

GOVERNANCE AND INTERAGENCY RESPONSES: IMPROVING PRACTICE FOR REGIONAL GOVERNANCE – A CONTINUUM MATRIX

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PART 1: Overview of the national picture of coordinated domestic violence practice: an introduction, Karen Wilcox

PART 2: A *Regional Governance Continuum Matrix of Practice* for domestic and family violence-sexual assault partnerships, Lucy Healey and Cathy Humphreys, University of Melbourne

KEY POINTS

- cross-sectoral coordinated responses to domestic and family violence are evident at some level within all jurisdictions in Australia, driven by practice and by developments in theory
 - the governance of multi-agency partnerships is a crucial factor determining partnership effectiveness, along with an adequately resourced complementary administrative 'backbone'
 - complexity of governance structures often parallels the complexity of the partnership and where it lies on the 'integration spectrum'
 - each state and territory has varying degrees of coordination, and thus varying degrees of governance within the multi-agency partnerships that have developed
- regional governance of coordinated practice can be enhanced by maximising development in the following areas:
 1. Developing an integrated cross-sectoral service system (eg, domestic and family violence and sexual assault service sectors)
 2. Strengthening community partnerships
 3. Clarifying committee function and diversifying representation on committees
 4. Developing cross-sectoral pathways
 5. Regularising joint review and planning
 6. Supporting risk assessment and risk management
 7. Developing professional practice across the system
 8. Supporting evaluation and research

1. This work was prepared as part of the Safety and Accountability in Families: Evidence and Research (SAFER) program, which researched the integrated response to family violence in Victoria in collaboration with industry partners in Department of Human Services, Victoria Police and Department of Justice.

PART 1 – OVERVIEW OF THE NATIONAL PICTURE OF COORDINATED DOMESTIC VIOLENCE PRACTICE: AN INTRODUCTION

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INTRODUCTION

International public policy and human service literature has been concerned with the promotion of collaborative multi-agency partnerships for almost twenty years. Concurrently, at the grassroots level, domestic violence services, child protection services, criminal justice services (in particular, police) and other social service providers developed their own pathways towards more joined-up service provision to meet the needs of those affected by domestic and family violence. More recently, state and territory governments in Australia have investigated and, in many cases, implemented, strategic responses to domestic and family violence that have loosely been labeled 'integrated responses'. These three drivers of service delivery practice change have placed interagency and cross-sectoral responses to domestic and family violence firmly on the Australian policy and practice agenda.

The impetus for partnership service provision has in part resulted from the complexity and intractability of the 'problem' of domestic and family violence. Domestic and family violence clearly fits within what the social innovation and sustainability literature has labelled a 'wicked issue' (Stewart 1996, in Lowndes and Skelcher 1998); 'one that can only be resolved by bringing together the resources of a range of different providers and interests groups' (Lowndes and Skelcher 1998, p. 315).² Hence the collaboration dynamic which has underpinned policy change to state-funded domestic violence interventions in Australia has emerged from an assumption that coordination improves outcomes for victims, reduces secondary (system created) victimisation³ and can assist in the addressing of service gaps (Mulroney 2003).

The fluid use of terminology in this field, however, does create difficulties when assessments of the success of collaborative practice are undertaken. How *much* coordination is required in order to resolve and address complex problems and complex needs? Writers have long relied on the use of spectrum or continuum models in describing the levels of coordination in coordinated responses (Robson 2012), and to make sense of the undifferentiated use of descriptors such as 'interagency', 'multi-agency', 'collaborative', 'integrated' or 'coordinated'

(Wilcox 2008). Partnerships can range from those with loose networks of interagency update meetings, through streamlined referral systems to more tightly woven, single integrated systems across a range of sub-unit services. Potito *et al.* (2009, p. 371) summarise the truly integrated (or joined-up) system as one with,

agencies forming shared arrangements at a strategic level, and intensive case management based on shared protocols and data sharing arrangements at the operational level for front line workers.

The inconsistent use of terminology in this area is further complicated by the often confusing interchange of descriptions of multi-agency partnerships with multi-sectoral partnerships (eg. domestic violence, family law, child protection, sexual assault and criminal justice) and multi-disciplinary approaches (such as medical, educational, social science, legal and welfare), within the literature as well as in descriptions of practice.

This paper provides an important and invaluable set of indicators to assist in the assessment and improvement of cross-sectoral collaboration. Dr Lucy Healey and Professor Cathy Humphreys have developed a tool which addresses the important issue of governance of collaborative systems of practice. In particular, their work provides impetus for the development of 'good governance practice' where the cross-sectoral system is driven and managed at a regional level. The paper is based on their research of the Victorian model, so reflects the unique governance arrangements of the partnerships rolled out with that state's approach to domestic and family violence reform. Nonetheless, the research's conclusions and the matrix itself are of broader significance, as they summarise key features that can assist with the enhancement of partnership governance, from 'fledgling' practice, to what the authors term the 'optimal phases' in strengthening governance. As a continuum of progress, it contains staged indicators, many of which have relevance beyond assessment of regional governance. Many of the issues and problems that are likely to emerge in 'coordinated' responses, from those that have been driven and are managed by a single agency (such as the police, or a local domestic violence service, as is the case with several NSW referral-focussed responses), to those which are statewide integrated responses (such as the Family Violence Intervention Program in the ACT or 'Safe at Home' in Tasmania) are recognisable within the matrix. A brief survey of the types of coordinated systems across Australia is therefore provided in this paper, in order to contextualise the

2. see also Fahruqi M (2012)

3. whereby engagement with services increases difficulties and enhances risks for victims of domestic and family violence

important learnings and recommendations that Healey and Humphreys have drawn from their Victorian-based research.

GOVERNANCE WITHIN COORDINATED DOMESTIC VIOLENCE STRATEGIES

Hanleybrown, Kania and Kramer conclude from their research into collective impact (multi-agency) programs that 'governance/infrastructure' is one of four critical components for program success (2012, p. 4). Effective governance of multi-agency arrangements has the capacity to provide a framework for accountability and longevity for a multi-agency system, whether it is formally constituted as an integrated response, or more informally and loosely structured. Bryson *et al.* (2006) note that hierarchical governance can sit uncomfortably with looser partnership networks, which focus on horizontal, balanced relationships, however governance 'as a set of coordinating and monitoring activities must occur in order for collaboration to survive' (p. 49). Whether the collaboration is at the level of service delivery, such as client referral agreements, or a system-level planning collaboration (which are more difficult to establish and maintain) (Bryson *et al.* 2006, p. 49), the governance structure and processes remain necessary, at the very least for a 'measurement system and a managing results' system (p. 51).

The absence of appropriate governance arrangements and supporting administrative infrastructure (or 'backbone'), along with inappropriate resourcing of coordinated strategies and the sub-programs within them (Hanleybrown *et al.* 2012), is a significant contributor to what Potito *et al.* (2009, p.376) have labelled the 'implementation gap' in collaborative ventures. They argue that failure of effective implementation results when the 'operationalising of policy and practice plans is constrained by inadequate planning, poor coordination, or limited resources' (Potito *et al.* 2009, p. 375).

As well as providing a bedrock on which implementation of a strategy can be built, effective governance arrangements provide coordinated interventions with a structure through which program goals can be kept at the forefront of service-level activities. One feature of cross-sectoral programs is that they allow

the linking or sharing of information, resources, activities and capabilities by organisations in 2 or more sectors to achieve jointly an outcome that could not be achieved by organisations in one sector separately (Bryson 2006, p. 44). (emphasis added)

Hence the achievement of a particular level of partnership or 'coordination' in itself should not be seen as the goal of a multi-agency system (Pence, Mitchell & Aoina 2006). Rather, the main goal of these approaches is the resolution or addressing of the 'wicked issue' on which it focusses. In the case of domestic and family violence, as noted, this remains

the safety and recovery of victims, including children. In greater detail, this usually means, as Marcus (2011) suggests:

- Multiple seamless entry points
- Case management with referral starting with service needed most urgently
- Full range of services available for women and children
- Access to criminal justice agencies and support services

In assessing the value of a multi-agency partnership collaboration, Marcus (2011) details the following measures of success that matter in this regard:

- Increased victim safety
- Increased victim access to the range of services she needs at the time she needs them
- Increased victim satisfaction and willingness to use the system again
- Seamless service provision and information exchanges
- Increased accountability for perpetrators (Marcus 2011).

Thus the system requires a 'woman-defined', as opposed to 'service-defined' assessment and response to needs (Laing 2009).

Similarly, multi-agency responses can increase the efficiency and effectiveness of systems through both infrastructural reform and direct service reform, leading to a more equitable distribution of services (Kagan 1995 in Robson 2012). For jurisdictions in Australia where there are significant service system gaps alongside ad hoc program implementation, as long as 'woman-defined' responses are kept in mind, and resources are reallocated appropriately, coordinated responses have the potential to identify and plug the gaps in state-funded interventions.

Hanleybrown, Kania and Kramer (2012) argue that governance requirements may change at different *phases* of a multiagency collaboration, for example, at the stage of planning and setting common goals, a steering committee structure may be appropriate, while implementation phases may require stronger infrastructure or governance. In addition, different *levels* of collaboration, in other words, how far they can be placed along the continuum from loose, streamlined cross-agency referral processes to integrated single systems, require different levels of governance (Bryson 2006).

The Matrix developed by Lucy Healey and Cathy Humphreys as part of the SAFER project⁴, addresses key challenges facing those wishing to develop enhanced coordination of domestic violence responses, whilst maintaining locally or regionally driven governance arrangements.

Developing increased systems of accountability enables what Healey and Humphreys note is the 'optimisation' of partnership governance. In doing this, service systems may be better able to address victims' needs for safety, by identifying the barriers to safety-focussed practice that may be evident within agencies. As I have argued earlier (Wilcox 2008),

4. see footnote 1.

one of the main advantages of an integrated response to domestic and family violence is its potential to open up domestic violence work to collegial scrutiny and accountability. This not only leads to the development of systems of continuous improvement but also provides a pathway to enhanced safety for individual victims, because responses which jeopardise safety are detected more readily.

COORDINATED RESPONSES TO DOMESTIC AND FAMILY VIOLENCE: A BRIEF STATE/ TERRITORY OVERVIEW

In Australia, the commitment to coordinated responses to domestic and family violence differs widely across jurisdictions, and this is reflected in design and strategy, structure and governance and resourcing of services and programs. They range from organically developed, ad hoc local attempts to join-up practice, through improved referrals (at times supported by local Memoranda of Understanding), to single service systems, with complex structures of governance and accountability. A brief survey across Australia is outlined below.

ACT

The ACT's Family Violence Intervention Program (FVIP) is a territory-wide, tightly coordinated, unified system, involving ACT Police, Office of the Director of Public Prosecutions, Magistrates Court, ACT Corrective Services, the Domestic Violence Crisis Service, Victims of Crime Coordinator, Legal Aid, and the Office of Family Youth and Children's Services. It is unique in its inclusion of the Territory's judicial system. A Coordinating Committee convened and chaired by the Victims of Crime Coordinator, an independent statutory position, provides the 'backbone' to the system, by overseeing implementation, management and strategic direction for the program. This committee comprises representatives of the key agencies identified above. The program also relies on effective communication and cooperation at an operational level between agencies achieved by the development of protocols and practice principles, weekly meetings to discuss and track cases, and the establishment of data systems to track matters. Information sharing between the police and the domestic violence service is enabled by legislation (Wilcox 2010). The FVIP engages in ongoing processes of review and evaluation.⁵

NSW

NSW does not have a statewide funding system for designated domestic violence organisations (such as crisis, outreach or recovery responses), for either victims or their

children. However, some regions have established these from particular regional funding schemes, while in other regions, private practitioners, community health organisations and NGOs may fulfill some of the functions that in other states and territories are undertaken by specialist domestic violence services. Instead, separate systems have developed across NSW for court assistance and advocacy for protection order matters in the local courts (Women's Domestic Violence Court Advocacy Service, through Legal Aid NSW), supported accommodation (refuges), and housing safety and security (Staying Home Leaving Violence and the Homelessness Action Plan). Coordinated case management has also been piloted in the justice system, through the Domestic Violence Intervention Court Model (DVICM) and streamlined referral processes (known as yellow cards) have been introduced across many police commands. In the area of child protection, the 'Keep Them Safe' strategy, and concurrent law reform, has facilitated information sharing and case management meetings in many Department of Human Service (previously DoCS) regions. A peak organisation, DV NSW has recently been formed, based on a women's refuges peak, in order to focus networking across some of the varying service systems dealing with domestic and family violence.

The NSW government has proposed to introduce a hybrid system to better coordinate the services that are available and this will be accompanied by law reform to assist with information sharing. The 'It Stops Here' approach to domestic and family violence will establish Central Referral Points⁶ to assess risk and process referrals from other agencies, and provide administrative and coordinated support for proposed Safety Action Meetings, which will coordinate responses for high risk matters. Regional Domestic Violence committees will be established to oversee implementation of these initiatives. Existing networks of Local Domestic Violence committees will coordinate prevention activities and community engagement, and report to the regional committees on local priorities. The government will establish a Ministerial Group of key ministers to provide leadership, and a Domestic and Family Violence Council of experts and departmental officers to provide advice to this group.

Without details of the strategic management, infrastructure resourcing and governance, it is too early to determine whether 'It Stops Here' will address the siloing and duplication which has arisen historically from departmentally driven program development (NSW Auditor General 2011).

Northern Territory

The Northern Territory is currently piloting the South Australian Family Safety Framework model (see below) in the Alice Springs police district. This pilot has been led by Northern Territory Police Force, through the Alice Springs Domestic Violence Unit of the NTPF. Both government and non-government agencies are involved in the high risk case management meetings.

5. See ADFV Clearinghouse Good Practice database at www.adfvc.unsw.edu.au

6. The details have not yet been finalised, but early proposals suggest that this function will be added to those of the Women's Domestic Violence Court Advocacy Program (WDVACP), in which case, they would be managed through local court geographical boundaries.

Queensland

There is no statewide multi-agency response to domestic and family violence in Queensland. Local communities in some places have developed agency partnerships, which range from loose interagency exchanges to the Gold Coast response, which provides for coordinated referrals from the police, hospitals and supported accommodation to the domestic violence service, and manages a men's behaviour change program, co-facilitated by the domestic violence service and Probation and Parole.

South Australia

South Australia has introduced the Family Safety Framework (FSF), which brings together government and non-government service systems at local level to case manage high risk cases, which are identified using a common risk assessment tool. Information sharing protocols bolster the identification and management of risk at the Family Safety Meetings (FSMs). SA Police are the lead agency at the FSMs, and involved services include the non-government domestic violence services, Aboriginal health services, mental health, education, child protection, drug and alcohol services, community corrections and housing services. The SA Victim Support Service provides the administrative and organisational 'backbone' to the meetings and The SA Office for Women provide the strategic direction and planning. There is no system-wide structure for governance of the FSF, with the local meetings themselves providing across-service reporting, monitoring and accountability in relation to actions arising from the identified high risk cases.

Tasmania

The Tasmanian Safe At Home whole of government program is led by the Department of Justice, and involves government agencies in a three-tiered system governing information exchange, case management, policy and practice troubleshooting and strategic management. It is arguably the most tightly governed system in the country, pivoting around a clearly articulated criminal justice, 'risk and safety' focussed goal.

Government services providing crisis support, policing, counselling for both adults and children, court support, offender rehabilitation and child protection are integrated within the program. Consistent policies and protocols and shared training were also introduced across the Departments of Health & Human Services, Justice, and Police & Emergency Management, to ensure that responses to family violence supported the program's aims. A shared database has streamlined the operation of the program and enables monitoring across the services involved in the system. Information sharing across the system is enabled by legislation. Every service accessed by a victim of family and domestic violence triggers engagement with the system and cross-referral in accordance with needs; thus there is 'no wrong door'.

Coordination of the program is achieved through a system of governance and accountability structured across local (operational), regional, and state (senior officer) levels, through which cases, safety issues, management problems and policies are addressed. Committees meet regularly at each of these levels to enable the governance of the system. Unique to 'Safe At Home' is this two-way coordination structure which provides for direction from the top, down to local levels of service delivery, whilst allowing for problems and issues which emerge at a local level to drive policy development and fine-tuning of the program through to executive level. In this way, the work of the three departments remains focused on the common goals and strategies of the program (Wilcox 2006).

Victoria

The Victorian government has introduced a system of regional and sub-regional 'service partnerships', which provide a more coordinated range of services and processes. These include outreach, after hours services, intensive case management, counselling, housing and accommodation security, men's behaviour change programs and specialist support services for children and young people living with family violence. The government is also piloting a coordinated case management response to risk in two sites, and have recently funded the disability and family violence crisis response.

The regional partnerships in Victoria are supported by funded regional coordinators. As described in greater detail in this paper, below, the Victorian response is governed by a system of regional level committees, which link with parallel Indigenous Family Violence Action Groups. A small Addressing Violence against Women and Children Advisory Group, of ministers and experts, provides advice to the government on the partnership approach and other issues related to domestic and family violence and sexual assault.

Western Australia

The Armadale Domestic Violence Intervention Program was one of the first locally driven coordinated responses in Australia, focusing in particular on joining up child protection and domestic violence practice. This year, Western Australia introduced regionally based risk assessment and case management teams, the Family and Domestic Violence Response Teams (FDVRTs), across nine regions. These teams are the result of partnership arrangements between the Department for Child Protection and Family Support (formerly the DCP), WA Police and non-government (NGO) services (coordinated by the Women's Council of WA). The FDVRTs engage in the risk assessment and triaging of all police domestic violence incidents, in order to provide early, risk-focussed intervention promoting the safety of children and adult victims of family and domestic violence. In many districts, the police, child protection and NGO domestic violence service (known as the Coordinated Response Service) are co-located.

The FDVRT partnership released Operating Procedures in July 2013 and a shared database is in development to supplement information exchange. The response will be monitored and evaluated in accordance with the FDVRT Monitoring and Evaluation Framework, also released in July this year. The Department of Child Protection and Family Support will coordinate the evaluation and reporting of the FDVRTs.

CROSS-SECTORAL PARTNERSHIPS: A NOTE ON JOINED-UP DOMESTIC AND FAMILY VIOLENCE AND SEXUAL ASSAULT SERVICES

Some regions in Victoria have established co-located domestic violence and sexual assault services for victims, and cross-sectoral services can also be found in CALD and Indigenous-specific organisations in other jurisdictions. In addition, the National Plan to Reduce Violence Against Women and Their Children (Australia 2010) conceptually

integrates these two issues. However, in most states and territories, these service sectors remain separate at the coalface, although they often share common philosophies and understandings of gendered violence. This in part reflects the varying departmental funding streams under which service systems have developed, such as health, child protection, family support and housing, but also arises from the range of different needs of domestic and family violence victims and non-partner sexual assault victims.

The Continuum Matrix for Regional Governance, in reflecting current political thinking in Victoria, promotes partnerships across organisations which deal with sexual assault as well as domestic and family violence. However, arguably, the findings of the SAFER team apply equally to the development of coordinated practice between domestic and family violence services and other service sectors, such as family relationship and mediation services, or the child protection sector.

PART 2 – A REGIONAL GOVERNANCE CONTINUUM MATRIX OF PRACTICE FOR DOMESTIC AND FAMILY VIOLENCE- SEXUAL ASSAULT PARTNERSHIPS

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BACKGROUND TO THE PRACTICE TOOL

Introduction

Developing and sustaining effective partnerships across the diverse agencies that are involved in responding to violence against women and children presents significant challenges of governance and leadership. Drawing on a program of research investigating the development and effectiveness of Victoria's integrated family violence system⁷ at local, regional and state levels, the SAFER Research team developed a Regional Governance Continuum Matrix of Practice for Partnerships (the Matrix), which identifies eight 'indicators' as essential to sound 'integrated governance' in order to support regional or more localised integrated domestic and family violence and sexual assault services.⁸

We define 'integrated governance' as the ways in which decision making and the implementation of decisions in one area of a service system (such as decisions about allocating resources, devising communication systems, and aligning policies and practice models) are linked to decisions and actions elsewhere in the service system in an informed and coordinated way. Both processes (decision making and the means by which decisions are implemented) are contained in the indicators identified in the Matrix.

This section of the paper is a companion to the Regional Governance Continuum Matrix practice tool itself, which can be found below. This paper describes how, why, and for whom we developed the Matrix as a tool for partnerships from evidence gathered during a five-year period of research into the Victorian family violence reforms from 2008 to 2013. Whilst this tool was developed in the context of the state of Victoria, the indicators identified in it represent elements that are transferable to other states and territories in Australia.

The indicators of the Regional Governance Continuum Matrix for Partnerships

The indicators are designed to be a comprehensive, yet understandable guide for practitioners and managers involved in developing partnerships to improve and strengthen regional and sub-regional domestic and family

7. The Victorian Family Violence Reforms (FVR) are unique in Australia and an example of innovation in the public sector in dealing with a complex and multi-sectoral problem. For further detail: <http://www.dpc.vic.gov.au/index.php/featured/innovation/case-study-victorian-family-violence-reforms>

8. This research is part of a wider Australian Research Council Linkage Project with industry partners in the Departments of Human Services, Justice, and Victoria Police. The program of research examined a number of aspects of integrated family violence reform (see SAFER Research Team, 2012).

violence-sexual assault service delivery. The indicators are intended to be used in their entirety for planning and monitoring progress in the development of integrated governance processes. The eight key indicators⁹ are:

INDICATOR 1: Developing an integrated domestic and family violence and sexual assault service system

INDICATOR 2: Strengthening community partnerships

INDICATOR 3: Clarifying committee function and diversifying representation on the committee

INDICATOR 4: Developing domestic and family violence and sexual assault service pathways

INDICATOR 5: Regularising joint review and planning

INDICATOR 6: Supporting risk assessment and risk management

INDICATOR 7: Developing professional practice across the system

INDICATOR 8: Supporting evaluation and research

The aim of the Matrix: system accountability

In any integrated service system there are numerous, sometimes competing, accountabilities (Bryant 2007; and Ebrahim 2007). Collectively, they are about 'system accountability':

1. to clients and communities;
2. funders and supervisors;
3. their agency's goals;
4. partner agencies and networks; and
5. professional standards, codes of practice, guidelines and legislation.

The Matrix provides indicators of success for the practice of domestic and family violence and sexual assault integrated governance within the parameters of this understanding of 'system accountability'. The details of this system accountability are encapsulated in the comments provided in the optimal column for each indicator or sub-indicator. That said, we acknowledge that there will always be a need for development and continuous improvement.

The intended audience

The indicators described in the Matrix are intended to guide professionals, the individual agencies, and the multi-agency committees in which they work, to develop effective partnerships based on sound governance processes, leadership and system accountability.

These professionals will represent services from systems across the spectrum: from specialist domestic and family violence and sexual assault services, to non-specialist or mainstream services, to legal and statutory services.¹⁰ Members of local governance committees may previously have had limited connections between their respective services, may have widely different capacity and competency

levels, and even approach their service delivery from very different goals, philosophies and practice models.

For example, in moving from the initial to optimal stages of developing an integrated domestic and family violence and sexual assault service system (see Indicator 1 in the Matrix tool), the first sub-indicator pertains to the importance of the governance body having definitions of domestic and family violence and sexual assault. This requires each governance committee, notwithstanding the diverse agencies represented on it, to negotiate and adopt a shared understanding of the different types of abuse (physical, emotional, sexual, financial etc), that recognises the diverse experiences and particular risks of violence (eg. children, women with disabilities, Aboriginal women, GLBTI and CALD women, rural women), and acknowledges the gendered basis of violence. Reaching a shared understanding about these core matters takes time and presents challenges to developing partnerships and the integrated governance processes that support them. The Matrix is thus a tool that local governance bodies can use as a basis for setting priorities for action that will strengthen their partnerships and, in the process, assist in the development of an integrated domestic and family violence and sexual assault service system.

The Matrix is also useful to those who support regional and sub-regional governance bodies. In Victoria, the State Government funds regional or sub-regional consortia to oversee the provision of integrated service delivery in a defined geographic area. Consortia agencies are central members of local governance bodies but other agencies may also be represented on such committees with varying degrees of involvement. The Matrix allows funders, such as government, to have a more nuanced approach to monitoring the progress of locally developing integrated service systems by requesting that their governance bodies report against the indicators they have prioritised in joint strategic planning (for example, see sub-indicators 5.2 and 5.3). Using the Matrix as a performance indicator may strengthen government funders' commitment to resourcing partnership work, which, in turn, may make this work more efficient (Stanley & Humphreys 2006, p. 47).

Why develop the Matrix?

Within each of the Australian states and territories there are varying levels of partnership between agencies responding to sexual assault and domestic and family violence (The National Council to Reduce Violence against Women and their Children 2009). To date, these partnership approaches have only been in a position to focus on enhanced integration within states and territories. One of the principal aims of such work has been to link the three key service systems of child protection, criminal justice, and domestic and family violence, all of which come under state and territory legislative purview. However, a fourth system, that of the family law system within the

9. Further 'sub-indicators' can be found in the Matrix itself.

10. See diagram of integrated service system in the Matrix tool.

Commonwealth's jurisdiction, is equally critical in improving outcomes for victim safety and perpetrator accountability. The disjunction between federal and state and territory laws in Australia has been described as 'vertical dis-integration' (Wilcox 2010, p. 1021).

Arguably, Victoria's aim to integrate statutory and non-statutory, and government and non-government agencies into a highly structured system at statewide level and replicate this at more proximal levels of service delivery at regional or local levels across the entire state, is one of the most ambitious examples of reform in the violence prevention and response arena (Ross, Frere, Healey and Humphreys 2011). It has involved horizontal integration within Government (a whole-of-government policy and program development); horizontal integration across local agencies (with different local models of service delivery occurring across the state); and vertical integration between central and regional-local policy and practice measures (with fluctuating degrees of reciprocity given divergent capacity issues).

Whilst the end results of developing an integrated service system are to ensure safety and accountability so that those experiencing domestic and family violence or sexual assault, or perpetrating it, get consistent, standardised, timely and effective responses from agencies working together, it is difficult to sustain regional or localised partnerships. This is particularly the case where participating agencies are yet to fully understand each others' values and operating models and where values of mutual trust, egalitarianism and reciprocity, the bedrock of partnerships, are yet to emerge.

Not surprisingly, the variety of approaches to integrating service delivery is matched by an equally wide variety of governance arrangements, which are also variable in their geographic and jurisdictional scale and goals. The most well-known example lies with the single-city focussed, 'coordinated community response' model of the Duluth Domestic Abuse Intervention Project (Shephard, Falk and Elliott 2002). Since then there have developed a range of different models including: agency-to-agency partnering (Burt, Zweig *et al.* 2001); the establishment of 'coordinating councils' (Allen 2006; Javdani, Allen, Todd and Anderson 2011); 'family violence networks' (Murphy and Fanslow 2012); systems-wide task forces involving child protection, domestic violence services, juvenile and family courts (Malik, Silverman and Wang, 2008); whole-of-government approaches across a state (Ross, Frere, Healey and Humphreys 2011); or information-sharing, planning and high-risk management undertaken by more than 200 Multi-Agency Risk Assessment Conferences operating across England and Wales (Steel, Blakeborough *et al.* 2011).

To take the example of Victoria, when the Victorian Family Violence Reform strategy was launched in 2005, regional Steering Committees were established in each of the (then eight) Department of Human Services regions of the state with the goal of driving an integrated or coordinated, multi-agency response to violence. Comprised of representatives of government and non-government services responding

to violence against women and children, each region's committee was supported by a government-funded, dedicated Regional Integration Coordinator with responsibility for developing cross-sector, cross-agency partnerships. As our research found, there were substantial differences between the regions. Differences included: the extent of community partnerships, the functions of committees, and the extent to which the requisite statutory, justice and human services were permanently represented on committees. Even within regions, there were inconsistencies about their geographic scope. Some found it impractical to function at a vast region-wide, governance level (as intended initially) and, instead, operated as two sub-regions, thereby occasioning the need for two sub-regional committees and, following successful advocacy, the securement of a second, funded Regional Integration Coordinator.

Further, Victoria provides a good example of a constituency in which there is authorisation at policy and legislative levels and in which there is overall consensus as to the worth of progressing towards an integrated system at state, regional and local levels (Ross *et al.* 2011). As the implementation developed, what was required was a specific, comprehensive governance framework to guide and make 'doable' the development of regional and local level integrated governance.¹¹ In this absence, a variety of governance arrangements for multi-agency partnerships emerged across Victoria. This led the SAFER research team to develop the basic parameters, within a matrix format, that need to be taken into account to enable positive and continuous improvement in integrated governance.

Update of the Regional Governance Project

Work has progressed to improve clarity about the roles and responsibilities of Family Violence Integration Committees, committee members (including chairs), Regional Integration Coordinators and auspice agencies. Further work is imminent to develop a 'strategic framework' to guide the work plans of the Regional Committees.

A practice tool derived from research

The Matrix was developed as a practice tool that provides the detail of how to progress through a 'continuum of integration' (Fine, Pancharatnam and Thomson 2000, pp. 4-5); moving from agencies acting autonomously regardless of their impact on each other, to agencies establishing cooperative links (working together on some initiatives), to coordinating initiatives (requiring shared protocols), toward integrating services and eventually toward systems-wide integration potentially operating at several levels (from the national, through to state, regional and local levels of policy and service delivery).

¹¹ Winkworth and White draw on prominent Harvard academic Mark H. Moore's 'public value model' for success in any collaborative endeavour which "has to be valuable, able to be authorized and doable" in their framework for strengthening state and Commonwealth service systems for Australia's vulnerable children (Winkworth and White 2010, p 8).

The Matrix is an evidence-based tool that developed out of an iterative, participatory action research process between the SAFER Research Team, key stakeholders involved in developing and implementing Victoria's integrated family violence system at local, regional and state levels, and evaluative literature about other practice tools. The Matrix was initially developed through stakeholder consultation to inform the development of an online survey of members of 18 regional and sub-regional integrated family violence committees in Victoria. Feedback from government and community sector stakeholders indicated that there was great interest in further development of the Matrix as a practice tool. Although it developed in the Victorian context, it may also have application in other states and territories.

The Matrix development included progressive formal and informal interviews with regional and community representatives, focus groups and fora from 2009, with key members of regional and sub-regional integrated family violence committees, representatives from statewide peak and resource bodies (such as Domestic Violence Victoria, the Domestic Violence and Resource Centre, the Federation of Community Legal Centres), key government stakeholders involved in the implementation of the reforms and in monitoring the progress of the regional and sub-regional integrated family violence committees (notably, the Office of Women's Policy and Department of Human Services).

We undertook an extensive review of national and international literature relating to partnership approaches to service delivery and network governance, which informed the development of the Matrix. We searched for specific domestic violence literature into 'multi-agency', 'inter-agency', and 'coordinated community' or 'integrated' service systems or responses, as well as literature on partnership approaches to service delivery, more broadly.

Several sources were especially important and worth mentioning. Parmar and Sampson's (2007) discussion of the transferability of 'practice principles' (as opposed to actual domestic violence projects) and the notion of a 'practice model of integration' based on 'ways of knowing' as opposed to 'what works' provided important insights. Geddes' (2006) notion of 'virtuous and vicious circles' that highlight the factors involved in building successful or unsuccessful multi-agency partnerships provided a conceptual bedrock for the Matrix development.

We drew on principles contained in existing practice tools and multi-agency evaluations, incorporating and distilling, to arrive at the essential indicators that were relevant to working towards a tight system of integration in the domestic and family violence and sexual assault arena. There were several particularly noteworthy sources that influenced the development of the Matrix.

The first of these was the United States Greenbook National Evaluation Team's evaluation and recommendations as to how child welfare agencies, domestic violence service providers, and the dependency courts should respond to

families experiencing domestic violence and child abuse (The Greenbook National Evaluation Team 2008). The evaluation survey instruments themselves (included in the Appendices) were extremely useful in the early phase of developing indicators in the Matrix (even if they were converted into more generalisable indicators in subsequent drafts). They also informed the development of our own survey tool, responses to which, in turn, further advanced the Matrix (Humphreys, Frere, Ross and Healey 2011).

The second was Praxis International's eight safety and accountability audit tools for identifying, assessing, and standardising the methods used to coordinate workers' responses across a service system. The practical application of this tool was demonstrated in Western Australia (Pence, Mitchell and Aoina 2007). All eight of the Audit Trails' elements - mission, concepts and theories, rules and regulations, administrative practices, resources, linkages, accountability, and education and training - were incorporated into the Matrix, though many were merged alongside criteria drawn from our discussants and other research.

Thirdly, we drew from the principles of the *Continuum matrix of structures, processes and practices developing integrated responses to domestic violence for 'Moving Good Practice Forward'* (O'Leary, Chung and Zannettino 2004), which, in turn informed the SAFER Research Team's *Continuum Matrix of Practice in Men's Behaviour Change Programs* (Diemer, Humphreys, Laming and Smith 2013). The use of a continuum matrix proved to be a good evaluative practice tool in the context of benchmarking for situation improvement in Men's Behaviour Change Programs. This led us to apply the idea of a continuum matrix to the sphere of multi-agency partnership work, as a parallel, developmental tool for benchmarking and progressing integrated governance processes from initial to optimal phases. As with the perpetrator program continuum matrix, first developed by O'Leary *et al.*, the principles contained in the governance Matrix have consistency across time even if local configurations change.

Conclusion

The SAFER team's research into the implementation of the Victorian Family Violence Reforms indicate that systemic, structural change requires sustained effort at numerous levels of partnership work (ideally, between the national level, and state, regional and local levels). It also requires persistent commitment to working together to solve cross-sectoral issues and significant resources, including time, expertise and funding. These elements are borne out by research conducted both here and overseas and has been captured, where practicable, in the Regional Governance Matrix.

CONTINUUM MATRIX OF PRACTICE FOR FAMILY VIOLENCE-SEXUAL ASSAULT PARTNERSHIPS¹²



with

Practice indicators for Victoria's integrated family violence-sexual assault service system at regional and sub-regional levels

The intended audience for the Continuum Matrix and Practice Indicators

The Continuum Matrix is intended for use by those involved in regional and local level integrated family violence-sexual assault governance bodies.

Why – and how to – use the Continuum Matrix and Practice Indicators

In any service system there are numerous, sometimes competing, accountabilities. Collectively, they are about 'system accountability' and involve stakeholders being accountable (1) first and foremost to clients and communities; (2) to funders and supervisors; (3) to their agency's goals; (4) to partner agencies and networks; and (5) to professional standards, codes of practice, guidelines and legislation. The Continuum Matrix provides indicators of success for the practice of family violence-sexual assault partnerships always within the parameters of this understanding of 'system accountability', the details of which are commented on in the optimal column. The 'indicators' described below are intended to guide professionals, the agencies they work in, and the committee members to develop effective partnerships based on sound governance processes, leadership and system accountability.

Helping people understand where they may sit on a continuum of practice is useful for committees' and partnerships' annual reflections on progress and future planning. They provide a springboard for newcomers to committees - particularly those in leadership positions - who, whilst bringing new perspectives to their work, should not have to re-invent the wheel in the process.

The continuum scale does not prescribe how to move from cooperation to collaboration to integration between agencies. Instead, it mirrors the movement and improvement from autonomously functioning service-delivering agencies to a fully-developed, statewide integrated family violence-sexual assault system. This is a long and complex process

that requires the development of trust, understanding between partners from different parts of the family violence-sexual assault sector, and a stable political climate, to name but a few elements.

Victoria's Integrated Family Violence and Sexual Assault Service System

The figure below represents the entry points to the Victorian integrated family violence and sexual assault service system. In a fully developed integrated service system, there are

- (a) multiple entry points; that is, 'no wrong door' and
- (b) the service system encompasses prevention, early intervention, and response.

In moving toward a model of an integrated service system throughout the state, agencies might move from operating autonomously with little capacity to engage in prevention work; to increasingly developed multi-agency networks of specialist (family violence and sexual assault programs and agencies) and non-specialist agencies (mainstream) services and legal and statutory services.

Diagram 1: Entry Points to the Victorian service system for family violence and sexual assault



¹² Copyright 2013. Lucy Healey and Cathy Humphreys. The Continuum Matrix was developed by Lucy Healey and Cathy Humphreys from the SAFER project team during a 5-year program of research from 2008 to 2013. Working closely with the ARC Linkage Partners, particularly those from the Office of Women's Policy and the Department of Human Services, it draws on an international literature review, focus groups, fora, formal and informal interviews, and a survey of members of regional and sub-regional integrated family violence committees.

The 8 Indicators

Indicator 1:	Developing an Integrated FV-SA Service System
Indicator 2:	Strengthening Community Partnerships
Indicator 3:	Clarifying Committee Function and Diversifying Representation on Committee
Indicator 4:	Developing Family Violence-Sexual Assault (FV-SA) Service Pathways
Indicator 5:	Regularising Joint Review and Planning
Indicator 6:	Supporting Risk Assessment and Risk Management
Indicator 7:	Developing Professional Practice Across the System
Indicator 8:	Supporting Evaluation and Research

Indicator 1: Developing an Integrated FV-SA Service System¹³

INITIAL	1 - Not in place	2 - Minimal	3 - Progressing	OPTIMAL 4 - Fully developed
<i>1.1 Definition of FV-SA</i>	No shared understanding of FV-SA; conflict over gendered definition; not inclusive of different types of abuse; does not include diversity of experience	Acknowledgement of children in the definition Common understanding of gendered nature of FV and SA	Acknowledgement of diverse experiences and particular risks of violence (eg. women with disabilities, Aboriginal women, GLBTI and CALD women, rural women)	Shared gendered understanding of FV and SA that is inclusive of all forms and acknowledges diversity of experience
<i>1.2 Aims and Planning</i>	No shared aim and planning for intervening at either strategic or operational level across agencies	Specialist women's, children's and men's service share the aims for and development of a FV-SA plan for the region	Legal and statutory services and specialist services and sexual assault services plan for the region	Shared aim of achieving safety of women and children, accountability of men using violence, and accountability of service responsiveness
<i>1.3 Survivor voices</i>	Little attention given to the voices and needs of women and children survivors within and across programs	Programs (including perpetrator programs) prioritise survivor' views of 'success'	Survivor voices represented within regional forums and provide direction for whole-of-system/community improvements	Women's and children's voices and needs are routinely prioritized in regular monitoring and evaluation processes across the service system

FV-SA = Family Violence and Sexual Assault; GLBTI = Gay, Lesbian, Bisexual, Transgendered, Intersexed; CALD = Culturally and Linguistically Diverse

¹³ There are numerous examples that could exemplify indicator columns marked 'minimal' and 'progressing' but for brevity's sake, only occasional examples are provided. These are taken from different parts of the services involved in responding to family violence-sexual assault.

Indicator 2: Strengthening Community Partnerships

INITIAL	OPTIMAL			
	1 - Not in place	2 - Minimal	3 - Progressing	4 - Fully developed
2.1 Linkages	No partnerships in place at regional level	Specialist FV-SA services and police initiate cooperative strategies to improve safety and accountability at regional level	Information sharing, referrals, prevention and intervention strategies are developed across all key players in an integrated system Inconsistencies in operationalization of linkages across all key stakeholders(eg. police may consistently pursue appropriate referral, civil and/or criminal options but courts are inconsistent in prosecuting breaches)	Partnerships in place for all key stakeholders including links with Indigenous Regional Action Group ¹⁴ . Partnership agencies share administrative processes efficiently and transparently supported by Memoranda of Understanding for multi-agency partnerships

¹⁴ Indigenous Family Violence Regional Action Groups (RAGs) were established across Victoria, supported by Indigenous Family Violence Support Workers, in 2003. When Regional Integrated Family Violence Committees were established across the state to oversee the reform process in 2006, they were required to develop links with Aboriginal Victorians through the RAGs (see Victoria's *Indigenous Family Violence 10 Year Plan – Strong Culture, Strong Peoples, Strong Families: Towards a safer future for Indigenous families and communities*, 2008).

Indicator 3: Clarifying Committee Function and Diversifying Representation on Committee

INITIAL	1 - Not in place	2 - Minimal	3 - Progressing	OPTIMAL 4 - Fully developed
3.1 <i>Committee support</i>	Voluntary participation in committee	Regional Integration Coordinator supports committee and partnerships	Resourcing for the committee is on-going rather than short-term	A paid secretariat supports the work of (sub)regional committees
3.2 <i>Members' roles and responsibilities</i>	Roles and responsibilities unclear; members do not bring relevant information to regional committee and do not disseminate information to their agency	Clarity about roles and responsibilities of key committee positions (eg. Chairs, Regional Integration Coordinator)	Clarity of member roles and responsibilities eg. via development of Terms of Reference	Clarity of: roles and responsibilities, committee processes, budget accountability; information disseminated appropriately
3.3 <i>Decision-making and authority</i>	No consistent, agreed means of making decisions; decisions and actions in one agency have unintended consequences in another agency or part of the service system	Members do not have decision-making authority with which to make decisions on behalf of their agency within the committee; no process for handling conflict of interest	Members have the authority and requisite knowledge and influence to make decisions on behalf of their agency within the committee	Decision-making processes are informed, transparent and consistently applied
3.4 <i>Local champions</i>	No 'local champion' committee members			Public figures are committee member 'champions' able to provide links to different stakeholders
3.5 <i>Agency representation</i>	Core services from the FV-SA service system are not routinely represented within the committee	Development of partnerships between police and FV-SA agencies but core justice and statutory agencies still unrepresented	Reciprocal engagement between Aboriginal and non-Aboriginal regional committees Diversity evident in committee representation	There is permanent representation of the requisite statutory, justice and human services bodies on the committee with other services co-opted to it as are deemed necessary

Indicator 4: Developing FV-SA Service Pathways

INITIAL	1 - Not in place	2 - Minimal	3 - Progressing	OPTIMAL 4 - Fully developed
<i>4.1 Referral pathways: (a) extent and (b) strength</i>	(a) Minimal referrals across the service system (b) no agreement on risk assessment and risk management weakens referrals	(a) Referrals underway in some parts of the system but non-existent elsewhere (b) Referrals between key agencies are inconsistent eg. referrals between police men's and women's services; children's pathway unclear	(a) Clear referral pathways, including for high risk clients exist (b) Development of clear risk assessment and risk management protocols for referral pathways	(a) Active referrals across the FV-SA service system exist for all clients and at all levels of risk (b) Referral pathways based on agreed risk assessment and risk management embedded in practice
<i>4.2 Client tracking</i>	No shared common aim and understanding of the need to track clients through the service system	Technical and / or ethical barriers prevent the tracking of clients across and through the service system	Policy developed in order to overcome the technical and ethical barriers to sharing client information; tracking service users through the service system is used for long term planning	Agencies share and engage in tracking clients through the service system and provide feedback to each other on outcomes
<i>4.3 Supporting diversity</i>	Minimal or no access to services for key population groups; diversity of population poorly reflected across the system's employment profile	Beginning referral development for one service group (eg. women with disabilities at regional level)	Specialist agencies are accessible and respond to clients from specific population groups (eg. Aboriginal agencies are resourced to provide FV-SA services)	Strong referral pathways support and are accessible to diverse population groups; diversity reflected in employment profile
<i>4.4 Secondary consultation, collaboration, and co-case management</i>	Minimal or no secondary consultation, collaboration, and co-case management; no resources for specialist secondary consultation	In some areas (eg. children's and women's services) co-case management is developing	Mechanisms for secondary consultation are progressing and recognized as an alternative to referral	Well-developed mechanisms and clarity about thresholds for secondary consultation, co-case management and collaboration between services and sectors; secondary consultation is resourced as part of the service system

Indicator 5: Regularising Joint Review and Planning

INITIAL	1 - Not in place	2 - Minimal	3 - Progressing	OPTIMAL 4 - Fully developed
<i>5.1 Data collection, analysis and monitoring</i>	Data collection is designed for administrative purposes only; no trend data available for joint planning purposes	Some agencies begin to share data on client referral numbers; trend data from at least one partner-agency (eg. police in a region) is available for planning	Data collection informs, guides and improves professional practice and planning; data analysis and monitoring within and across agencies is supported by training and supervision	Coordinated data collection provides the foundations for regional planning; data is disaggregated in meaningful ways; data is shared in ways that are systematic, timely and meaningful
<i>5.2 Joint strategic planning</i>	No joint planning and development of a FV-SA action plan at a regional or sub-regional level either operationally or strategically and no linkage to other planning processes (eg. justice forums, family services, early years' catchment planning, Indigenous Regional Action Groups)	Minimal alignment between regional, state and national strategic plans to prevent and respond to FV-SA	Joint strategic planning occurs but not all key stakeholders are involved (eg. human service agencies are involved but no justice agencies such as community legal, legal aid, courts or corrections); reporting back from each region to state level occurs	There is regular, joint, data-informed strategic planning involving all key stakeholders which informs the development of FV-SA initiatives and priorities across the region and includes linkage to other planning processes; planning documents available on public (sub)regional committee website
<i>5.3 Annual review should cover the work of (sub)regional committees and multi-agency networks</i>	Annual reviews only occur internally within agencies	Occasional joint reviews of local multi-agency networks occur but mechanisms to support a process for reviewing the efficacy of FV-SA responses across the region are limited	Multi-agency committees instigate regular joint reviews of their work	There is annual joint review of the work of the (sub)regional committees; and data is available in a timely way to support the multiagency annual review

Indicator 6: Supporting Risk Assessment and Risk Management

INITIAL	1 - Not in place	2 - Minimal	3 - Progressing	OPTIMAL 4 - Fully developed
6.1 <i>Risk assessment and management (RA and RM)</i>	Client screening and safety planning is fragmented; no differentiated response according to risk and no development of a high risk response; RA for women and RA for children is not aligned	Development of protocols which specify risk assessment and risk management within the regional response to FV-SA	Contentious issues which create barriers to shared risk assessment and risk management (eg. relating to confidentiality, permission and agreement from women) are resolved	A consistent state-wide, model for assessing risk and managing different risk levels is in place; regional RA-RM align with the statewide model; RA for women and children are aligned; ongoing training in RA and RM
6.2 <i>System and process in place to instigate appropriate multi-agency response to risk</i>	Minimal or no multi-agency RA & RM mechanism and protocols in place (eg. no information-sharing protocols; no process for clients to participate in case planning; no shared multi-agency case planning)	Occasional or limited multi-agency RM (eg. on high risk cases occurs between police and women's agencies but not children's agencies)	Mechanisms for developing multi-agency RA & RM (eg. mechanism in place but not used or embedded in practice)	Mechanisms and appropriate threshold in place for participation of multi-agency response and case conferencing; includes regular meeting of key agencies to discuss service integration, information sharing, client participation, RM
6.3 <i>Finite resources (financial, time, expertise, infrastructure) deployed appropriately and safely</i>	Mechanisms to deploy finite resources inadequate to support system accountability (eg. unresponsive to survivor needs; workers have to compromise safety of women and children, their own safety and perpetrator accountability; integration coordinator and multi-agency partnerships within region is unsupported)	Demand for service in excess of resources available and impacting on effective deployment of available resources within region (eg. some types of agencies in the integrated FV-SA system unable to respond to demand (eg. child protection, housing, courts, police))	Funding to support multi-agency partnerships and committee members' participation in (sub) regional committees emerges	Mechanisms to deploy finite resources maximize regional system accountability (eg. support survivor needs; enable workers to undertake their jobs without compromising victims' or their own safety or perpetrator accountability; and support the integrated governance of the service system including continuous funding for (sub) regional integration coordinators)

Indicator 7: Developing Professional Practice Across the Service System

INITIAL	1 - Not in place	2 - Minimal	3 - Progressing	OPTIMAL 4 - Fully developed
<i>7.1 Regulation of professional standards</i>	Professional practice is not guided by sector specific FV-SA codes of practice, protocols, service standards and privacy policy	The (sub)regional committee begins to promote FV-SA-specific professional and organisational learning in line with protocols, service standards and privacy policy	Members' knowledge of relevant FV-SA legislation, sector standards, codes of practice and professional guidelines is supported by education and training	Professional practice is aligned and consistent with codes of practice, protocols, service standards and privacy policy; monitoring for improvement is in place; skills audit embedded in regulation mechanisms
<i>7.2 Education and training</i>	No strategic development of accessible multi-agency FV-SA training at regional levels; education and training in FV-SA are not included in agency job descriptions	Some agencies make education and training in FV-SA available	The development of a rolling program of education and training to support FV-SA professional practice and multi-agency work Ongoing education and training for workers in the IFVSS relating to supporting diverse population groups	Accessible multi-agency education and training in FV & SA is supported and ongoing; there is continuous funding for regional training initiatives; linkages exist between the skills review of staff and training plan
<i>7.3 Risk assessment and risk management</i>	There is no common risk assessment and risk management training	The development of risk assessment training for specific professional groups	The consolidation of risk assessment training and development of risk management training throughout the service system	Common risk assessment and risk management training is funded, ongoing and accessible to rural and metropolitan regions

Indicator 8: Supporting Evaluation and Research

INITIAL	1 - Not in place	2 - Minimal	3 - Progressing	OPTIMAL 4 - Fully developed
<i>8.1 Evaluation of regional initiatives</i>	No evaluation built into new / pilot regional initiatives	Evaluations occur in specialist programs but not shared with regional partners	Local evaluation is used to drive local innovation and planning	The (sub)regional committee (a) instigates program evaluations (b) acts on evaluation findings locally and (c) supports wider (statewide) dissemination
<i>8.2 Development of research culture</i>	No mechanisms in place to support a research culture across the partnership agencies and no use of regional trend data	Development of the parameters for regional research	Partnership agencies engages with research in the family violence and sexual assault areas	Research is ongoing and informs annual joint review based on data analysis across the region

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