victims and increase preventative policing were some of the key drivers in developing an integrated model. In order to address these gaps the police identified that they needed to look at opportunities where existing resources could be partnered with other agencies to deliver a better response to family violence at a crisis and chronic level.

The Integrated Response Team – Taskforce Alexis (Family Violence Response) was developed in collaboration with Victoria Police Division 2, Bayside Peninsula FV Regional Integration Coordinator and The Salvation Army Family Violence Services based in St Kilda. The pilot was designed following analysis of L17 police referral data and Victoria Police LEAP data.
Analysis of this data revealed that of the 1959 L17 referrals (Jan 2014 – Sept 2014) 1086 did not result in a successful engagement with the family by the Salvation Army Family Violence Service. Of the 1086 L17s approximately 39% (427) were responding to priority households. Priority households, as defined by Victoria Police, are those where either the severity of the call or the number of calls (3 or more in a 12 month period) deems these addresses as households where the Affected Family Member (AFM) is at significant risk. Further analysis of the data suggested that these 427 L17’s represented 113 families.

The model was co-designed by Victoria Police and the Salvation Army with significant consultation and input from the Bayside Peninsula Integrated FV Partnership agencies.

The Taskforce Alexis Pilot in Victoria Police Southern Division 2 has been in operating for just over 12 months and the preliminary data is looking extremely promising for the project. A full evaluation of the pilot is being conducted by Dr. Lisa Harris and Dr. Anastasia Powell of RMIT.

As a result of the data collected from the pilot site in December 2015 The Department of Health and Human Services has agreed to fund the Division 2 Taskforce Alexis key worker for a further 12 months and to fund an additional two pilot sites similar to this model in Victoria Police Division 1 (Port Phillip, Stonington) and Division 4 (Frankston, Mornington Peninsula).

SERVICE DESCRIPTION
Taskforce Alexis aims to reduce family violence for women and children and to achieve responsibility and accountability amongst FV offenders. Taskforce Alexis also seeks to reduce secondary victimisation and decrease the incidence of family violence through interagency cooperation and collaboration.

This aim is achieved by providing a coordinated cross sectorial, multi-agency integrated response to families who are having repeated contact with police and services due to family violence. In this manner, Taskforce Alexis aims to identify and respond to family violence as soon as possible after an incident.

Furthermore Taskforce Alexis provides a whole of family response that works towards reducing risk to women and children and holding perpetrators of family violence to account.

TFA-FV is not a generalist response to all FV. Rather, it is a targeted approach to violence in what is termed ‘priority households’. These households are identified as having three or more Police attendances for FV in the past 12 months or where an attending Police member believes an incident of violence is such that the likelihood of further violence at that address is possible. Importantly, community sector members interviewed identified that it is possible the cohort of clients serviced by TFA-FV may represent a group that is not serviced well by the existing service system. This is because, in many incidences, the idea of leaving the household is not an option the Affected Family Member (AFM) is willing to consider. So rather than a program logic designed to support an AFM in leaving and supporting them with post separation issues (such as homelessness, legal and financial), the focus in TFA-FV is to stop the violence occurring within the household. This involves exploring the contributing factors to the violence (such as AOD, mental health, etc.), providing social services support to the AFM, children and respondent and where applicable remanding of a respondent.

The pilot of TFA-FV represents an important progression in understanding how to work with vulnerable households. This includes ensuring a FV key worker (FVKW) has oversight of the engagement with social services of the whole household. The integration of the FVKW into the physical locality, as well as the day-to-day practice of the FV Police unit, provides the opportunity for learning to occur across both social work and policing practice cultures. The TFA-FV Coordination meetings with community services provides a level of case management and coordination of community resources that facilitates, supports and holds all parties accountable (community services, Victoria Police and clients engaged with social services).
TARGET GROUP

Taskforce Alexis Units take a whole of family approach in their work with families affected by Family Violence, including women, children and men. All interventions work towards reducing risk to the affected family member and any children and holding the perpetrator to account for their use of violence.

Taskforce Alexis units identify local area need with regards to families that will be prioritised by their unit. Units should consider prioritizing at a minimum the following:

1. Repeat FV incidences – Families who have had three or more incidents of Family violence within a 12 month period

2. Families considered at high risk of further violence based on the Common Risk Assessment Framework.

VICTORIA POLICE – TASKFORCE ALEXIS UNIT

Victoria Police - Taskforce Alexis Unit structure

Where resources are available the Victoria Police Taskforce Alexis Units should contain the following elements:
Where there are insufficient resources to have all the elements as part of the onsite unit, provisions/partnerships should be made to ensure access to these elements within the division and the functions of collaboration and integrated practice should still occur.

**Family Violence Unit**

Police members in the Family Violence Unit should as part of the Taskforce Alexis Team:

- Co-Review and Co-Triage all L17’s with the FV key worker daily
- Attend all first visits with the FV key worker.
- Carry a case-load of families and will be the single point of contact for those families.
- Attend Family Violence court dates for Taskforce Alexis families
- Hold the rest of the division to account ensuring L17’s are completed to an adequate standard and all follow up has been completed as per the Victoria Police Code of Practice for the Investigation of family violence.
- Continue to work with families until there has been a reduction in recidivism or reduction in risk to AFM and children.
- Attend and present families at the monthly Taskforce Alexis Coordination Team meetings
- Follow up with actions as agreed in the Taskforce Alexis Coordination Team
- Conduct all aspects of policing role as required by Taskforce Alexis Officer in Charge.

**Mental Health Response Unit - PACER**

Police members in the Mental Health Response Unit – PACER should as part of the Taskforce Alexis Team:

- Respond to 000 calls for people experiencing acute mental health
- Action Section 351’s where required
- Consult with FV unit police and FV Key worker on TFA cases where one or more family members are experiencing mental health issues.
• Attend joint visits with FV Key worker or FV police members if required
• Attend monthly Taskforce Alexis Coordination Teams (one member)
• Follow up with actions as agreed in the Taskforce Alexis Coordination Teams
• Conduct all aspects of policing role as required by Taskforce Officer in Charge

**Proactive Policing Unit**
Police members in the Proactive Policing Unit should as part of the Taskforce Alexis Team:

- Complete safety audits on properties as requested by the FV key worker
- Provide a report of recommended safety upgrades to FV key worker
- The Divisional Firearms officer – As per the Family Violence Protection Act removes and suspends shooters licenses and firearms from FV offenders.
- Youth resource officers – attend joint visits with the FV key worker or FV unit members to engage with adolescent perpetrators and support any referrals required for ongoing support.
- Youth resource officers – attend joint visits with FV key worker or FV unit members to meet with juvenile affected family members, liaise with child protection about risks to juvenile affected family members and support the young person to link with community services as required.
- Attend monthly Taskforce Alexis Coordination Team meeting (one member).
- Follow up with actions as agreed in the Taskforce Alexis Coordination Team meetings
- Conduct all aspects of policing role as required by Taskforce Officer in Charge.

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**EMBEDDED FAMILY VIOLENCE KEY WORKER**

**Location /working arrangements**
The FV Key worker will be located within their divisional Taskforce Alexis Unit 4 days per week. Provisions should be made to ensure the key worker has a designated work space within the Taskforce Alexis Unit and all necessary equipment required to perform their role. This should be outlined clearly in the co-location agreement between Victoria Police and the Auspice agency. The FV Key worker should be included in Taskforce Alexis unit meetings and all other team related activities.

One day per week the FV key worker will be located at their auspice agency. Provisions should be made to ensure the key worker has a designated work space within their auspice agency and all necessary equipment required to perform their role. When at their auspice agency the FV key worker will receive supervision with their line manager at the auspice agency and have the opportunity to participate in any group staff supervision or team meetings.

**Worker experience and qualifications / recruitment**
The FV Key worker will have the appropriate experience and qualifications to perform their role competently. Qualifications and experience should be in line with those specified in the prescribed position description (see appendix 1. Key worker position description) Recruitment should be completed in line with auspice agency requirements however at a minimum the Victoria Police Taskforce Alexis Officer in Charge should be included in the interview panel for prospective employees and a joint decision making process should be used to select the successful candidate.
Line management

The FV key worker will have two line managers.

- Victoria Police – Officer in charge (Taskforce Alexis Unit) The VP Officer in charge will manage the FV key worker’s daily tasks and activities as part of the Taskforce Alexis Unit
- Auspice Agency – Line manager The auspice agency line manager will manage the FV key worker’s social work practice and requirements under their agency guidelines.

It is essential that the VP Officer in charge and the Auspice agency Line manager have regular communication in relation to the management of the FV key worker. These arrangements should be made at a local level.

Referral criteria

The FV Key worker will only receive referrals from within the Taskforce Alexis Unit. Referrals from other agencies are not permitted and should go through the normal FV referral pathways within the community. The FV Key worker will not respond directly to L17 referrals. L17 referrals should be responded to by the funded L17 service provider. In order to ensure coordination and reduction in duplication of support the FV Key worker will maintain regular contact with the funded L17 provider to liaise about shared cases.

Triage and Assessment At the beginning of each working day the FV Key worker will co-review and co-triage with a TFA Vic Pol member all FV incidents that have occurred over the previous 24 hours. The FV Key worker does not have access to the Victoria Police LEAP data, however the allocated Vic Pol member co-reviewing and triaging with the FV Key worker is able to share LEAP information relevant to the Family Violence. The FV Key worker will also check their agency client information system for a history of involvement with their service. Information from LEAP, the agency client information systems and the L17 provider will form the basis of the triage and review process and assist in identifying the cases that the Taskforce Alexis Unit will work with.

Once the FV Key worker and Vic Pol member have agreed on cases that will be allocated to the Taskforce Alexis Unit the FV Key worker will contact the funded L17 service provider to inform them of the cases that the Unit will be responding to. This is to ensure that there is no duplication of response to the L17. It also enables appropriate information sharing and collaboration to occur in order to maximize positive engagement with the family.

Working with clients – interim response and linkage The FV Key worker will be rostered on with a police member each working day. The FV Key worker and rostered police member should discuss and agree on the families that will be visited each day. The FV key worker must be accompanied by a Vic Pol member on all FIRST visits with a family. Only when it is assessed as safe to do so will the FV Key worker meet with families without police present.

FIRST HOME VISIT

The purpose of the first home visit is for the police and FV Key worker to meet with the family as soon as possible after the last incident of family violence.

The FV Key worker and Vic Pol member should clarify their roles with each family member present. The FV Key worker must clarify with families that they are not employed as a police member and clearly explain their role to all family members present. The Victoria Police member present should perform their required functions and the

FV Key worker should do the following:

- Explain role and purpose of visit
- Undertake an assessment of the family dynamics and issues facing the family that are exacerbating the family violence (if safe to do so).
- Obtain information about other services involved with the family and obtain consent to share/exchange information with them.
- Undertake a risk assessment (if safe to do so – this should not be done with the AFM if the respondent is present)
- Discuss next steps with regards to ongoing involvement and or referral.
INTERIM RESPONSE AND LINKAGE

The FV Key worker’s role is an interim support and linkage role and allocated cases should not be case managed in an ongoing capacity. Once the FV Key worker has completed a first visit with the family and has assessed the risk, safety, and needs of the family, the FV Key worker will make a decision about which family members to engage with further. The FV Key worker will not continue to engage with both the AFM and the Respondent as this may increase the risk to the AFM. The FV Key worker should not work with the respondent if the AFM does not have any other supports in place. Priority will be given to ensuring the AFM is well supported. If the AFM is already well supported and the FV Key worker makes a decision to work with the perpetrator, the FV Key worker must ensure the AFM and the Respondent are clear that the nature of involvement with the respondent will be to address the use of violence.

The FV Key worker will liaise with any supports involved with the family member with the view to coordinating the service delivery being provided by various agencies involved. With consent from the family members, the FV Key worker will try to re-engage supports that the family members have disengaged with (as appropriate). It is suggested that this be done via joint visits with the key worker and relevant agency to the family member to ensure coordination and smooth handover.

The FV Key worker should ensure they are:

- Providing assertive outreach for early intervention and prevention of escalation in frequency and seriousness of violence
- Engaging families in mainstream services system where this has not been successful through L17 response via coordination team meetings
- Supporting re-engagement with mainstream services system for recidivist families where disengagement has occurred.

- Assessing and responding to needs associated with ongoing perpetrator and victimisation of family violence so as to reduce the number of incidences and escalation of family violence.

If the Key worker assesses that a family would benefit from having their case presented at the FV Coordination team meetings then the Key worker will seek consent from the AFM. Consent is not required from the respondent due to the nature of managing the risk to the AFM and children. Once the AFM has been linked in and is engaging with services within the community the FV Key worker will hand the case over to these agencies and close with the family. The FV Key worker will complete a risk assessment at the last meeting with the AFM.

Consent

The FV Key worker should ensure:

- Families understand their rights to privacy and confidentiality and when this can be breached under duty of care or concerns for safety.
- Consent for sharing of information with identified agencies is obtained.
- Consent is obtained for cases to go to Coordination team meetings if applicable (AFM only).

Client information systems – recording client activity

All engagement with clients will be recorded on the FV Key worker’s agency client information and management system. This should be done in line with agency protocols.

Referrals to the Coordination Team and other agencies

The FV Key worker and FV Unit Police members should discuss and agree on which families will be presented at the Coordination team meetings. The FV Key worker must come prepared to the Coordination team meeting with information about the work they are doing with the family and with a view to bring services at the Coordination team into the care team for the family.
The FV Key worker will record who has agreed to be involved with the family as an action from the Coordination team meeting. The FV Key worker will endeavor to arrange joint visits to the family with the respective agencies where possible.

It is preferable that any referrals made by the FV Key worker both through the Coordination team or in general are facilitated and that the first engagement the family has with this new service is via a joint visit with the FV Key worker.

**Reporting**

The FV Key worker is required to record data on client activity on an excel spreadsheet as well as a monthly report on work activity. This data should be provided to their auspice agency line manager on a monthly basis.
DIVISIONAL TASKFORCE ALEXIS COORDINATION TEAM MEETINGS

The Coordination team meetings will occur on a monthly basis and are co-chaired by the Taskforce Alexis Officer in Charge and a representative from the auspice agency.

The Objectives of the Taskforce Alexis Coordination Team are:

- To ensure stronger integration of services across sectors, including but not limited to, justice, health, housing and family violence
- To provide a smoother interface for clients working with multiple agencies
- To ensure rapid re-engagement of clients where disengagement occurs.
- To minimise ongoing recidivism by sharing information and taking a coordinated approach to service delivery.

The main functions of the Taskforce Alexis Coordination Team include:

- Identifying the current issues impacting on recidivism for victim, children and perpetrator and to identify current supports in place and where there are gaps
- Facilitating cross sectorial case analysis and coordination of cases that the taskforce is working with.
- Fast tracking intervention and support when appropriate
- Identifying issues affecting successful referral and engagement into the service system
The Coordination team should, at a minimum have representation from the following service streams:
- Taskforce Alexis Victoria Police members
- Taskforce FV Key worker
- Funded FV women’s service
- Funded FV men’s service
- Corrections
- Child FIRST
- Child Protection

Other agencies that should be considered at a local level for the coordination teams are:
- Courts
- Family support service
- Mental health service
- Drug and alcohol service
- Housing service
- Youth service

Agencies participating in the Coordination team should have one consistent representative that attends all Coordination team meetings. All member agencies should be signatories to the Terms of Reference and have signed the privacy in order to attend the meetings. A privacy statement should be read at the beginning of each Coordination team meeting by one of the chairs. Only families identified by the Taskforce Alexis Unit can be presented at Coordination team meetings.

The Taskforce Alexis Officer in charge should send out an encrypted email to Coordination team members at least 2 weeks before the Coordination team meeting with the details of the families being presented. Agencies should gather information they have pertaining to the risk and safety of the family members to bring to the Coordination team meetings. Only information that is relevant to risk management and safety should be shared at the coordination team by agencies. Some agencies may not be required at all Coordination team meetings. The Taskforce Alexis Officer in charge should advise agencies if they are required at the meeting at least 2 weeks before the Coordination team meeting is held.

Actions will be agreed upon at the Coordination team meeting and this should be written up into a case plan that the Taskforce Alexis Police Unit will hold. The FV Key worker will also hold a copy of this case plan. De-identified minutes will be sent to members after the conclusion of the meetings.

GOVERNANCE

Taskforce Alexis Unit - Management
All decisions relating the operations of the Taskforce Alexis Victoria Police Unit and FV Key worker will lie with the Victoria Police Officer in Charge and relevant Manager of the Auspice agency. The Victoria Police Officer in Charge and the Manager of the Auspice agency will be responsible for:
- Managing the day to day operations of the Alexis Unit and FV Key worker
- Coordinating and chairing the monthly Taskforce Alexis Coordination team meetings
- Reporting into the Divisional Taskforce Alexis Advisory Committee progress on the operations of the Taskforce Alexis Unit and FV Key worker.
- Providing quarterly data to the TFA Executive Group

Divisional Taskforce Alexis Advisory Committee
There will be 2 Divisional Taskforce Alexis Advisory Committee’s these will include:
1. Divison 1 and 2
2. Division 4

Divisional Advisory Committee meetings will occur on a bi-monthly basis and will be co-chaired by Victoria Police and the FV Key worker Auspice Agency. The Advisory Committee meetings will have a focus on their specific area based and local issues that affect the divisional Taskforce Alexis.
The Advisory Committee meetings should, at a minimum have senior representation from the following service streams; however it would be ideal for a senior representative from each agency represented on the Coordination team.

- Women's FV Specialist Agency
- Victoria Police
- Men's FV agency
- Child Protection
- Child First
- Corrections
- DHHS

The Advisory Committee will be responsible for:

- Developing a better level of service delivery to members of the community
- Creating effective partnerships with local area based service providers to develop integrated responses to address family violence and social disadvantage and complex and entrenched issues that result in repeat contacts with police
- Considering service delivery and system issues affecting the implementation of the model and review the initiative on an ongoing basis; specifically the functioning of the TFA Coordination Team.
- Providing suggested solutions to the executive group; to address service and systemic issues that may hinder the successful sustainability of Taskforce Alexis
- Identifying family violence service system gaps in relation to Taskforce Alexis and explore collective solutions to address these.
- To provide suggestions to the Executive Group that will strengthen and improve the initiative across all Divisions.
- Providing quarterly reports to the Taskforce Alexis Advisory group on how their Divisional TFA is going and any issues with the model in their area.

Bayside Peninsula Area Taskforce Alexis – Executive Group

All decisions pertaining to the Alexis – Family Violence Response Model will lie with the Bayside Peninsula Taskforce Alexis – Executive Group.

The Executive Group meetings will occur on a quarterly basis. The Executive Group should have an Area focus over the three Victoria Police Divisions – 1/2/4 and will be chaired by DHHS.

The Executive Group meetings should have senior representation from the following services:

- Victoria Police
- Family Violence FV Key Worker Auspice Agencies
- Department of Health and Human Services

The Objectives of the Executive Group are:

- Ensuring the service structure is in place to support the key worker from both auspice agency and Victoria Police perspective.
- Analysing data collected from the model and address areas for service improvement.
- Feedback
- Providing Improvement recommendations that can be applied across all of the Divisions.
- Observing and analysing the cross sectorial coordination of Taskforce Alexis client group.
- Providing high level advocacy and support for the sustainability of the model.
- To provide direction for the integration of this model of service delivery into broader social policy strategies for the Victorian Government and Victoria Police, and to ensure long-term planning and development in order to embed this initiative in Victoria Police and service system frameworks.
- Including change management strategies to galvanize a seamless, integrated response across police and service sector stakeholders.