

Answers to written questions – Yes Unlimited Albury

1. *Do you think a telephone referral service – for example, a government-operated 'hotline' – would be useful in providing a centralised place for victims, or their friends and family members, to seek support? This could be similar to the [Domestic Violence Line](#), operated by Family & Community Services, or the [DV Crisis Line](#), operated by 1800 Respect – but with an expanded range of services available.*

Essentially this service does exist through the Domestic Violence Line (DCJ), though in our opinion its role is not as wide and effective as it could be and it should be more integrated with local service responses. Issues we have experienced at times with the Domestic Violence line have included:

- The eligibility can limit access i.e. has to be an intimate partner rather than other forms of violence i.e. house mate or relative.
- The level of detailed disclosure expected to be given from the client can be too much for a client presenting in distress who is more preoccupied with immediate needs like accommodation etc.
- The scope of what they can provide is limited.
- The Domestic Violence line often feels disconnected from the local DFV response.

To enhance the DV Line it could be expanded to include additional services such as:

- Flexible brokerage to access accommodation, transport costs, and gift cards for urgent needs.
- A more personalised response where a person is connected to a specific worker who they can communicate with after their first contact, knowing who will call them to check in or providing flexible options for contact. We frequently hear clients say they do not want to repeat their story. Any service that reduces the need for this, while still offering a comprehensive response, would be beneficial.
- Brief intervention, such as advice to navigate victim's services processes, personalised safety plans not simply a referral on to the next service.
- Integrated local service responses-capacity for DV Line workers taking the calls to build relationships with local services, understand their processes, scope, limitations, and be able to provide current information and containment for the caller (eg. "I have booked you an appointment with an SHLV support service, a worker will call you to talk to you about safety and offer you support. This would be a more structured in process, not ad hoc and will provide clarity for the person around what support is available. Ideally this would also trigger a local system response i.e through DVSA Ts and SAMS.

While phone access is a really important part of service responses what is more important is how integrated the different components of DFV service delivery are on a local level, and the coordination of access to these different components. Integrated services make for more accessible services. For example, in Albury there are three DFV focused services, ourselves Yes Unlimited- with an accommodation and case management focus through SHS and SHLV (DCJ funded), Linking Communities Network with WDV CAS- with a legal and risk/safety management focus (Justice funded) and the Albury Women's Centre with a counselling and health focus (Health funded). Each of these different services is funded by different government departments, have different targets and programs specifications and structurally have no obligation or process for how they work with each other. While we work hard at local level to collaborate and coordinate, there is no structural mechanism to

underpin how each 'piece' fits together meaning it is largely based on goodwill and relationships.

In terms of simplifying access when women present to a service some will require counselling, some need case management, some need legal support, some just practical assistance and most require a mixture of all these supports. With this in mind it is critical that differing components of support are highly integrated at both a systemic and practice level.

Yes Unlimited has recently commissioned a report exploring the disjointedness of the local DFV system and have arrived at a few key points of change that could improve this response:

1. **Formalised Mechanisms for Collaboration:** Collaboration that relies on goodwill will always be fragile due to its dependence on relationships, organisation priorities and the context of any given community. Sustainable collaboration needs to be structural, starting at a departmental level with funding and program design, right through to local service delivery with localised MOU's and integrated local systems.
 2. **Allocated Resourcing to Facilitate Collaboration:** This kind of collaboration is intensive and not cost neutral and resources should be provided to services, focused on pulling processes together, managing the networks of service providers, building the capacity for collaboration and developing local agreements and referral pathways.
 3. **Coordinated Centralised Access Point/s:** Ideally the experience of women and children requiring DFV support would be that only one contact with a service provider was required to activate the entire local DFV service response. People would know the number to call (potentially the state-wide DV line), the location/s to show up to and coordination would begin immediately. There are a variety of ways this could be done:
 - A single centralised intake point located with one service that has capacity to undertake brief intervention and filters clients through to wider service system as appropriate.
 - Multiple intake points at different DFV focused services that all have one coordinated system for intake and referrals through to other services.
 - A single statewide DV Line that is integrated with local service systems.
2. *Would this be beneficial to victims in regional areas, who face particular barriers to accessing support services?*

The expansion of the DV line to include the services mentioned above would be very useful in regional areas. For example, we recently undertook some brief intervention with a client in Mulwala, her closest service was in Victoria (where they were unfamiliar with state-based supports she was eligible for), next closest was over an hour away. We communicated via phone and posted documents that required her signature, in order to access victim's services funding to increase safety, as well as checking in on her emotional wellbeing and encouraging her to engage with her mental health supports. Our service is not funded to support this area, but we were the closest service and she was deemed to be at high risk and this could easily have been done by an effective state wide phone line. For it to be truly effective it needs to be truly 'no wrong door', and we have had clients who have contacted DV line, disclosed their situation in detail, and been advised they are not eligible for the support. If a client is asked to call a different number, there is a great risk that they will not reach out for support again.

3. *How would you see this interacting with other existing government and non-government services? Do you have any suggestions for how it could help victims navigate domestic violence support services – e.g. housing, mental health support, legal support, reporting to police, etc.?*

As mentioned a state DV line should be highly integrated with local service systems, which could include having a local representative linked in with key agency staff, regular meetings between the line and local services and potentially some kind of shared data/information management system.

4. *If you do not think this would be a helpful service, what other suggestions do you have to improve accessibility and visibility of victim support services, and improve the 'centralisation' of supports for victims of domestic abuse?*

We think this could be useful alongside a broader shift in the coordination of localised access points as detailed above. The DV line should be a part of the local service response not a peripheral add-on.

In summary our key points would be:

- The existing DV line should be enhanced and expanded
- The DV line should have a clear link to local service systems
- Improved access can only occur when local service systems are integrated and we should be looking at coordinated or centralised local access points