



# A Case for Change: Domestic and Family Violence in Albury-Wodonga

Report overview  
and reform agenda

Summarised from the '*A Case for Change: Domestic and Family Violence in Albury-Wodonga*' research project by Serena Griggs and Ian Scott for the Border Domestic Violence Network and Yes Unlimited.

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# A Case for Change: Domestic and Family Violence in Albury–Wodonga

## Foreword

It is my pleasure to present to you the findings of “A Case for Change: Domestic and Family Violence in Albury-Wodonga” and more importantly to launch the work ahead of us as part of a locally driven reform agenda.

Yes Unlimited entered the Domestic and Family Violence (DFV) sphere after being contracted to operate Betty’s Place Women’s Refuge as part of the NSW Going Home Staying Home Reform in 2015. While it took some time for us to find our feet in this area of work, we developed a sense early on that something about Albury’s DFV system response wasn’t quite working, however at this stage we couldn’t put our finger on what the issue was. In late 2020 after numerous discussions with partner organisations, and feedback from women, Yes Unlimited alongside the Border Domestic Violence Network decided to invest the time and resourcing required to explore, unpack and nail down a clear vision for future DFV service delivery in Albury.

Since commencing this learning journey, the local DFV landscape has shifted significantly. A new NSW Premier announced funding for women’s refuges, programs such as Staying Home Leaving Violence and Violence Abuse and Neglect (VAN) have been expanded, Victoria has continued to implement the recommendations of the Royal Commission with the arrival of the Orange Door in Wodonga, there’s been changes in leadership of key services, and the Women’s Domestic Violence Court Advocacy Service has settled into a co-location with our service at the Hub. As our service systems get more complex, and with the shifting sands of the service context, it feels timely for us to be grounded in a clear direction for the future and the work ahead of us.

There is no shortage of good people, trying to do good work in this space. What has become increasingly clear through the project however, is that in NSW at least, programs have not been designed with systemic alignment in mind. In some ways this is unsurprising given DFV services are funded across multiple departments including Health, Community Services, and Justice. Everyone is doing what they are funded to do, but the lack of structure and clear leadership for coordinated service delivery, means that collaborative practice is somewhat fickle and relationship dependent. While this is frustrating, it does present an opportunity for the local sector to fill this gap with our own collective efforts and design a system that works for our unique community.

I’d like to extend our heartfelt thanks to our consultants Serena Griggs and Ian Scott for guiding us and our partners through this process, consolidating a plethora of information and giving such a diversity of stakeholders a space to contribute to the final report. The robust, dynamic, and occasionally challenging conversations helped us all refine our analysis, and we are ending the process in a far more confident place than when we started.

To evaluate our local service system in such a robust way is to make an investment in our community, and I would like to acknowledge the support of the NSW Department of Communities and Justice and the Border Domestic Violence Network for resourcing the ‘A Case for Change’ project to enable this important work to be undertaken.

Finally, to the women who shared their stories and informed A Case for Change with their lived experience. These accounts were hard to read. They were visceral and raw, highlighting the tragic consequences of DFV on the lives of those experiencing it, and the systemic failures that can exacerbate or prolong the associated trauma. In parallel, the stories also depicted strong, resilient women, who bravely and generously gifted us with important insights into how our response as services can, and needs to be better. Our sincerest gratitude to you all for being part of the project and I hope our commitment to genuine local change, honours the vulnerability you demonstrated in sharing your experience.

I am confident that the Community Reform Agenda and this final report sets the scene for the work our services have ahead of us in creating a more accessible, responsive and integrated local (cross-border) DFV service system/s. I am also confident that there is not only the will, but the determination and commitment, within the local sector to work in solidarity to ensure the safety and wellbeing of women, children and families.

Dianne Glover

CEO

Yes Unlimited

## Overview

### *A Domestic and Family Violence Border Collaboration project*

The 'A Case for Change' project aimed to identify and understand the systemic challenges to Domestic and Family Violence (DFV) service delivery and client experience and safety that exist in the Albury-Wodonga cross-border service setting. It has found that whilst the Victorian side of the border is undergoing significant reform towards a more connected and collaborative DFV system and seamless client experience, the lack of a similar integrated system in NSW means that making things work in a cross border setting relies heavily on the informal efforts of individual workers and organisations. A risk of clients 'falling through the cracks' or receiving an inconsistent service response due to the complexity of navigating two distinct systems was highlighted throughout consultation. The 'A Case for Change' report provides recommendations and sets out a reform agenda to alleviate some of these issues at a local level, whilst recognising that broader systemic change can only be achieved through significant policy reform in NSW.

The project began in 2020 as a collaboration between the Albury-Wodonga Border Domestic Violence Network (BDVN) and Yes Unlimited. The work was funded through Yes Unlimited with a grant from the Department of Communities and Justice, as well as with funds provided by the BDVN. Yes Unlimited managed the project and consultants Serena Griggs and Ian Scott were hired to research and write the report.

Methods used to inform the report and its recommendations were:

#### **Literature review:**

- DFV policy history and reforms in Australia, primarily Victoria and NSW
- Cross border issues and solutions reports
- Refuge accommodation and service delivery models

#### **Interviews and consultation:**

- Women with lived experience of domestic and family violence and support services
- Key service providers in Albury-Wodonga
- Secondary service providers in Albury-Wodonga
- Managers operating refuge accommodation in other parts of Australia
- Local networks and forums

Recommendations arising from the project predominantly focus on ensuring the NSW side of the border is able to productively work with its Victorian counterparts, and fall into the broad categories of formalised, resourced collaboration; service alignment and streamlining; and advocacy for systemic reform.

A reform agenda for locally driven change arising from the A Case for Change project has been identified, with further explanation on the following pages:

1. **A formalised agreement** as a mechanism for collaboration
2. **Allocated resourcing** to facilitate collaboration
3. Coordinated **centralised access point/s**
4. Mechanisms for **cross-border process alignment**
5. Collective advocacy for **greater departmental policy alignment**

## Reform agenda for locally driven change

### 1. A Formalised Agreement as a Mechanism for Collaboration

#### Why is this important?

While all services generally agree and work hard to foster collaborative practice, without a formalised structural mechanism underpinning this, collaboration will always be ad hoc, relationship dependent and inconsistent. There are three DFV focused services in Albury: Yes Unlimited, with an accommodation and case management focus, LCN WDVCS, with a legal and risk/safety management focus and the Albury Women's Centre with a counseling and health focus. Additionally, there are numerous other services that involve an element of work relating to Domestic and Family Violence such as the police, health services, and legal services. The 'A Case for Change' report has clearly highlighted the multifaceted needs of women and children experiencing DFV at the point of services presentation. Some need counseling, 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. Quite simply, isolated service delivery isolates clients; the exact opposite of what a trauma informed response should do.

#### What could it look like?

An initial high-level starting point would be an MOU or other type of agreement between the three key services articulating a commitment to working together, an agreed direction for local service delivery and an early outline for some kind of ongoing governance structure to underpin the partnership, such as Terms of Reference and set regular meetings. Ideally over time this would evolve to include coordinated intake arrangements, integrated service delivery, clear referral pathways and shared practice frameworks.

#### What would the outcome be?

A formalised agreement would position the three services to share a clear mandate for leadership in the DFV space and provide a platform for progressing a community-led reform agenda. Importantly, this would ensure collaboration goes beyond arbitrary relationships, building a sustainable foundation for future work together. The agreement would set the scene for work on clearer referral pathways, integrated practice approaches, coordinated use of funding, and the continued development of a partnership-driven approach to DFV in Albury.

### 2. Allocated Resourcing to Facilitate Collaboration

#### Why is this important?

Collaboration is not resource neutral, particularly if the collaborative efforts are working towards genuine systems-level change. Too often 'collaboration' is presented as the panacea for complex systemic problems, without a recognition of the legislative and bureaucratic hurdles, time, energy and continued maintenance required to make collaboration work. As highlighted in 'A Case for Change', the Albury-Wodonga DFV system is particularly knotty, considering the cross-border context, multiple funding bodies, diverse range of stakeholders and the dynamics of the disjointed service design in Albury. Platitudes regarding collaboration are insufficient when considering this environment and a genuine investment is needed to navigate what needs to happen, how it will happen and who will do the leg work.

#### What could it look like?

The State-wide Homelessness Networks that operate in Victoria provide one useful example of how collaboration can be resourced effectively with its role of Regional Network Coordinators. Funded by the state government under the auspice of a locally relevant NGO, the Regional Network Coordinators work to:

- Provide an ongoing mechanism to facilitate consultation with primary regional homelessness service providers, secondary providers and the Department Health and Human Services (DHHS) and other stakeholders.
- Assist the identification of regional needs and contribute to planning, policy analysis, research and program development.
- Share information and promote a better understanding of homelessness within the community and across community organisations and governments.
- Coordination and reporting of the Homeless Emergency Accommodation Response across the southern region.
- Facilitate the understanding and knowledge of new services, programs and best practice.
- Encourage and maintain linkages with other relevant service providers and peak bodies, both at a regional and state level. (Launch Housing Position Description 2020)

A similar role focused on DFV in a cross-border context, the development work required in the Albury DFV system and the implementation of this reform agenda would be a significant step in moving us away from admiring the problems we are all familiar with, to progressing towards real solutions. There are a number of options for funding

this role either by lobbying for additional funding to either state governments, a one-off grant or the pooling of existing funding from service providers. Points to consider would include:

- The organisation that would be best placed to hold and lead the role.
- The interaction of this role and the local BDVN.
- The best way forward in terms of funding the role.
- The scope of the role.

#### **What would the outcome be?**

Resourcing collaboration positions the sector to get things done. Often, progress on collaboration and systems change stalls because services are so absorbed with crisis work and the priorities of day-to-day service delivery that big picture work is inevitably avoided or deprioritised. All service providers can relate to the experience of sitting in meetings where everyone has agreed that “something needs to be done”, only to be met with silence when it comes getting a name locked in the ‘actions’ list. This isn’t due to a lack of desire or commitment, just the reality of stakeholders who are already pressed for time and who recognise the scope required for this type of work to be done well.

### **3. Coordinated Centralised Access Point/s**

#### **Why is this important?**

On a service delivery level, the feedback that has stood out most from both the women and service providers who shared their experience through the ‘A Case for Change’ project has been the disjointed access experience for DFV services in Albury. Women regularly report bouncing from service to service as they try and find the right response or piece together the different components of support they need to address their situation as a whole. Likewise, service providers are often confused about who to contact and where to send people. This inevitably exacerbates and unnecessarily extends the experience of trauma, displacement and anxiety already associated with an experience of DFV. If our service systems are going to be trauma informed, then access points need to be simple, predictable, reliable and consistent, regardless of how or where service contact is initiated.

#### **What could it look like?**

There are multiple ways centralised access points can be developed and a substantial evidence base exists on how these can be designed in different contexts. With a mechanism for collaboration (point 1) and resourcing for collaboration (point 2), the three Albury DFV focused services would be well placed to undertake and lead the work required, whatever form it may take. Some considerations for the design of Coordinated Centralised

Access Points would include:

- Would a single site/ number system or a multiple site/ number system with a coordinated process be more effective?
- If a single site model was implemented who would be best placed to do this?
- What service/program alignment would need to occur to facilitate a Coordinated Centralised Access Point?
- What side doors would there be to a Coordinated Centralised Access Point and how could they be closed or managed?

#### **What would the outcome be?**

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, the location/s to show up to and coordination would begin immediately on presentation.

### **4. Mechanisms for Cross-Border Process Alignment**

#### **Why is this important?**

As the ‘A Case for Change’ report has detailed, the cross-border environment has some unique challenges that are often a little nebulous when trying to describe. The broad sense is that the cross-border environment causes confusion, inconsistency and allows for service gaps that people can inadvertently fall through. This is particularly pertinent on the Albury side of the border, in contrast to the substantial systemic reform that has already occurred in Victoria.

#### **What could it look like?**

Cross-border work is often slow and difficult to progress, however there are a number of areas where change could be relatively simple. An issue that is tangible and could act as a springboard for further cross-border development is the alignment of the two legislated responses provided through the SAMS and RAMP processes. This could include a process for information sharing, opportunities for cross-border meetings as required, or a simple, formalised connection between the two lead agents of these meetings.

The Network Coordinator role, once embedded, could lead further discussion and potential cross-border development to explore:

- Low cost/no cost changes that could be implemented quite quickly
- Some cost/medium term changes
- Big picture legislative/systems change

## What would the outcome be?

Realistically, the border and having similar sized cities on either side will always be somewhat problematic in terms of navigating two different state governments with varying legislative frameworks, funding priorities and programs. This being said, with locally driven collaborative efforts, there is the potential to create community based 'buffers' that mitigate some of these differences and ensure people accessing DFV services receive a consistent response, and that information, particularly in relation to risk, is shared appropriately to prevent people from falling through service gaps.

## 5. Collective advocacy for greater departmental policy alignment

### Why is this important?

While much can be achieved at community level, 'A Case for Change' has clearly highlighted the systemic roots of many of the issues identified in the DFV space. In NSW particularly, there is no clear departmental leadership or point of responsibility in delivering a congruent response to DFV. This is reflected in the ad hoc funding arrangements, siloed program delivery and the lack of coordination in how government initiatives are rolled out. If the service sector is to be sustainably integrated, it is critical that this is mirrored by the departments that fund and lead it. Long term collaboration needs to happen alongside the actions of government, not in spite of it.

### What could it look like?

Our community's voice is most powerful when delivered as a unified front. While this is often hampered by the

## Where to from here?

*A Case for Change* has drawn out a tangible and informed roadmap for the work required in the DFV service space in Albury.

An immediate action will be the establishment of a small working group of key services to examine the recommendations, extrapolate on the practicalities of locally driven reform, and foster the environment of collaboration and leadership that is required for this level of change. This foundation, along with the commitment to reform being expressed by the local sector, will position us to successfully implement the recommendations of the report, and to deliver an improved and more connected response to women and children experiencing DFV.

## For more information or to discuss, please contact Yes Unlimited:

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competitive and disjointed nature of the service sector, by placing women and children at the firmly at the centre of our work a consistent message to government can be delivered. A mechanism to develop our collective voice could include:

- A shared advocacy platform that key service representatives use in discussions with their relevant department, to articulate the issues in a consistent way.
- Shared submissions to government.
- Collaborative media campaigns to create pressure for change.
- Strategic responses to funding opportunities and government initiatives at a local level, i.e. agreements around who might be best placed to deliver something, or joint proposals for delivery.
- Demonstrating and telling the story of how a systemic response to DFV can work by implementing change at a community level.

### What would the outcome be?

Ideally the multiple government departments that have a footprint in the DFV sector would be funding and managing service delivery in a more cohesive manner that supports the system to work as an actual 'system'. Consideration would be given to how programs 'fit' with each other, where gaps are and more attention would be given to systems design, than to the tendency to add more programs. Rather than relying on the fragile nature of collaboration based on community goodwill, programs would be structurally designed in a way that makes collaboration and integration the only option.