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Final Evaluation Report (2011 - MG008) for the Legal Services Board Victoria

'Why Didn't You Ask?' – Evaluation of the Family Violence Project of Loddon Campaspe Community Legal Community Legal Centre

April 2015

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Thank you to the Reference Group for the WDYA Project and the staff and management of the Loddon Campaspe Community Legal Centre for their assistance with this project. Additional thanks for the voluntary assistance of Dr Robert Southgate as colourful and helpful charts he devised appear throughout this report.

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Part A – Overview of Project and General Findings of the Evaluation

Background to this Report

This report is for the Legal Service Board and Commissioner Grants Program and the Loddon Campaspe Community Legal Centre (LCCLC), a program of the Advocacy & Rights Centre Ltd, Bendigo (ARC). It evaluates the Family Violence Project of LCCLC entitled 'Why didn't you ask?' which was funded by the Legal Services Board (LSB) in 2011 after an application by the LCCLC. **Why didn't you ask?' (WDYA)** aims to improve the safety, social and health outcomes for women at risk of or experiencing family violence (FV). The project aims to target family violence in the Central Victoria region. It provides a family violence duty lawyer, advice and ongoing case work across the Loddon and Campaspe region, currently constituting 46.5% of the service's case work.[1] This project focuses on giving voice to women that have experienced family violence and the legal system. The funding has enabled LCCLC to dedicate the type of resources to family violence work that is needed to respond to demand and to identify systemic improvements.

The author, Dr Curran (Curran) was commissioned in late July 2014 to undertake this evaluation of a project that has been operating for approximately three years. Given the need to report on and evaluate the project in a short time frame it was determined that the best method would be to undertake a 'desktop review' of activities conducted and processes undergone in the family violence program at LCCLC (8 Months).

About the WDYA Project

The initial application in 2011 to the LSB states that the WDYA Project sought to:

- Increase legal solutions that support outcomes preferred by women
- Achieve timely, effective and appropriate legal services across the region
- Increase knowledge of health professionals concerning legal interventions and the health benefits of timely legal interventions
- Improve health outcomes for victims of violence through early identification and referral for legal interventions
- Increase in knowledge of service users, service providers and the community generally about the range of legal interventions that can be used to address family violence.

Part of the strategy to achieve these aims included:

[1] The average proportion of family violence in legal work across community legal centres in Victoria is 35.5%.

- Seeking the views of clients regarding the appropriateness and effectiveness of legal interventions and their preferred outcomes through a survey and in-depth interviews. These were then documented in a report alongside relevant other research and literature on family violence prevention. Two written reports (in a summary and in detailed longer form) have been released at a public launch on 5 May 2015. This aspect of the project fills an, until recently, significant gap in much of the research in the family violence area by directly asking women about their experiences, what they seek and around systems' improvement. This is literature and unique research with participants who have experienced family violence.

- Delivering legal assistance through a multidisciplinary model and at a number of different court locations where a need was identified. (This saw the project deliver a lawyer service at two new regional sites of Kyneton and Swan Hill and increases over the life of the project at other court sites).

- Focusing on the health benefits of effective legal interventions

- Building collaborative relationships across legal, health and social services. LCCLC developed and conducted a survey tool of legal and health professionals to gauge the benefits and inhibitors to collaboration on family violence. This has generated some useful data and insights that can inform future collaborations between legal and health and allied health providers.

- Engaging with Indigenous communities. This included the presence of an indigenous person on the reference group for the project and ongoing discussions and advice sought on culturally sensitive service from local indigenous organisations and community legal education and professional development.

- A strong educative and professional development component for non-legal professionals particularly doctors.

Key to the project methodology was to incorporate the voices of women who have experienced family violence in the development of LCCLC tools and methodology and also in informing the legal process about how its interventions might be improved.

In the initial first two years of the project attempts were made by LCCLC to organise a focus group for women who have applied for intervention orders in the past to provide feedback on the survey content. Unfortunately, it was very difficult to recruit participants for such a focus group. It was decided that the key link to participants is contact with them at courts, and that this would be the best way to obtain direct client feedback and to make initial contact.

The difficulties LCCLC identified in their first two progress reports to the LSB are not unique as many research projects have reported problems recruiting participation of women. What is

commendable, and is a finding of this evaluation report, is that LCCCLC persisted and found an appropriate and sensitive methodology for recruitment that involved contact at court, voluntary survey participation and then in-depth interviews with women who volunteered for further follow-up through the survey.

Summary of Findings of this Evaluation

This project has achieved its aims and the significant majority of the deliverables. In some areas the project has achieved what it indicated it aims to achieve and gone beyond its aims with additional innovations. Where deliverables were not delivered they were found to not be appropriate (see LCCLC's Second Report to LSB dated 15 January 2014 for explanation).

LCCLC has extended services for family violence assistance and representation. It has provided a venue for women's experiences of violence, the court system and the legal process and support system, to be heard. LCCLC is working to ensure these views in form policy and practical responses and has advocated for systems enhancements to protect safety for women and children and improve service delivery and court processes. This culminated in the release of the report *Will Somebody Listen to Me?* on 5 May 2015 which has been provided to decision-makers, media and community with pragmatic suggestions for change.

The LCCLC project has demonstrably led to a greater understanding of family violence service, referral pathways and the role of the law and family violence orders with health and allied professionals. Evaluations of training with medical practitioners evidence an 'intention to change practice' as a result of training conducted by LCCLC around family violence.

As a result of this WDYA project, LCCLC has laid the ground work to identify barriers and enhancers for better collaboration between health and legal professionals through the development, conduct of a Health Survey Tool 2 and preliminary analysis of findings from the 'Supporting Clients Better through Good Professional Collaborations' Survey which closed on 31 March 2015.

As noted in 'Part C – Conclusions' at the end of this Evaluation Report, valuable research and findings, as detailed and evidenced in this Evaluation Report, have resulted from the LSB funded 'WDYA Project'. This work ought to be continued, given the momentum and valuable findings from this project and the expertise of staff that has been developed by virtue of this project.

Curran also suggests in this Evaluation Report that the important work of the LCCLC can also be advanced by bringing its findings to the attention of the Victorian Royal Commission into Family Violence (The Neave Inquiry) established in December 2014.

Scope of this Evaluation Report

The 'Why didn't you ask? Project' (WDYA Project) was funded through the Legal Services Board (LSB) 2010 -11 Grants Program. Another initial evaluator was retained in or around July 2012 to evaluate the project.

LCCLC provided an Interim Report on the WDYA Project in October 2013. This provided detail on aspects of the project as to the findings of the survey and interviews and views of women at that point in time of the project. This Evaluation Report of the WDYA does not replicate the WDYA Project Report on the literature on family violence nor the WDYA Project research findings. The LCCLC has produced a very detailed report (in summary and full formats entitled, *Will Somebody Listen to Me?* that will act as a compliment to this Evaluation Report. This report will cover material in the WDYA Research insofar that it is relevant for the purposes of this evaluation.

LCCLC has also provided a number of interim reports to the LSB on project progress during the life of the project from 2012- 2014. Curran is informed that the previous evaluator also provided an evaluation report in the second year of the project.

The previous evaluator and the LCCLC had already settled on the details in the deliverables and the survey and interview questions prior to Curran's engagement. For this reason, Curran has largely been tasked with measuring attainments within the existing settled framework and program logic for the evaluation and the questions and data sources. However, Curran has not been able to verify many of the evaluation questions that the previous evaluator settled upon given that this evaluation was not of an ongoing nature with the same consistent evaluator and a gap in time for the new evaluator to be appointed. For example, 'reflection sessions' suggested by the previous evaluator over the life of the project and identification of changes in referral patterns were not achievable.

Given the late stage at which Curran was retained on this project it was decided the evaluation would proceed by way of a 'desk top evaluation' only, given this shortness of time and the delays that an ethical approval process would have entailed where any component had involved human participation. This was particularly the case as the evaluation had been established without Curran's input into the tools and any retrospective human ethics process may have delayed the critical work, timed funding of this project and the milestones that LCCLC is required to reach. In addition, Curran's involvement in reflection sessions and direct research and data collection would have involved human research. This would have been problematic in terms of ethics approval especially as the tools and instruments for the evaluation had already been decided and were underway prior to her engagement. Changing the methods would have compromised comparable data which the project had envisaged would emerge over the project life.

The scope of this evaluation is therefore necessarily limited by the nature of the evaluation being by 'desk top' analysis, reliance on CLSIS data as a data collection and capture tool and timelines for acquittal. Accordingly, the 'desk top' approach examines data that has already been collected from

participants, de-identified and aggregated in-house by LCCLC and through the checking of processes that have been undergone by LCCLC in line with deliverables and aims.

Another limitation in the evaluation has been that it has been heavily reliant on data collected through the Community Legal Services Information System (CLSIS) which is the system by which community legal centres are required to capture data on service delivery. CLSIS can be 'clunky' and it is often difficult to extract data that would be in line with what might be desired for a project on family violence and to aggregate data in more than two fields. Some rich additional data has been extracted from the LCCLC's own surveys, which it has designed in-house and in consultation with other agencies namely, the initial health survey and the later professional collaboration survey.

Curran applied for and received ANU Ethics Approval for the evaluation to be a 'desk top' evaluation in 'expedited format' as there was no human research to be undertaken by Curran. Ethics Approval (Number 2014/500). Ethics approval was granted by ANU in September 2014.

This evaluation has only required that Curran check to see that questions are asked, to check data and analyse it, once it has already aggregated by LCCLC. Curran has also verified that processes and actions (deliverables) have been completed or undertaken. It has not involved Curran in any of the actual research being conducted other than in an advisory sense in the publication phase and in terms of the process for the delivery by LCCLC of some community legal education (CLE) in the final stages of the project.

This evaluation does not include a literature review on family violence. This has been detailed in the report, *Will Somebody Listen to Me?* which LCCLC has written, produced and launched and can be found there. To repeat it here would be merely a duplication.

As this is a desk top evaluation and commenced well into the project, it presented limits to the action research nature of the project or inputs around continuous reflection and improvement. However, in the course of the project Curran did made some suggestions. For example, in the area of legal education and professional development on refinement of the evaluation tools to incorporate questions around 'changes or intentions to change practice'. These suggestions were implemented and the Evaluation Surveys were conducted by LCCLC in-house. Curran also provided feedback into the draft 'WDYA' Project's research report, *Will Somebody Listen to Me?* which was considered by LCCLC.

Curran notes that, despite the limitations of the desk top evaluation approach, staff at LCCLC have been enthusiastic in considering and taking on board ideas around service improvements and have been timely and persistent in providing her with the CLSIS data subject to the limitations of the data base.

Methodology

The approach to this evaluation was to undertake a desktop review of activities conducted by the family violence project. It involved preliminary consultations with the project's reference group to assist in evaluating the family violence project against its stated objectives.

The project requires that LCCLC reach certain goals with articulated deliverables.

Curran has conducted two site visits in Bendigo. One on 29 July 2014 and one on 20 October 2014. She attended and observed a reference group meeting with consent of the Multi Agency Reference and Advisory Group on 29 July 2014 and met with the collaborators.

On her site visit on 20 October 2014 she examined documents provided by LCCLC to ascertain whether the objectives numbered one – seven (1-7) and the deliverables denoted in bold below were on track or reached. Curran provided an Interim Evaluation Report to LCCLC at the end of October 2014 which concluded that the project was on track.

All data for the evaluation has been collected and aggregated by LCCLC and provided to Curran who has then checked information and data against the deliverables as benchmarks for the achievement of the projects aims. She has also noted whether any are in the process of being achieved or for some reason were not appropriate given the context in which the service is being delivered.

Project Objectives

The objectives and deliverables set against these objectives are as follows:

Objective 1. Increased legal solutions that support outcomes preferred by women.

- Deliverable 1. Family Violence Outcomes tool against which to measure preferred and actual outcomes of client over time
- Deliverable 2. 200 responses to court-based survey (Targeting 30% of total assistance provided during project life)
- Deliverable 3. 20 responses to in-depth follow-up interviews.

Objective 2. Achieve timely, effective and appropriate legal services across the region.

- Deliverable 5. Initiated legal assistance program across target sites and developed "on-call" model for remaining court locations.
- Deliverable 6. Published report on multidisciplinary practice for family violence intervention services in rural and regional contexts.

Objective 3A. Increased knowledge of health professionals concerning legal interventions and the health benefits of timely legal interventions.

- Deliverable 7. Health survey results (Survey 1). 60 responses by health care providers.
- Deliverable 8. Training package developed in consultation with Loddon Mallee Murray Medicare Local (LMMML).
- Deliverable 9. Delivery of CLE in conjunction with LMMML and Bendigo Community Health Service at 3 sites.

Deliverable 10: Promotion of Family Violence Screening Tools to Health Partners

Objective 3B. Improved health outcomes for victims of violence through early identification and referral for legal interventions.

Deliverable 11. Health outcome assessment tool.

Objective 4. Joined up services between relevant health, legal and social services.

Deliverable 12. Active participation in two strategies undertaken by local family violence prevention projects.

Deliverable 13. Literature review of collaborative practice between social workers and lawyers, and within the RRR context.

Objective 5. Appropriate, effective and increased legal assistance services to indigenous communities.

Deliverable 14. Legal Education delivered at not less than three sites on 10 occasions.

Deliverable 15. Legal outreach advice sessions delivered at a minimum of one Aboriginal Community Controlled Health Organisation.

Objective 6. Increase in knowledge of service users, service providers and the community generally about the range of legal interventions that can be used to address family violence.

Deliverable 6. Legal Education delivered at not less than six sites on 20 occasions.

Objective 7. Evaluation report against project concepts, elements, objectives and activities.

Deliverable 7. Monitoring and evaluation agreement in place.

Overall Findings in Light of Deliverables

The research and report, Will Somebody Listen to Me?

The research into the experiences, suggestions and concerns of women who had or were experiencing family violence has been detailed in the *Will Somebody Listen to Me?* Report which comes in abridged report and in a detailed report.

190 women participated in the survey whilst 27 women consented to and participated in an in-depth interview. This is a significantly high response rate given research in this area struggles to gain women's participation. Past research has noted a problem in studies with the high rate of victim attrition or difficulty recruiting women with experience of family violence in many of studies. The victim is usually viewed as the best source for information. (See for example, L Feder, L & DB Wilson (2005) 'A meta-analytic view of court mandated batterer intervention programs: can courts affect abuser's behavior?' *Journal of Experimental Criminology*, vol. 1, pp. 239–262 and J Mouzos, & T Makkai (2004) 'Women's experience of male violence: findings for the Australian component of the International Violence Survey', *Research and Public Policy Series*, no. 56, Australian Institute of Criminology, Canberra. Some studies released in the past two years have had more success. This is also discussed in detail in the *Will Somebody Listen to Me?* Report and so will not be discussed in this evaluation report. Significant though is the ability of LCCLC in its research to recruit such a number of women. Later on this evaluation report (in the section 'WDYA Research') Curran will comment on factors that were effective in LCCCLC approach in recruiting women's participation.

In Curran's view the 'WDYA' Project Report and the research which informs it provides a unique opportunity for the voices of women to be heard and it makes pragmatic suggestions for improvement. Therefore LCCLC has increased the legal solutions that support outcomes preferred by women through both undertaking the research, documenting the results and promulgating them. This is evidenced with a planned communication strategy for the promulgation of the report and its recommendations in the wider community and for relevant decision-makers.

A new survey tool (Health Survey Tool 2) for measuring experiences and views on effective collaboration between health and legal service providers in family violence matter was developed by the LCCLC team, conducted until 31 March 2015 and then aggregated. Results have been examined by the evaluator. 118 professionals participated in the Collaborative Survey. 60% of participants were from the health sector whilst 40% of participants were from the legal sector. The results of this survey tool should assist in informing practices around some of the barriers, facilitators and impediments. It will be a useful tool in addressing emerging training gaps and professional misunderstandings which act as barriers to effective client service through collaboration.

Overall, the information flowing from the LCCLC's independent research including all the surveys and interviews with the women and the survey into collaboration between professionals in the health and allied health sector and legal sector is incredibly rich. It provides critical information around problematic service delivery and issues around safety and accountability.

Court and Advice Work

The project has seen increased access by women to legal representation through an escalating presence in regional courts as a result of the LSB funding. This is evidenced by the IVO figures at each court in the LCCLC CLSIS statistics in Bendigo, Echuca, Maryborough and the establishment of new services in Swan Hill and Kyneton.

There were a total of 464 Intervention Orders (IVOs) secured in the year from May 2011 - April 2012 (Kyneton IVOs commencing July 2012 at 54 until May 2012) compared to a total of 583 IVOs in May 2012 – April 2013 and 509 IVOs from May 2013 – April 2014 and total 501 IVOS May 2014 – March 2015. This signifies an increase in the IVOs with the project funding meaning, the attainment of the project aims and specific deliverables (see below).

It is not easy to elicit comparisons between court figures as often matters are transferred from court to court for a variety of reasons and the courts do not sit for certain periods. Aggregating the total court IVOS from year to year, however, reveals a steady increase in the number of clients assisted both at court and by way of outreach since the project's commencement.

The aggregated data in CLSIS provided by LCCLC reveals that referrals in on 'Advice' formed a pattern over the life of the project of steady increase, rising from 2 referrals in June 2011 to an average of 8 over the months in the last year of the project. This is suggestive of a growing awareness of agencies of the family violence work of LCCLC and a willingness to act and refer. The

project has therefore delivered legal assistance through a multidisciplinary model and at a number of different court locations where a need was identified.

Community Legal Education and Professional Development
The Community Legal Education (CLE)/Professional Development (PD) Evaluations of Medial Practitioner Training which were completed by participants during the project were positive. The responses provided by participants in the CLE/PD evidenced that whilst participants were aware of the growing need that health practitioners identify those experiencing family violence, this awareness increased following the CLE/PD provided by LCCLC. The CLE/PD Evaluation responses showed 'agreeing/strongly agreeing' post CLE/PD suggesting the session had instilled better understanding and confidence with respect to making referrals and 'agreeing' post CLE the CLE had instilled a better understanding of the intervention order process. A significant number of participants (consistently around 80%) tended to 'agree'/'strongly agree' that the information was relevant, useful and helpful, and that the participants were more informed as to how the law operates in Victoria with respect to family violence. Suggestions for improvement were also provided by Curran in the Evaluation Forms and have been used from CLE/PD sessions by staff at LCCLC.

Other CLE was conducted by the project team for a range of organisations and community members including indigenous services but not all evaluated. The number and sites of CLE conducted exceeded the required deliverables.

As noted above, the service was very responsive to feedback from Curran provided during this desktop evaluation. Approaches to training, professional development and community legal education were adapted to reflect adult learning principles and materials used were modified. The evaluation was adapted so as to gather data on 'changes to practice' or 'intention to change practice' as a result of training professionals or professional development to reflect recent thought on measuring impact in multidisciplinary practice in the public health sphere.

More detailed analysis of the aggregated data collected and the research responses and conclusions are provided in this Evaluation Report in Part B under the following headings below:

A. The Survey, In-depth Interviews and WDYA Report
B. Legal Services and Orders Delivered under the project
C. Community Legal Education in General
D. Community Legal Education GP Evaluations
E. Health Surveys
F. Un- listed Project Objectives/ Deliverables

Where deliverables were not delivered they are either shortly to be delivered (example publication on Multidisciplinary practice) or were not appropriate deliverables based on feedback to the service from either partners, collaborators or the women who were consulted about their

experiences. This includes the Family Violence Screening Tool. There are a number of existing similar tools and it was considered both a duplication and unnecessary to replace or replicate existing tools when with tweaking existing tools could continue to be utilised to greater effect.

The following have been examined according to the brief for this Desk Top Evaluation and Findings are briefly listed against each of the stated aims and deliverables of the 'WDYA' Project of the LCCLC (*Bold denotes the relevant deliverable and finding):

1.	200 Survey responses have been collected and analysed by LCCLC directly (without any personal participant details which will have been de-identified by LCCLC) and that the survey includes results and questions on quality effectiveness, timeliness and who is reached by the WDYA project of the LCCLC (1 2) **1, 2, 5.**
	Finding – Substantially Achieved. 190 Survey Reponses so the 200 Survey target not achieved. As noted above this is a significant response rate given other research.
2.	27 in-depth client interviews have been taken and analysed by LCCLC directly (without any personal participant details which will have been de-identified by LCCLC) and include demographics and court at which client assisted (1) **3**
	With respect to the legal service provided by LCCLC the majority of women surveyed indicated that they were happy with the service that they received from the LCCLC. This result may have a bias given it was the LCCLC conducting the survey and interviews and so this needs to be acknowledged. In the in-depth interviews some participants had also gone on to receive assistance from other lawyers and indicated that these were sometimes problematic and not consistent. From a project point of view in terms of the quality, effectiveness, understanding of legal issues surrounding FV, usefulness, referral and pathways of assistance.
	Finding – Achieved and exceeded. 27 In-depth interviews conducted – with 7 extra interviews.
3.	Number and continuity of services across court sites confirmed by LCCLC data/statistics kept by LCCLC (2) **5.**
	Finding – Achieved. There has been continuous services across five court sites throughout the project by two lawyers including new court sites at Kyneton, Swan Hill which have continued to have numbers starting from no court services at all namely 156 IVOs at Kyneton Court and 223 IVOs at Swan Hill Court in the period from May 2012 until end March 2015.
	There has been an increasing number and continuity of services across court sites confirmed by LCCLC data/statistics kept by LCCLC provided to Curran.
	Achieved and exceeded. Total figures for IVOs at court locations were 1,766 for the period from May 2012 until end March 2015.

4. Identified case data on files opened on FV matters at LCCLC were collected and analysed (without any personal participant details which will have been de-identified by LCCLC) reflecting a growth in numbers of cases opened on FV matters and referred to LCCLC. **(2)**

Finding – Achieved and Exceeded. In total 3,788 family violence casework services have been provided by LCCLC for the period June 2012- end March 2015.

In June 2012 the total number of cases taken on in relation to family violence in that month by LCCLC were 65 matters and at the projects conclusion in the month of March 2015 saw an increase to 129 matters. This increase in numbers of case work that has been undertaken since the project was funded by the LSB has consistently increased over the life of the project.

5. Sighting of evaluator of a completed WDYA Report on the results, findings and conclusions from research conducted and analysis of this and relevant literature (surveys and in-depth interviews) by LCCLC on their findings from the LCCLC 1 +2 above (2) **6.**

Finding – Almost achieved -on track and almost complete – Penultimate Edited Reports Sighted which includes an abridged report and a longer detailed report. Public launch of the Report planned 28 April 2014 and a communication strategy in place.

6. Legal Education delivered at not less than six sites on 20 occasions (without any personal participant details which will have been de-identified by LCCLC) confirmed by LCCLC data/statistics/ file notes kept by LCCLC (3A) **9 & 10**.

Finding – Achieved and exceeded by an additional 40 CLE sessions at 15 sites**.**
2012 (10), 2013 (11), 2014 (9), which have been evaluated 2015 (2) including four sessions for medical practitioners. Total = 32 as at October 2014. The Medical Practitioner Sessions were evaluated and so have been detailed in their own specific heading below.

7. Evaluation sheets already completed and summarised by LCCLC (without any personal participant details which will have been de-identified by LCCLC) for the evaluator of CLE at 4 sites and the survey includes questions on quality, effectiveness, understanding of legal issues surrounding FV, usefulness, referral and pathways of assistance available to clients as a result of the CLE undertaken of service providers. See notes above on the Family Violence Screening Tool (3A) by LCCLC in their 15 January 2014 Report to the LSB **9 & 10**.

Finding – Achieved. Project varied in 2014 to exclude the Family Violence Screening Tool (3A) from delivery in view of project exigencies explained in the LSB Report**. Of the evaluations completed the vast majority of participants 'strongly agreed' or 'agreed' post CLE training that the training enhanced their effectiveness, and understanding of legal issues surrounding FV, usefulness, referral and pathways of assistance**

8. Health survey completed and summarised by LCCLC (without any personal participant details which will have been de-identified by LCCLC) for the evaluator and that the survey includes questions on awareness of the service at Health Justice Partnership, confidence

and growing confidence in legal issue identification, recognition of the role of worker in identify issues and the role of the lawyer in the issues they can assist clients/patients with. (3A) **7, 8, 9** Health outcomes and improvements to existing collaborations to health and legal sector professionals emerging. **11**

Finding – Achieved and exceeded. An initial survey was undertaken and a later survey on collaborations also completed. Family Violence Screening Tool not feasible again see second report of LCCLC to LSB dated 15 January 2014.

9. Sighting of evaluator of a completed Training Package developed in consultation with Loddon Mallee Murray Medicare Local (3A) **8.**

Finding – Achieved.

10. Active participation in two strategies undertaken by local family violence prevention projects. (3) **12**

Finding – Achieved. Travelling Elephant Awareness Raising ("Family Violence – the elephant in the room") and WDYA Report written with support of other agencies.

Finding – Achieved. Power Points and Training Materials cited and advice provided by Evaluator, Curran to enhance context, use of scenarios and adult learning approaches recommended on 21 October 2014. These were included in implementation in future workshops and are evidenced in the questions which were included in the adapted Evaluation Forms.

Part B - Elaboration on Findings

A. The Survey, In-depth Interviews and WDYA Report

The LCCLC 'WDYA' research report, in this evaluation referred to as the 'WDYA' Project Report reports on findings from the survey and in-depth interviews.

On 1 April 2015 Curran was provided with copies of both the abridged version (35 pages) of the penultimate report and the full detailed report (156 pages) for which she perused and provided feedback. The 'WDYA' Project Report reveals some interesting, revelatory and useful findings to inform how the legal system handles and deals/does not deal with family violence particularly in its responsiveness, ways it handles safety of women and children and caters for victim/survivors of violence in the immediate, short, medium and longer term. Curran also had discussions with the project officer Carolyn Neilson in August 2014, October 2014, and November 2014 and in February 2015 about the report and to ascertain that processes were in place and being adhered to. Curran is satisfied that the processes were in place and adhered verified by seeing the material from the survey and interviews after de-identification by LCCLC. In addition to and discussions with and reports from the project worker, about themes emerging and milestones. This has also been verified by the significant response rates to the Survey and the in-depth interviews.

The reports contribute greatly to the dialogue on family violence and will present some challenges for courts, law enforcement and service agencies from the rarely explored vantage point of women who have experienced family violence. Powerful statements from the women participants both in the survey and in-depth interviews add significantly to the discourse. The interviews and surveys also include women of a culturally and linguistically diverse (CALD) and Aboriginal and Torres Strait Islander (ATSI) background. This is not only inclusive but means adherence to the deliverables of the project.

The project devised and implemented respectful processes which supported clients to critique the legal system and the current solutions that it offers to women and children who experience family violence. The first component of the research was a short survey identifying their expectations of the legal outcomes they were seeking and briefly exploring their experiences at court. Women were asked if they would be willing to participate in a follow-up in-depth conversation to explore whether the legal outcome was satisfying, or not satisfying, the justice needs they had prioritised in the survey.

The surveys had been in progress for more than two years at the commencement of the in-depth interviews, so women participated in the latter on a time spectrum of four months to nearly two years after the legal process had concluded. This allowed the women to reflect on the impact of intervention orders over time.

In terms of adherence to good process by the LCCLC Project, legal jargon was avoided as it can alienate and be disempowering, and precludes room for the views or experiences of those who have experienced family violence. The women in the in-depth interview research were asked to choose the terms to be used in the research. Participants also chose non-identifying pseudonyms. This is all evidence for this Evaluation of a respectful process being implemented and undergone by LCCLC.

The two-part quantitative survey asked what the participant was seeking by applying for an intervention order, and what her experience of the legal system had been like. The in-depth semi-structured conversations with a non-legal LCCLC staff member qualitatively explored these hopes, experiences, difficulties and outcomes. All the women interviewed had experienced family violence committed by a male offender and so the draft 'WDYA' Project Report acknowledges this and that it has used a gendered analysis of this type of family violence.

As noted above, this Evaluation Report will not report on specific results of the Survey and In-depth interview. People are referred to the *Will Somebody Listen to Me?* Report.

Survey Questions

There were 190 Responses to Survey from women in rural and remote locations. This was 10 less than the stated aim in deliverables however, as noted earlier in the evaluation report is significant in its contribution to family violence research. Many other studies have struggled to recruit people with experience of family violence. LCCLC has overcome this through its approach to research. Revising it from a focus groups approach to working directly at court, and enlisting women through

the specific approach (see elaboration below). This was clearly effective given the number of 190 surveys and additional in-depth interview attained.

The researcher has reported to Curran that, with prior consent from the women and after recruitment at court, she maintained appropriate contact with the women until the interview to avoid attrition of potential interviewees and to build rapport with the women. Contact was then maintained after the interview to inform the women of the publishing of the report and potential advocacy opportunities and to honour the relationship built. Such opportunities included appearing before Victoria's Family Violence Royal Commission.

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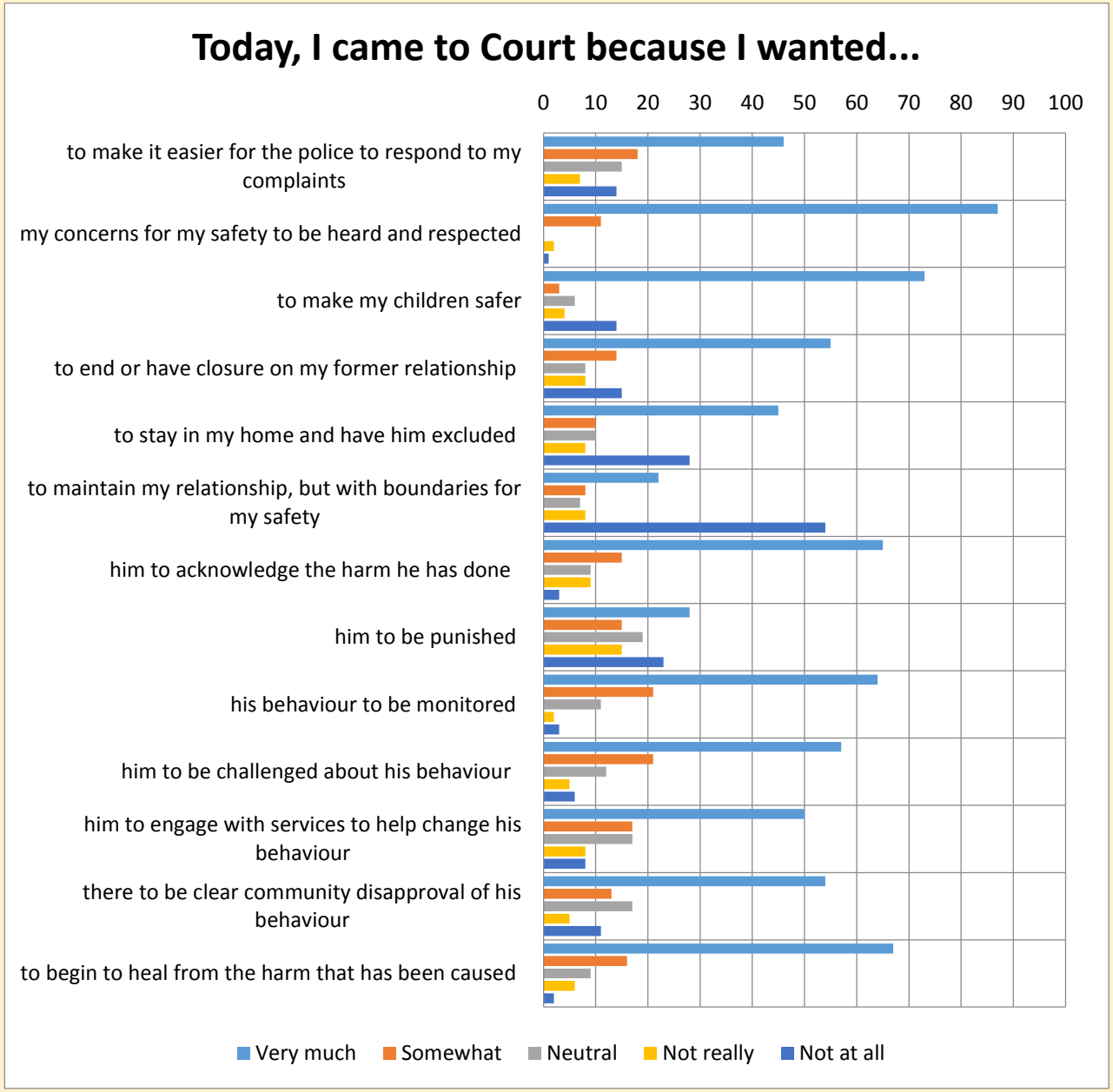
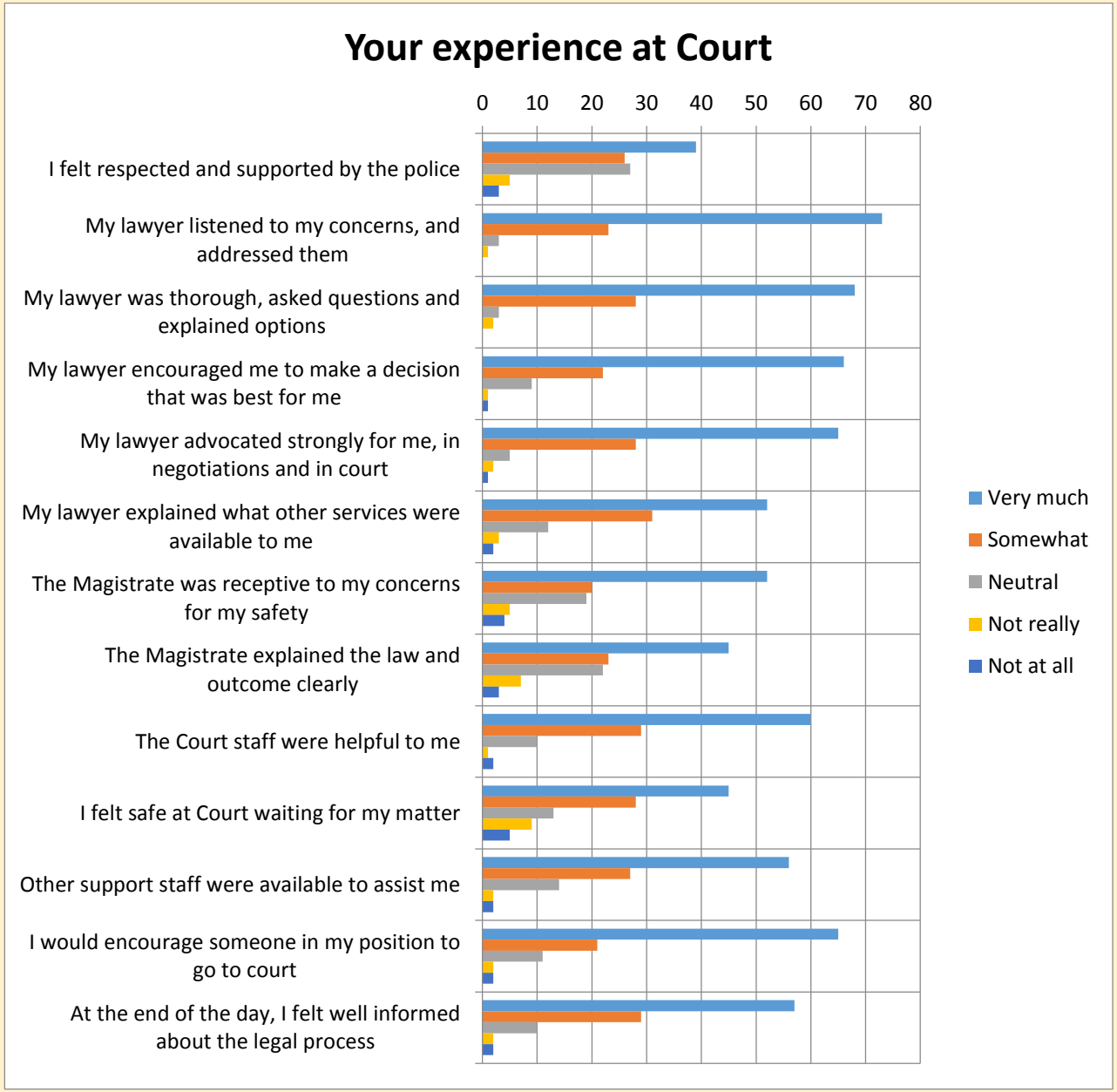
Table 1 Source: LCCLC

Today I came to Court because I wanted…..(in %)	Very much	Somewhat	Neutral	Not really	Not at all
to make it easier for the police to respond to my complaints	47	18	15	7	14
my concerns for my safety to be heard and respected	87	11	0	2	1
to make my children safer	73	3	6	4	14
to end or have closure on my former relationship	55	14	8	7	15
to stay in my home and have him excluded	45	9	10	8	28
to maintain my relationship, but with boundaries for my safety	23	8	8	8	54
him to acknowledge the harm he has done	65	15	9	9	3
him to be punished	28	16	19	16	23
his behaviour to be monitored	64	21	10	2	3
him to be challenged about his behaviour	57	21	12	5	6
him to engage with services to help change his behaviour	50	16	17	9	8
there to be clear community disapproval of his behaviour	55	13	16	5	11
to begin to heal from the harm that has been caused	67	16	9	6	2



Your experience at Court (in %)	Very much	Somewhat	Neutral	Not really	Not at all
I felt respected and supported by the police	40	26	26	5	3
My lawyer listened to my concerns, and addressed them	73	23	3	1	0
My lawyer was thorough, asked questions and explained options	68	28	3	2	0
My lawyer encouraged me to make a decision that was best for me	66	22	9	1	1
My lawyer advocated strongly for me, in negotiations and in court	66	27	5	2	1
My lawyer explained what other services were available to me	52	31	12	3	1
The Magistrate was receptive to my concerns for my safety	52	20	19	5	4
The Magistrate explained the law and outcome clearly	44	23	23	7	3
The Court staff were helpful to me	60	28	9	1	2
I felt safe at Court waiting for my matter	45	28	14	9	5
Other support staff were available to assist me	56	26	14	2	2
I would encourage someone in my position to go to court	65	21	10	2	2
At the end of the day, I felt well informed about the legal process	58	29	10	2	2



Women stated they came to court ‘very much’ for:

1. My concerns for my safety to be heard and respected
2. To make my children safer
3. To begin to heal from the harm that has been caused
4. His behaviour to be monitored

Other issues featuring were:

- the offender to acknowledge the harm he has done
- the offender to change his behaviour
- community disapproval of the offender’s behaviour

In-depth Interviews

To complement the quantitative response to questions a further 27 in-depth interviews were been conducted by Carolyn Neilson the Project Officer of the WDYA Project at LCCLC. This was an additional seven to the target set in the deliverables.

This process has enabled the women's voices to be heard. This is a seminal piece of work as much of the family violence research in Australia and overseas has failed to enlist women participant with experice of family violence.

The significant majority of women interviewed indicated that they were happy with the service that they received from LCCLC. Some had also proceeded to receive assistance from other lawyers and indicated that these were sometimes problematic and not consistent. From a project point of view in terms of the quality, effectiveness, understanding of legal issues surrounding FV, usefulness, referral and pathways of assistance this bodes well for LCCLC. Curran notes there may be a bias in these results as the interviews being conducted by LCCLC.

The majority of women interviewed saw themselves as those who have experienced or are experiencing Family Violence. They included three Aboriginal women and one CALD woman.

The women participants interviewed were aged between 18 and 83.

All those women who had had an IVO for over one year had requested at least an extension and in some cases multiple orders on the same offender with varying degrees of success. In the absence of the offender changing his behaviour this was the only thing the women, along with other keeping safe strategies they developed, could do to keep them and their children safer.

In terms of Curran's satisfaction with the processes followed, it is noted that legal appointments were offered to women whose interviews revealed they were not clear on the legal position, for follow-up. This was a strength of the project. It indicates a thoughtful process implemented by LCCLC. Some women noted that written orders were often not consistent with what they understood the magistrate had indicated would be in the orders. Women sometimes later realised there were gaps in their legal knowledge that needed clarification. On analysis of data it revealed that there were a number of breaches of IVOs that were legitimate which were not followed up by police and some applications where police did not respond.

Again in terms of satisfaction with the process followed by LCCLC in the in-depth interviews, Curran notes that after the interview there was a debrief with the women after the interview, about how they felt. A follow-up short written survey was posted to participants which could be completed anonymously completed an sent back handled through the central mailing system at the Advocacy & Rights Centre Ltd. The interviewer was not aware of who completed the survey. Women reported that the interview process was therapeutic and crystallised certain things in their mind around significant people who assisted them, reflections on what happened and a perspective on where they were now at and where they had come from. The women advised that they felt they had a voice through participating in their interview. The researcher reported to Curran some were assisted by the researcher to access other means of advocacy such as attendance at a violence prevention conference in Bendigo in 2014. Again this is evidence of a respectful, empowering process being undergone by the steps taken by LCCLC staff in the 'WDYA' Project.

The WDYA Project Report

The survey and the in-depth interview responses form the basis for the 'WDYA' Project Report with the results of the survey and interviews analysed and key emergent themes identified, conclusions being drawn and recommendations formulated.

The report notes 'the research study is one of the few, although growing in number that have sought to explore women's experiences of the family violence justice system. The women in this research raised issues or themes that have been identified in other policy reviews, national plans and research. These include:

- inconsistent and/or low police accountability in the family violence intervention order application process and investigation of breaches or contraventions of the intervention order
- lack of offender accountability and change in their behaviour
- inconsistent responses from justice practitioners
- infrequency of responses encouraging women's rights of control as to the legal outcome
- inadequate addressing of the needs of children in the justice response
- need for a strong shift in community attitudes to occur so that violence is not acceptable'

The WDYA Project Report identifies areas of improvement, based on the research data that are needed in policing, before court, at court and after court, and service delivery. The Report also identifies the lack of information prior to court, and empowering processes that ought to be in place throughout the legal process. These elements form the recommendations, which seem careful, considered, pragmatic and realistic. These require is a commitment to make a difference from institutions and people that form part of the system.

Outcomes

The report, *Will Somebody Listen to Me?* was formally launched on Monday 5th May 2015, the day the Family Violence Royal Commission was also sitting in Bendigo. Approximately 45 people

comprising service providers, reference group members and research participants attended the event.

The Abridged and Full versions of the report are available on the LCCLC website at http://www.lcclc.org.au

In terms of outcomes the pre and post media response to the report was very positive as is evidenced by the reportage below. See for example:

http://www.bendigoadvertiser.com.au/story/3055319/will-somebody-listen/

http://www.bendigoadvertiser.com.au/story/3058434/report-shows-women-want-to-be-heard/

Related coverage of family violence funding challenges and a vigil to mark the deaths of women and children due to family violence has also been positive:

http://www.bendigoadvertiser.com.au/story/3070130/vigil-honours-women-and-children/

Empowerment of Women

Another project outcome that the researcher who interviewed women interviewed for the 'WDYA' Research Project has reported to Curran is that the women were invited to attend a 'Family Violence Prevention – 'It's everybody's business' Forum on 7 and 8 October 2014. The women were advised of the forum and wanted to participate. A closed workshop was facilitated with the conference organisers so that the women could be heard safely and their messages channeled into the conference event and in what the media should consider. A debrief occurred for the women after the forum. Other women had media interviews and participated in family violence support groups and the Family Violence Regional Royal Commission Sittings. There is also a proposal that there be regular "listening posts" for these women to share their lived experiences of family violence and the justice system with court and police personnel. These listening posts will assist inform a regional safety audit of and a framework of monitoring and evaluation of the family violence justice responses in this region.

B. Legal Services and Orders Delivered under the project

At Court and Outreach Services - Court Assistance and Representation

There has been continuous services across five court sites throughout the project by two lawyers including new court sites at Kyneton, Swan Hill which have continued to have numbers starting from no court services.

Namely 156 IVOs at Kyneton Court and 223 IVOs at Swan Hill Court in the period from May 2012 until end March 2015.

There were a total of 464 Intervention Orders (IVOs) from May 2011 - April 2012 (Kyneton IVOs commencing July 2012 at 54 until May 2012) compared to a total of 583 IVOs in May 2012 – April 2013 and 509 IVOs from May 2013 – April 2014 and total 501 IVOS May 2014 – March 2015. This signifies that there has been an increase in the IVOs with the project funding.

The Social Worker, Marlene McLoughlan, began work in February 2012 and assisted in referral and support. Bonnie Renou was appointed as the project lawyer and commenced in May 2012. With the extra capacity from Bonnie Renou it made it possible to be in a position to extend beyond Bendigo, Echuca and Maryborough and so figures for Swan Hill May 2011- April 2012 reflect there were no IVOs at that court. These rose to 57 IVOs in May 2012 –April 2013; 20 IVOs in the period from May 2013 – April 2014 and 21 IVOS in the period from May 2014 – March 2015.

There can be a fluctuations in numbers which depends on the court list which is larger at some of the main courts which service larger populations such as Bendigo and Echuca. Some matters whilst at court are ongoing and so do not appear as new numbers.
Services were continued and consistent across court sites throughout the period of the project allowing for matters that were transferred and sittings.

Across the data kept by LCCLC the rate of a client having an interim order in place by the time LCCLC assist (usually first mention) is 28%.

By location:

Bendigo - 64.35%
Echuca - 34.54%
Kyneton - 56.8%
Maryborough - 36.11%
Swan Hill - 25%

Total figures for IVOs at court locations were 1,766 for the period from May 2012 until end March 2015 and are broken down by court as follows:

Bendigo Court – 910
Echuca Court – 254
Kyneton Court – 156
Maryborough Court – 223
Swan Hill – 223
Total IVOs at Courts – 1,766

Table 2 Source: CLCSIS Data provided by LCCLC to Curran on 14 April 2015. In the period before the project was funded and in the early start up phases of the project figures for IVOs at Court in the period May 2011 to April 2012 are as follows:

CLSIS Monthly Casework numbers by outreach location

May 2011 to April 2012

Date		Bendigo IVO	Echuca IVO	Kyneton IVO	Maryborough IVO	Swan Hill IVO
2011	May	25	13	0	4	0
	June	39	7	0	3	0
	July	19	1	4	6	0
	Aug	25	4	5	5	0
	Sept	24	1	7	2	0
	Oct	19	5	5	1	0
	Nov	35	9	5	1	0
	Dec	14	4	3	2	0
2012	Jan	24	17	2	2	0
	Feb	34	6	7	1	0
	Mar	19	13	3	1	0
	April	17	3	8	5	0

Australian National University

Table 3 Source: CLCSIS Data provided by LCCLC to Curran on 1 April 2014. In the period during which the project was funded figures for IVOs at Court in the period May 2012 to end March 2015 are as follows:

Monthly Casework & Outreach numbers by outreach location

May 2012 to March 2015

Date		Bendigo IVO	Echuca IVO	Echuca Outreach	Kyneton IVO	Kyneton Outreach	M'borough IVO	M'borough Outreach	Swan Hill IVO
2012	May	38	6	3	0	4	6	4	0
	June	26	8	3	0	2	1	0	7
	July	27	5	3	4	6	2	5	3
	Aug	36	3	3	5	0	4	3	10
	Sept	26	4	3	7	5	14	4	8
	Oct	26	0	4	5	1	11	2	15
	Nov	31	10	4	5	2	9	3	0
	Dec	34	1	1	3	1	4	0	0
2013	Jan	47	5	4	2	2	10	2	3
	Feb	29	13	4	7	4	9	3	5
	Mar	38	1	4	3	0	2	1	4
	April	21	11	1	8	1	7	4	2
	May	41	2	3	8	3	3	0	0
	June	20	4	10	7	2	3	3	0

	July	22	11	3	5	9	7	4	7
	Aug	16	9	6	3	0	2	2	4
	Sept	16	5	3	2	0	0	0	3
	Oct	23	12	4	4	1	5	2	2
	Nov	20	8	4	2	5	8	1	0
	Dec	13	8	3	7	4	2	1	0
2014	Jan	32	33	4	8	5	7	3	7
	Feb	23	3	2	1	0	11	2	4
	Mar	24	2	5	4	5	8	0	0
	April	20	6	0	4	1	5	2	8
	May	20	6	2	11	0	11	5	9
	June	26	0	4	5	1	12	1	8
	July	32	5	1	6	0	4	1	3
	Aug	28	2	4	0	2	6	3	5
	Sept	28	5	3	3	2	9	2	3
	Oct	15	19	3	6	0	8	3	1
	Nov	14	13	4	7	3	3	1	5
	Dec	13	12	3	5	3	9	1	10
2015	Jan	18	11	1	2	0	10	2	4
	Feb	26	4	6	5	1	2	2	6
	Mar	41	7	3	2	2	9	0	15

Case work services

In total 3,788 family violence casework services have been provided by LCCLC for the period June 2012- end March 2015.

Table 4 Source: Extracted from CLSIS Data for Casework in family violence provided by LCCLC to evaluator on Wednesday 1 April 2015

		Total cases
2012	June	**65**
	July	**67**
	August	**86**
	September	**90**
	October	**99**
	November	**121**
	December	**76**
2013	January	**113**
	February	**133**
	March	**130**
	April	**104**
	May	**97**
	June	**79**
	July	**107**
	August	**93**
	September	**68**
	October	**144**
	November	**116**
	December	**84**
2014	January	**176**
	February	**125**
	March	**115**

	April	**129**
	May	**140**
	June	**125**
	July	**133**
	August	**112**
	September	**145**
	October	**159**
	November	**102**
	December	**110**
2015	January	**127**
	February	**89**
	March	**129**
	TOTAL	**3,788**

In 326 the other party appeared (cross application). 90 matters noted in the data involved firearms. There were 985 children named on the applications (1872 unknown and 949 no children were listed). There were Family Court proceedings involved in 134 of these matters. 1923 were new applications, 175 were extended or varied and 32 were revoked. In terms of gender 1320 matters involved a male, 859 a female and 1,620 were noted as 'unknown'. CLSIS data does not assist in determining the gender of the case work undertaken. In June 2012 the total number of cases taken on in relation to family violence in that month by LCCLC were 65 matters and at the projects conclusion in the month of March 2015 saw an increase to 129 matters.

Additional detailed CLSIS data was provided to Curran by LCCLC but is not relevant and some CLSIS duplication of figures was evident. It was also not relevant to this evaluation's consideration of the aims and deliverables noted above.

The case load and court matters have been continuous and high in number particularly in view of the staffing and the travel involved, given the distance of the various courts.

Referrals

The CLSIS data is clunky on referrals and it is difficult to determine the nature of referring agencies to and from as these were not completed in the fields. This is due to the data system taking time to turn between pages. Although the IT system allows imputing of referrals they are not specific enough to be of value in research. They are problematic as the IT system does not facilitate entry by a busy practitioner. It would be useful for data to be collected, not just of referrals to and from but the specifics of the type of professional and even the referring agency as well. This would provide richer information on who the referrals are coming from, whose rates of referrals are increasing and whether they are linked to the other work of the LCCLC in raising awareness of the family violence and legal service and how to identify a legal issue to enable referrals. This would

be a good indicator of 'actual changes in practice' which would enhance measurement of effectiveness and behavioural change so important in the public health research on measuring social and health outcomes. It is noted the CLSIS data collection system is difficult for community legal centres who are often limited in staffing and resources and who are stretched already in delivering direct service delivery and working for systemic improvements.

The evaluator suggests caution in placing too much store on the CLSIS referral statistics that will now be discussed. The aggregated data in CLSIS provided by LCCLC reveals that referrals in on 'Advice' formed a pattern over the life of the project of steady increase rising from 2 referrals in June 2011 to an average of 8 over the last year of the project. This is suggestive of a growing awareness of agencies of the family violence work of LCCLC and a willingness to act and refer. According to the aggregated CLSIS data the 'total referrals in' in the first month of the project were 114 and in March 2015 were 130. The total number of 'referrals in Advice' for the period from June 2011 - March 2015 were 6,332. The total number of 'referrals out Advice' for the period from June 2011 - March 2015 were 6,461.

C. Community Legal Education in General

Community Legal Education (CLE) on Family Violence

Legal Education was delivered at not less than six sites on 20 occasions. LCCLC exceeded this as a total of 40 CLE sessions at 15 sites were delivered.

The information below was extracted from CLSIS data but also through elaboration from staff members as the CLSIS data was not clear in relation to some aspects of the CLE delivered.

CLE delivered through the life of the project by year with the numbers in attendance in brackets is as follows:

2012
Ten CLE sessions on Family Violence Conducted for the following varied groups including community members, health services, indigenous services and other groups or agencies (with participant numbers in brackets):

Tarrengower Women's prison (10), Indigenous Family Violence Regional Action Group (10), Njernda Mums and Bubs (10), Campaspe Early Childhood Network Echuca (30), Bendigo Community Services Health Hub (20), Cobaw Community Health (10), GPV Family Violence General Practice (21), Mental Health Service (20).

2013

Eleven CLE Sessions on Family Violence Conducted for the following varied groups including community members, health services, indigenous services and other groups or agencies and with the numbers in attendance:

Centacare(10), Swan Hill Child Youth and Family Network (20), Mallee Family Care Team (8 + CEO), Njernda Staff In-service (50), Njernda Community Day (20), BDAC Family Violence Awareness Forum (20), Tarrengower Women's Prison (10), Macedon Ranges Police Service Training Day (30), Bendigo Senior Secondary College, Tarrengower Women's Prison (12), BDAC (20)

2014

Eleven (see below attribution of a CLE value for awareness raising and reasons) CLE Sessions on Family Violence Conducted for the following varied groups including community members, health services, indigenous services and other groups or agencies and with the numbers in attendance:

Tarrengower Women's Prison (10), Sister's Day Out Family Violence Prevention Legal Service (30), Sister's Day Out Family Violence Prevention Legal Service (40), Kyabrum Community and Learning Centre (15), AVERT Family Violence Training (30), Tarrengower Women's Prison (9) and BRIT TAFE (22) and a further session later in September (26) .

In addition, from September – November, although not strictly CLE, Bonnie Renou travelled throughout regional Victoria on a family violence awareness raising tour with an 'Elephant Display'. The Elephant was used to signify the silence and low visibility of family violence despite its prevalence in community (the "elephant in the room"). Ms Renou travelled with the elephant display to the Sports and Leisure Centre in Kyneton, Castlemaine Library, Castlemaine Farmers Market, Bendigo Bank and the White Ribbon Day March in Bendigo (where it formed the centrepiece and motif). The Evaluator has designated a value of three CLE sessions to this innovative exercise given that Ms Renou had to prepare and discuss family violence with a number of people who asked questions and it involved travel and targeting general community at venues where they gather.

2015

One CLE Session on 25 February at the Goulburn Valley Community Legal Centre (8)

D. Community Legal Education GP Evaluations

In the Second Report provided by LCCLC to the LSB on 15 January 2014, it was noted by LCCLC that they 'established solid relationships with project partners and continue to deliver legal and education services around family violence across the region. After much consultation we have had to refocus one area of the project around measuring the impact of legal services on health

indicators, toward better enabling health workers to recognise family violence and respond appropriately to it.'

In Curran's experience in evaluations and effective service delivery, it is not unusual during the conduct of a project and after operationalising it for an agency to need to recalibrate the project to make it more effective and targeted given what is discovered during the life of the project and as complexities emerge.

It would not make sense to launch into a range of deliverables, set in advance of a project, where the rollout of the project identifies gaps in knowledge and understandings that the initial approach might have assumed/presumed to exist. (See A Crocket and L Curran (2013) 'A Practical Model for Demonstrating and Ensuring Quality Legal Aid Services: A Case Study in Applied Research', International Legal Aid Conference). What is sensible is that LCCLC having identified gaps in the planned approach revised the project to improve how it targets relevant groups. This included gathering further information to add to the intelligence about what steps were necessary to ensure agencies work more effectively to assist people with family violence issues in understanding the issue and legal mechanism and systems in place before they are expected to identify and refer effectively through a screening tool as had been envisaged.

The project also identified that there were barriers between the health and legal sectors which could impede effective responsiveness to family violence. LCCLC identified from its initial survey that more survey work (see detailed discussion below under 'E. Health Surveys') would be required to unpack what things would be effective, what the different professions felt about each other and what further training or professional development might be useful to lead to better collaboration of services assisting clients/patients with family violence issues and to ensure greater safety for clients/patients and responsiveness and interaction between the professions.

Responding to a need for greater training and awareness about legal issues, identification and family violence mechanisms - four further CLE sessions were delivered. These were tailored specifically to General Practitioners and were evaluated. Curran in a site visit to LCCLC in October 2014 viewed training materials and the evaluation tools and modifications were made to adapt the materials to suit a professional audience moving away from lecture format and towards discussion and scenario led learning based on adult learning approaches. This enables extraction of information on the effectiveness of the CLE and impact on practice through evaluation. This were implemented immediately by LCCLC.

The sessions were as follows:

Session 1 – 13 October 2014 at Loddon Mallee Murray Medicare Local, Bendigo.

Session 2 -14 October 2014 at 'The Good Table' Castlemaine

Session 3 - 27 October 2014 Loddon Mallee Murray Medicare Local, Bendigo

Session 4 – 11 February 2015 Loddon Mallee Murray Medicare Local, Bendigo

The evaluation sheets asked participants questions both pre and post the CLE to ascertain any shifts as a result of the CLE sessions and to prompt participants to think about what they knew before the training and what they knew afterwards and any intentions to change practice. The latter is critical as recent studies in the public health sphere state that an intention to change practice or a change in practice as a result of training are indicators of effectiveness of the training and a shift in behavior (See T Triado, Julie White & A Brown (2013) 'Community Health Quality Health Improvement Initiatives', Department of Health,. (http://www.healthcaregovernance.org.au/docs/forum-1-quality-in-vic.pdf accessed 26 September 2014).

The following questions were asked in the pre-CLE Evaluations and were ranked as follows:
1 = Strongly disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly agree

1. I am aware that there is a growing need to identify those patients that might be experiencing Family Violence.
2. I have a good understanding that a as General Practitioner I have a key role to play in identifying those patients that might be experiencing Family Violence
3. I am confident in my knowledge and awareness of how Family Violence impacts on the health and wellbeing of my patients
4. I have a good knowledge of the local referral pathways for women who might be experiencing Family Violence
5. I would be confident in making a referral to a service that might be able to assist a patient experiencing Family Violence
6. Intervention orders are a means of stopping family violence and addressing the immediate safety concerns of a patient. I have a good understanding of the Intervention Order application process.

Comments or suggestions on course content.

The following questions were asked in the post-CLE Evaluations and were ranked as follows:
1 = Strongly Disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly Agree

1. I am aware that there is a growing need to identify those patients that might be experiencing Family Violence.
2. I have a good understanding that a as General Practitioner I have a key role to play in identifying those patients that might be experiencing Family Violence
3. I am confident in my knowledge and awareness of how Family Violence impacts on the health and wellbeing of my patients
4. I have a good knowledge of the local referral pathways for women who might be experiencing Family Violence
5. I would be confident in making a referral to a service that might be able to assist a patient experiencing Family Violence
6. Intervention orders are a means of stopping family violence and addressing the immediate safety concerns of a patient. I have a good understanding of the Intervention Order application process.

7. **The information was relevant, useful and helpful.**

Strongly Agree Agree Disagree Strongly Disagree

8. **As a result of this session/s I am more informed about how the law operates in this area and how I fit in.**

Strongly Agree Agree Disagree Strongly Disagree

9. **There were elements of the presentation that need improvement.**

Strongly Agree Agree Disagree Strongly Disagree

Please explain. Consider whether further sessions would be useful, in what areas and in what format:

_____

_____

Specific Questions (Please answer these)

11. As a result of what you have learned in training/community legal education (CLE), do you think you will know how to take the next steps to implement your learnings with clients/patients?
    If so, what will you do next to operationalise your learnings in practice?
    If not, why not?

12. As a result of what you have learned in training/CLE will you change in any way how you intend to work/practice/engage with you clients/patients?

Yes/No

Explain in what way if the answer is Yes.

13. As a result of what you have learned in training/CLE will in change in any way how you intend to work/practice/engage with you with other services/agencies?

Yes/No

Explain in what way if the answer is Yes.

14. The training/CLE used practical scenarios and case studies which assisted me in gaining a picture of how the law works and the different contexts.

Yes/No

Explain.

LCCLC provided the following summaries to Curran based on the data received from the CLE Evaluations of GPS:

Session 1 – 13 October 2014

1. Whilst participants were aware of the growing need that health practitioners identify those experiencing family violence, this awareness increased following CLE. Those strongly agreeing that there was such a need increased from 40% to 80% post CLE.
2. Participants understanding of their key role in the identification of family violence increased as evidenced by an increase in 'strong agreement' by 20% to that statement.
3. Participants understanding of how family violence impacts upon the well-being their patients consolidated post CLE as evidenced by 40% and 60% agreement and strong agreement with this statement post CLE. Moreover, prior to CLE 20% disagreed with this statement but moved towards agreement post CLE.
4. A neutral response to whether participants knew of local referral pathways for family violence assistance was received pre CLE. However, post CLE participants 'agreed' and 'strongly agreed' (60% and 40%) respectively with this statement post CLE suggesting their knowledge of referral pathways had increased.
5. Again, a tendency for a neutral response to the statement that practitioners would be confident in making referrals was received prior to CLE, but this changed to 40% and 60% of participants 'agreeing' or 'strongly agreeing' respectively post CLE.
6. There was a tendency to disagreement or neutrality in response to the proposition that family violence intervention orders are a means of dealing with the immediate safety concerns of a patient. Again this response changed from 80% and 20% in respect of

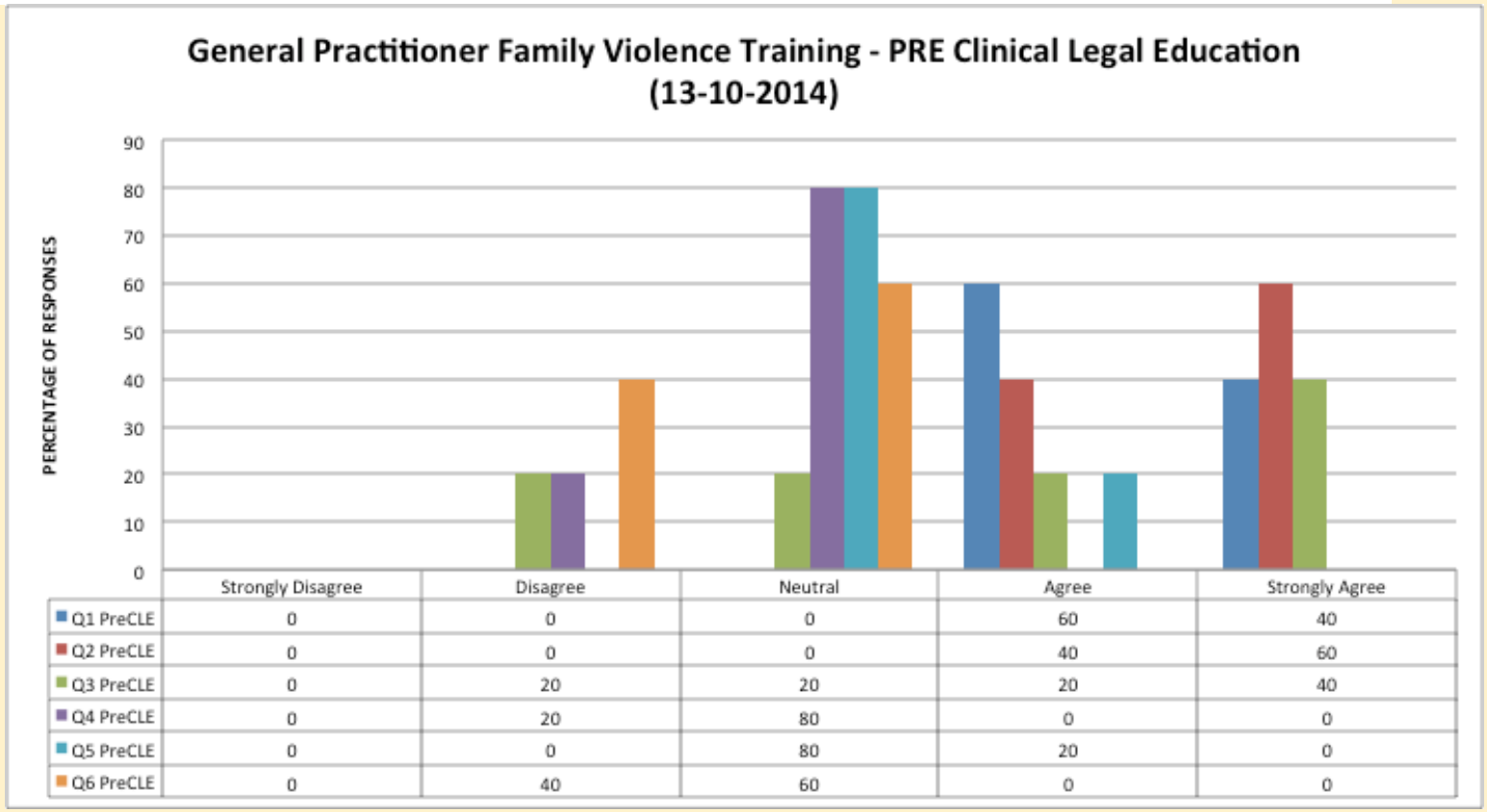
'agreeing' or 'strongly agreeing' post CLE suggesting they had a better understanding of how family violence intervention order may assist with immediate safety concerns.

7. Questions 7 & 8 were only aired post CLE, but participants tended to 'agree'/'strongly agree' that the information was relevant, useful and helpful, and that the participants were more informed as to how the law operates in Victoria with respect to family violence.

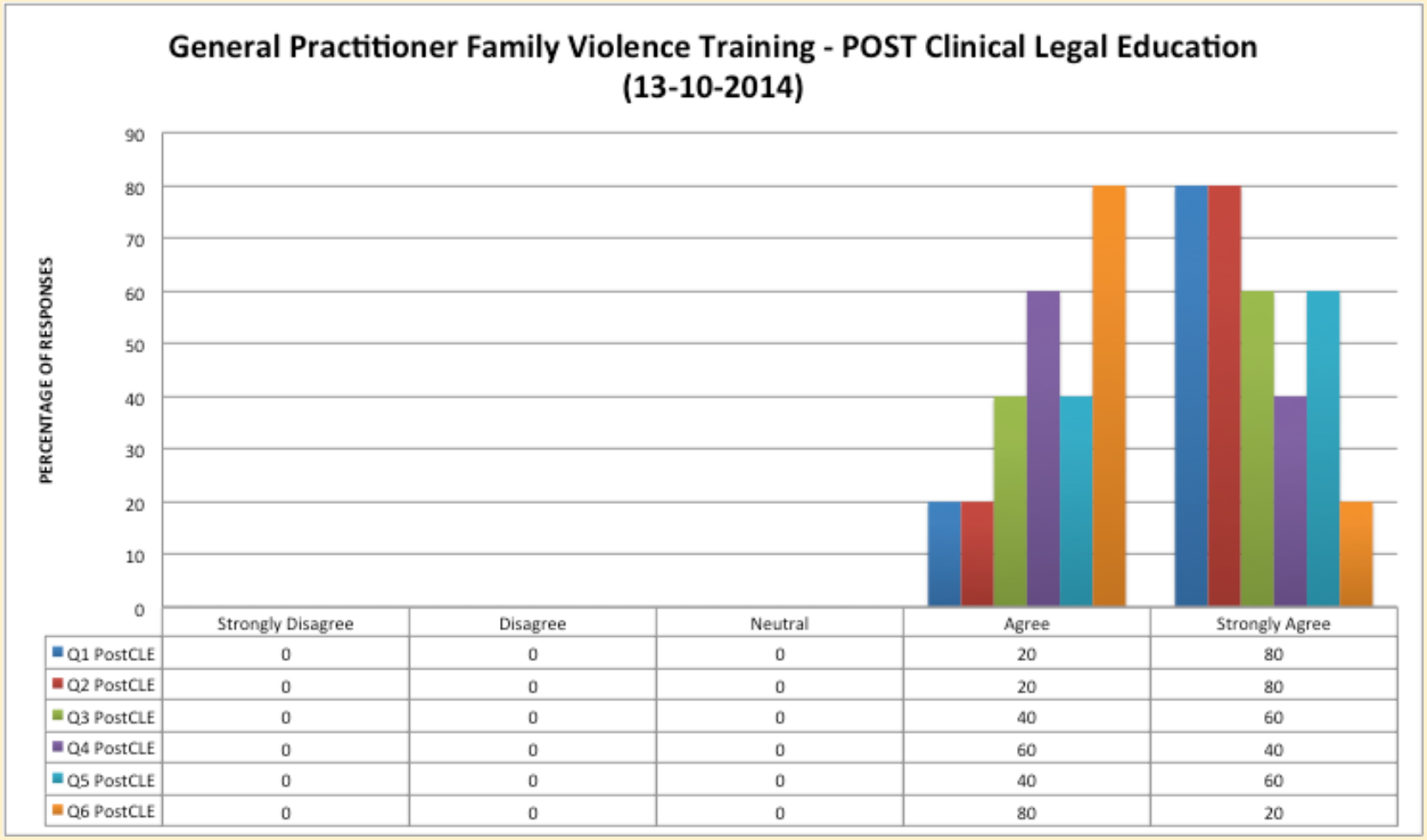
FEEDBACK
"*Explanation of legal system really helpful*".
"I feel more confident of enquiring with specificity & understanding supports available & the legal system".
"Speakers used real examples to make their point".

Table 5 Pre and Post CLE Training of GPS Source: LCCLC

Australian National University



	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Q1 PreCLE	0	0	0	60	40
Q2 PreCLE	0	0	0	40	60
Q3 PreCLE	0	20	20	20	40
Q4 PreCLE	0	20	80	0	0
Q5 PreCLE	0	0	80	20	0
Q6 PreCLE	0	40	60	0	0



	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Q1 PostCLE	0	0	0	20	80
Q2 PostCLE	0	0	0	20	80
Q3 PostCLE	0	0	0	40	60
Q4 PostCLE	0	0	0	60	40
Q5 PostCLE	0	0	0	40	60
Q6 PostCLE	0	0	0	80	20

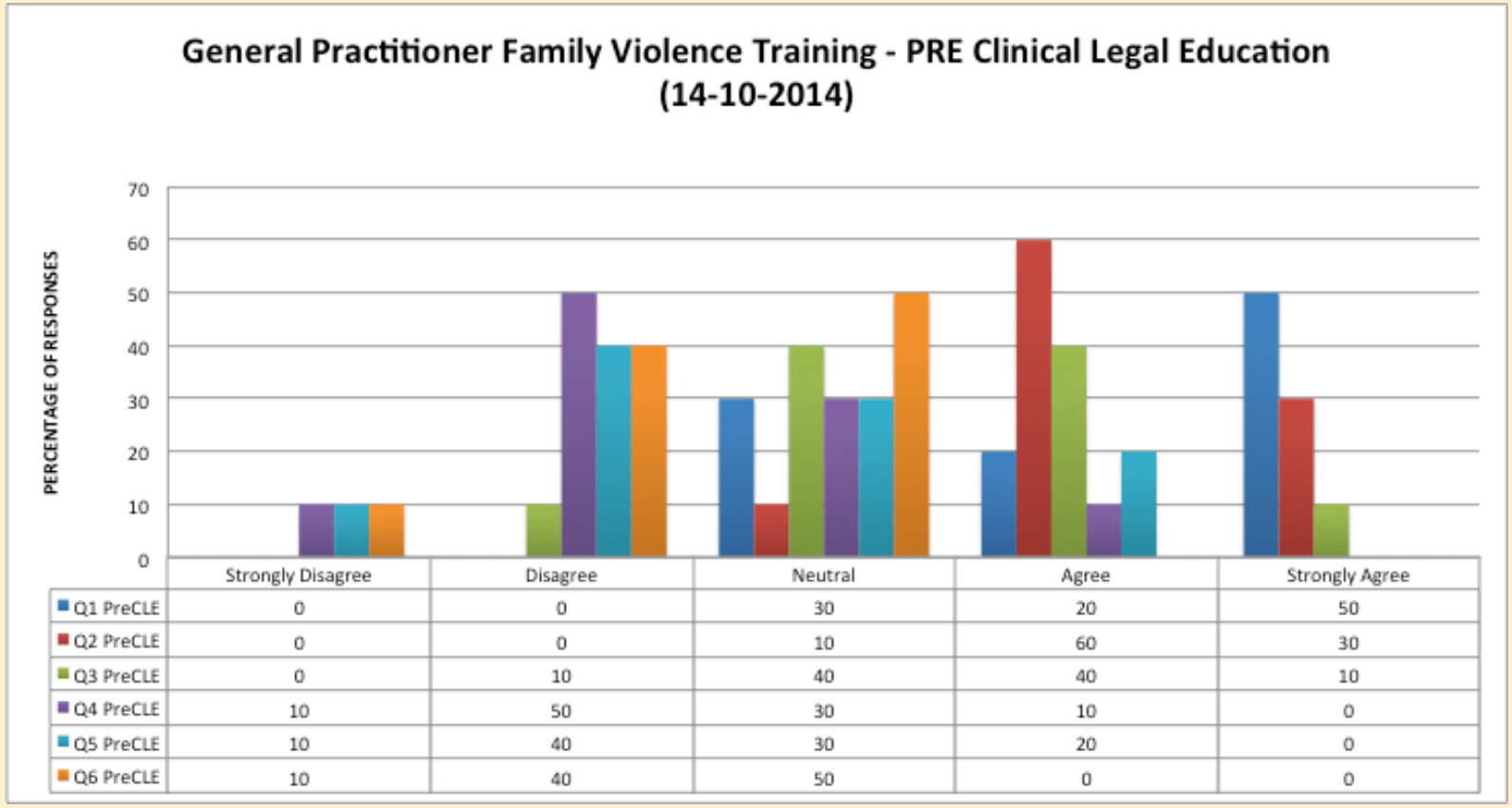
Session 2 – 14 October 2014

1. In response to question one, participants tended more readily to 'agree' or 'strongly agree' to the proposition that there is growing need for health practitioners to identify those suffering from family violence.
2. In reference to question 2 which asks if the practitioner had a good understanding of their role in identifying family violence, there was move from neutrality towards 'strongly agreeing' with this statement post CLE.
3. In response to the question that the practitioner was confident in their knowledge and awareness of how family violence impacts the well-being of their patients, practitioners moved from a 'neutral/agreement' standpoint to one of 'agreeing/strongly agreeing' post CLE.
4. A mixed response tending towards' neutrality/disagreement' was received pre CLE in reference to whether the practitioner was confident in their knowledge of referral pathways that may assist those experiencing family violence. Post CLE the response tended towards 'agreeing/strongly agreeing'.
5. A similar mixed response was received pre CLE when practitioners were asked if they were confident to make a referral to local organisation that might be able to assist a patient experiencing family violence. Again, the response tended towards 'agreeing/strongly agreeing' post CLE suggesting the session had instilled better understanding and confidence with respect to making referrals.
6. There was a neutral response tending towards disagreement to the proposal that intervention orders are an effective means of addressing a patients immediate safety concerns. This tended towards 'agreeing' post CLE suggesting the CLE had instilled a better understanding of the intervention order process.
7. Questions 7 & 8 were only aired post CLE, but participants tended to 'agree'/'strongly agree' that the information was relevant, useful and helpful, and that the participants were more informed as to how the law operates in Victoria with respect to family violence.

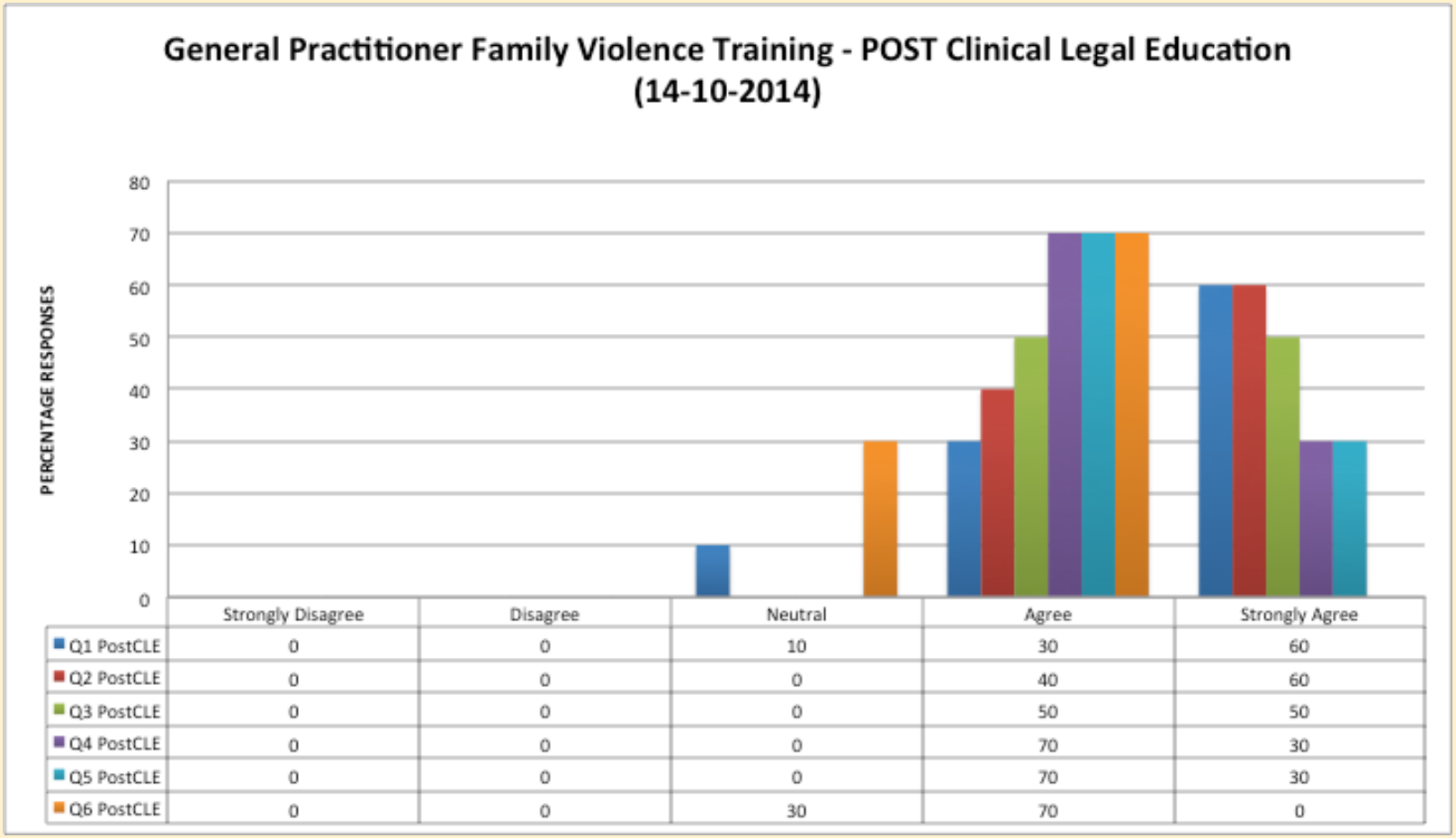
Feedback

"feel more confident about where to refer…remember victims of crime funding"
When asked if the CLE would change how participant intended to change practice, one participant said it: "increased ability to make people aware of services available"
Another said: "be more proactive in detecting examples of family violence".

Australian National University



	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Q1 PreCLE	0	0	30	20	50
Q2 PreCLE	0	0	10	60	30
Q3 PreCLE	0	10	40	40	10
Q4 PreCLE	10	50	30	10	0
Q5 PreCLE	10	40	30	20	0
Q6 PreCLE	10	40	50	0	0



	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Q1 PostCLE	0	0	10	30	60
Q2 PostCLE	0	0	0	40	60
Q3 PostCLE	0	0	0	50	50
Q4 PostCLE	0	0	0	70	30
Q5 PostCLE	0	0	0	70	30
Q6 PostCLE	0	0	30	70	0

Session 3 – 27 October 2014

1. In response to question one, participants tended more readily to 'agree' or 'strongly agree' to the proposition that there is growing need for health practitioners to identify those suffering from family violence following CLE.
2. In reference to question 2 which asks if the practitioner had a good understanding of their role in identifying family violence, there was move from neutrality towards 'strongly agreeing' with this statement post CLE.
3. In response to the question that the practitioner was confident in their knowledge and awareness of how family violence impacts the well-being of their patients, practitioners moved from a disagreeing standpoint to one of 'strongly agreeing' post CLE.
4. A mixed response tending towards' neutrality/disagreement' was received pre CLE in reference to whether the practitioner was confident in their knowledge of referral pathways that may assist those experiencing family violence. Post CLE the response tended towards 'agreeing/strongly agreeing'.
5. A similar mixed response was received pre CLE when practitioners were asked if they were confident to make a referral to local organisation that might be able to assist a patient experiencing family violence. Again, the response tended towards 'agreeing/strongly agreeing' post CLE suggesting the session had instilled better understanding and confidence with respect to making referrals.
6. There was a neutral response tending towards disagreement to the proposal that intervention orders are an effective means of addressing a patients immediate safety concerns. This tended towards 'strongly agreeing' post CLE suggesting the CLE had instilled a better understanding of the intervention order process.
7. Questions 7 & 8 were only aired post CLE, but participants tended to 'agree'/'strongly agree' that the information was relevant, useful and helpful, and that the participants were more informed as to how the law operates in Victoria with respect to family violence.

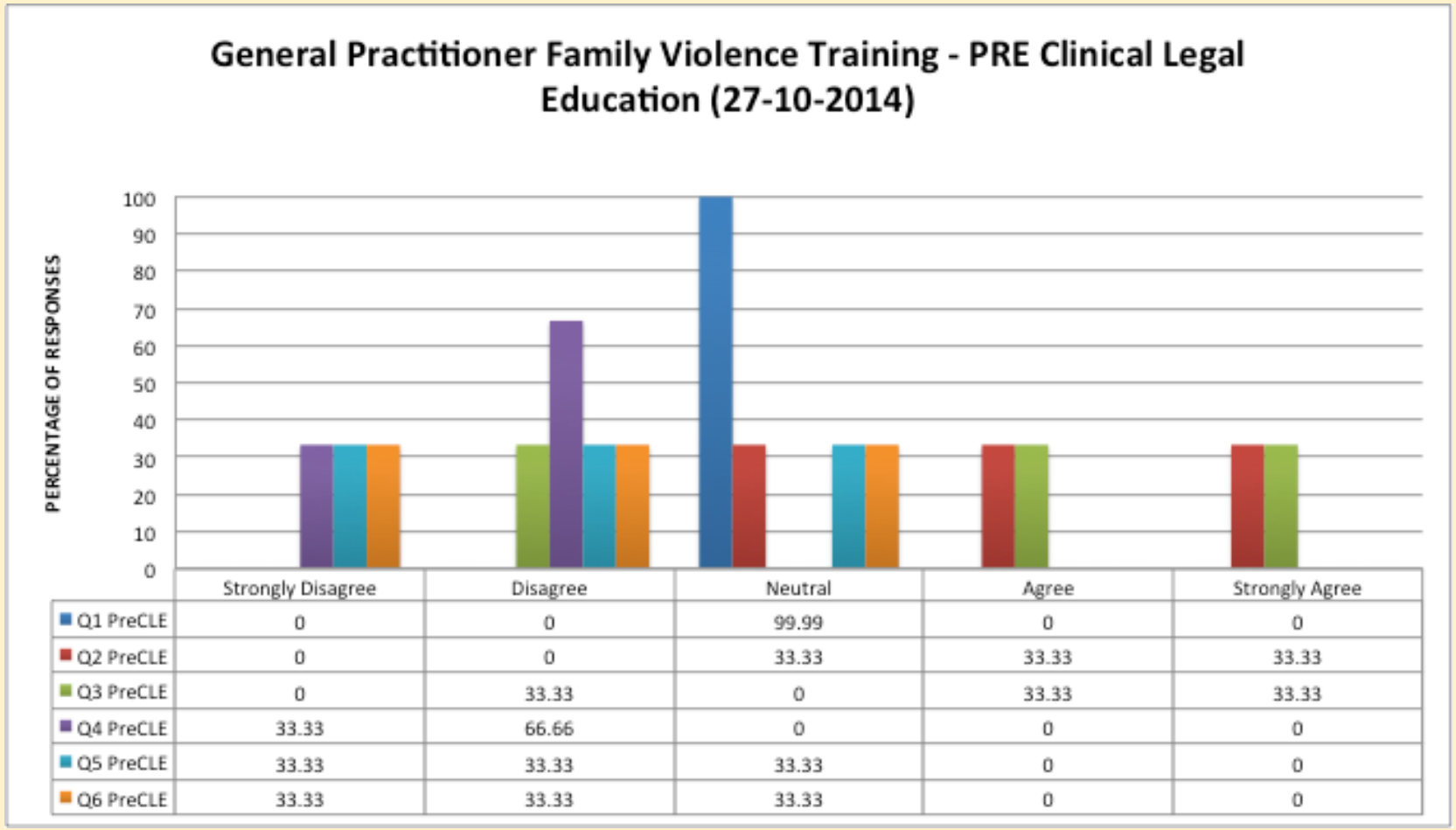
Feedback

Following on from the session:

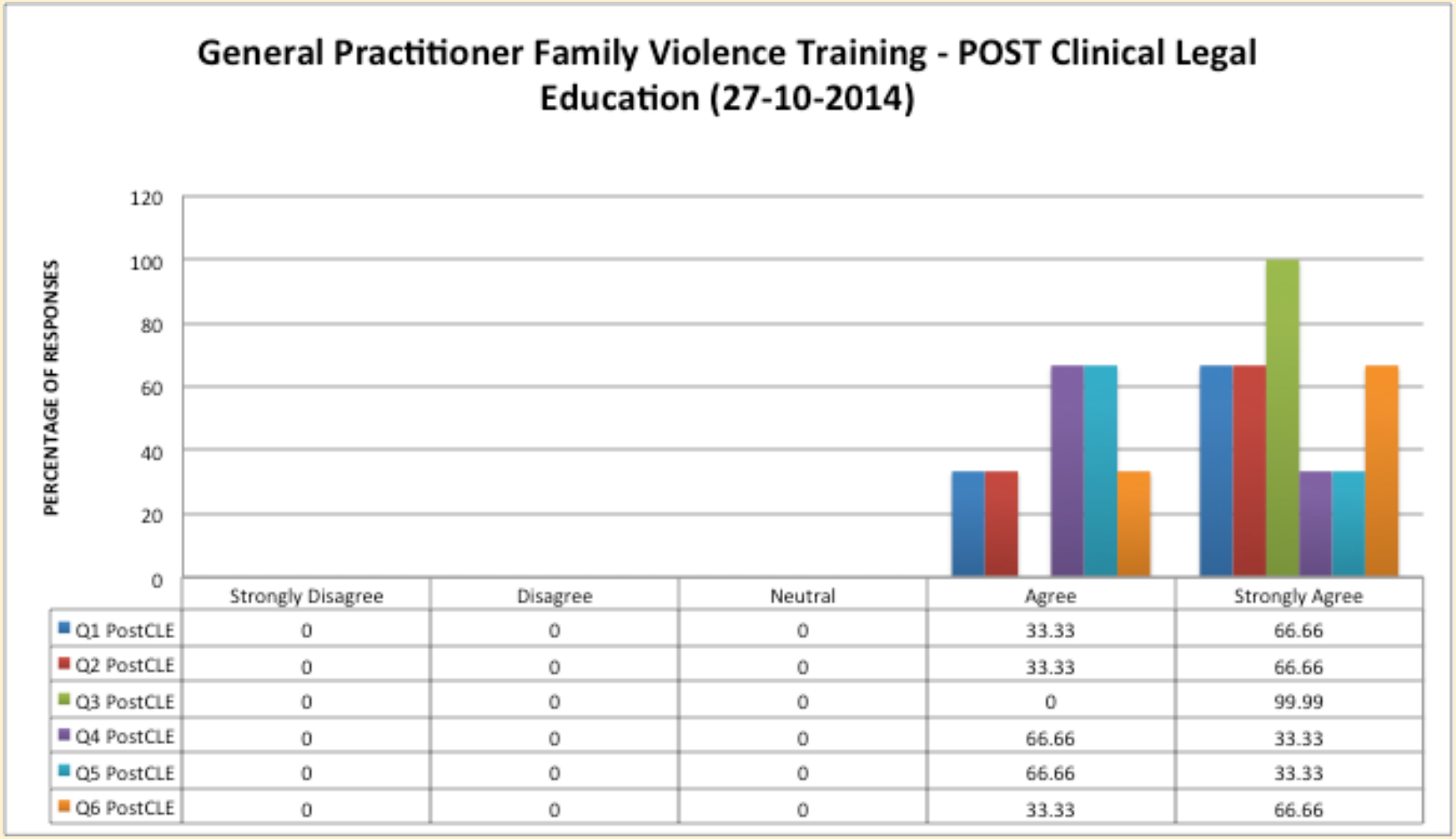
"*a referral pathway will be developed for the clinic so all clinicians are aware of the steps to assist those who are at risk of family violence. The information learned from this session will be shared with clinicians at our next clinical meeting"*

…"I will now be able to give women who have been abused some choices of where to go from here".

Australian National University



	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Q1 PreCLE	0	0	99.99	0	0
Q2 PreCLE	0	0	33.33	33.33	33.33
Q3 PreCLE	0	33.33	0	33.33	33.33
Q4 PreCLE	33.33	66.66	0	0	0
Q5 PreCLE	33.33	33.33	33.33	0	0
Q6 PreCLE	33.33	33.33	33.33	0	0



	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Q1 PostCLE	0	0	0	33.33	66.66
Q2 PostCLE	0	0	0	33.33	66.66
Q3 PostCLE	0	0	0	0	99.99
Q4 PostCLE	0	0	0	66.66	33.33
Q5 PostCLE	0	0	0	66.66	33.33
Q6 PostCLE	0	0	0	33.33	66.66

Session 4 – 11 February 2015

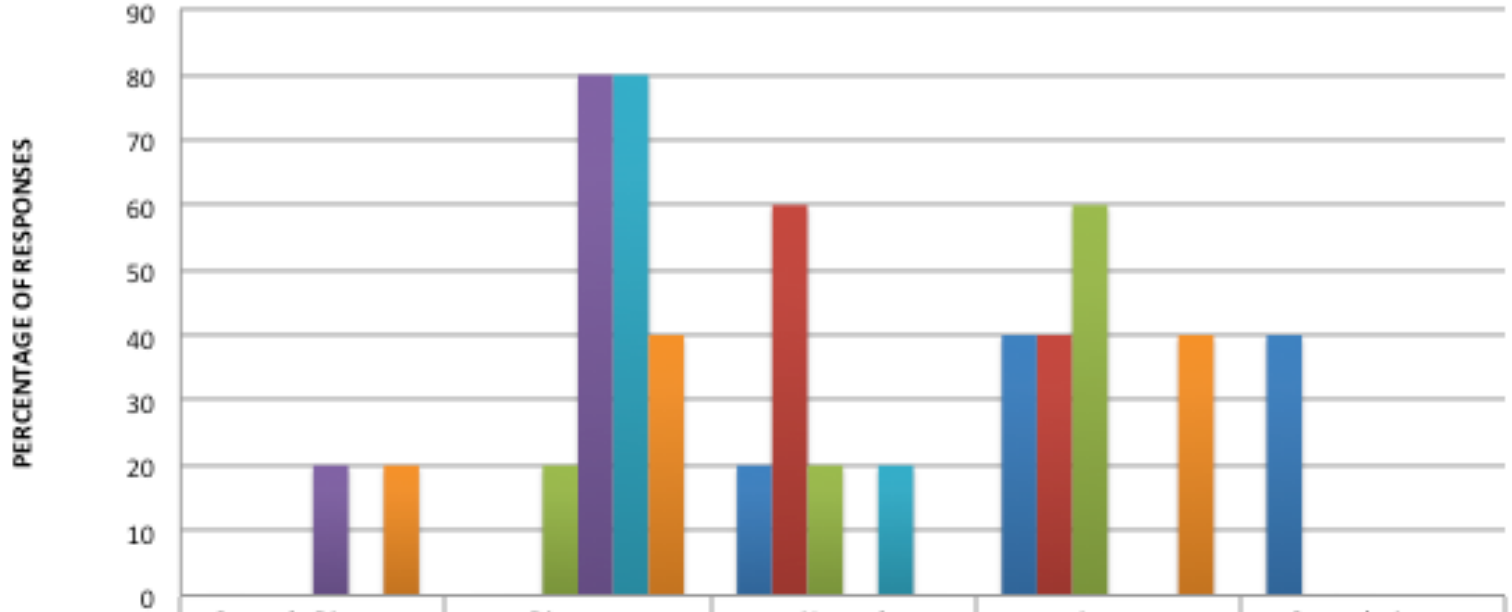
1. In response to question one, participants tended more readily to 'agree' or 'strongly agree' to the proposition that there is growing need for health practitioners to identify those suffering from family violence following CLE.
2. In reference to question 2 which asks if the practitioner had a good understanding of their role in identifying family violence, there was move from neutrality towards 'strongly agreeing' with this statement post CLE.
3. In response to the question that the practitioner was confident in their knowledge and awareness of how family violence impacts the well-being of their patients, practitioners moved from a disagreeing standpoint to one of 'agreeing'/'strongly agreeing' post CLE.
4. A mixed response tending towards 'disagreement' was received pre CLE in reference to whether the practitioner was confident in their knowledge of referral pathways that may assist those experiencing family violence. Post CLE the response tended towards 'agreeing/strongly agreeing'.
5. A similar mixed response was received pre CLE when practitioners were asked if they were confident to make a referral to local organisation that might be able to assist a patient experiencing family violence. Again, the response tended towards 'agreeing/strongly agreeing' post CLE suggesting the session had instilled better understanding and confidence with respect to making referrals.
6. There was a neutral response tending towards disagreement to the proposal that intervention orders are an effective means of addressing a patients immediate safety concerns. This tended towards 'agreeing' post CLE suggesting the CLE had instilled a better understanding of the intervention order process.
7. Questions 7 & 8 were only aired post CLE, but participants tended to 'agree'/'strongly agree' that the information was relevant, useful and helpful, and that the participants were more informed as to how the law operates in Victoria with respect to family violence.

Feedback

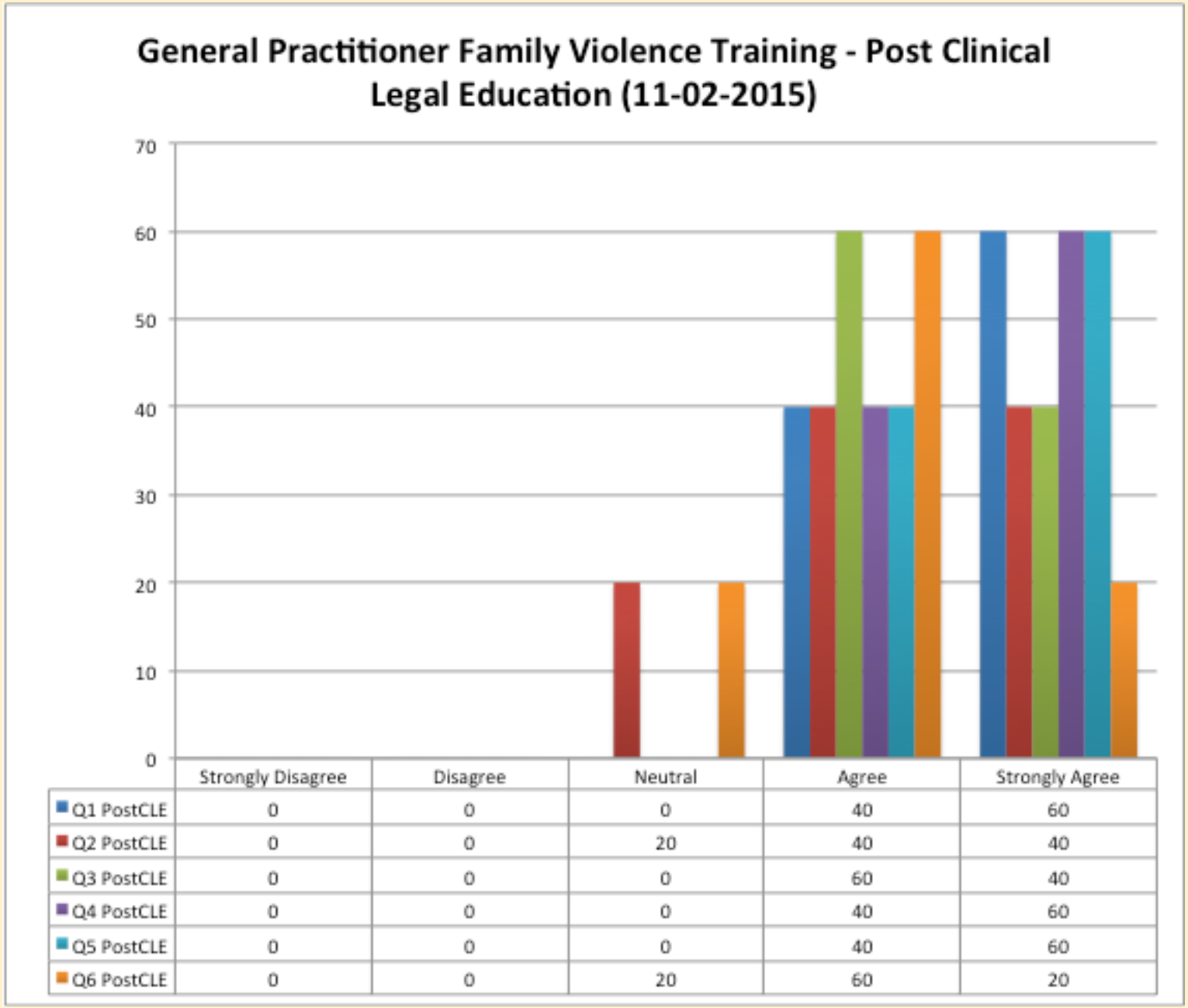
In reference to the training it: *" helped to explain the process"*
"I know referral pathways now"

Australian National University

General Practitioner Family Violence Training - PRE Clinical Legal Education (11-02-2015)

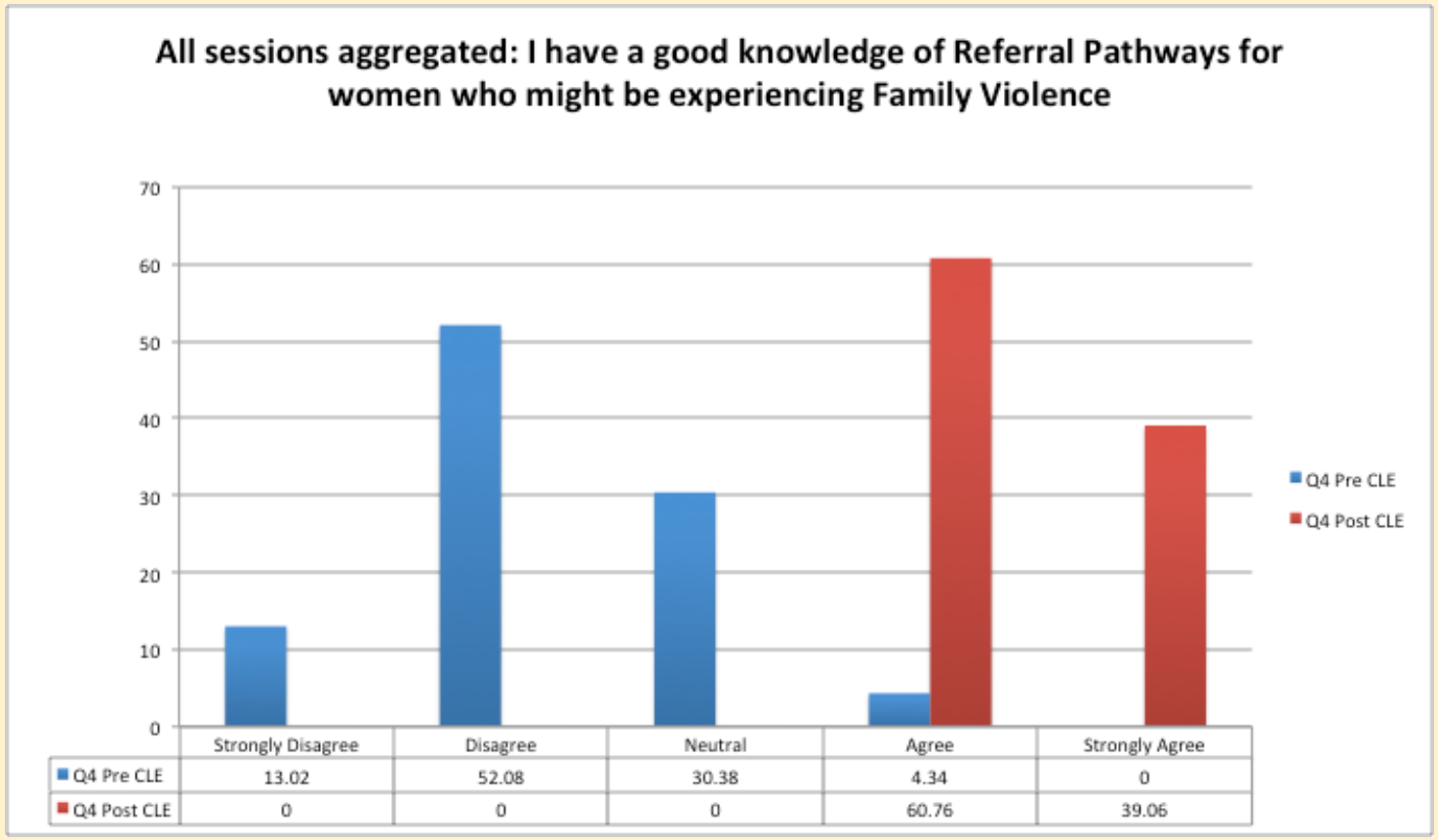


	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Q1 PreCLE	0	0	20	40	40
Q2 PreCLE	0	0	60	40	0
Q3 PreCLE	0	20	20	60	0
Q4 PreCLE	20	80	0	0	0
Q5 PreCLE	0	80	20	0	0
Q6 PreCLE	20	40	0	40	0

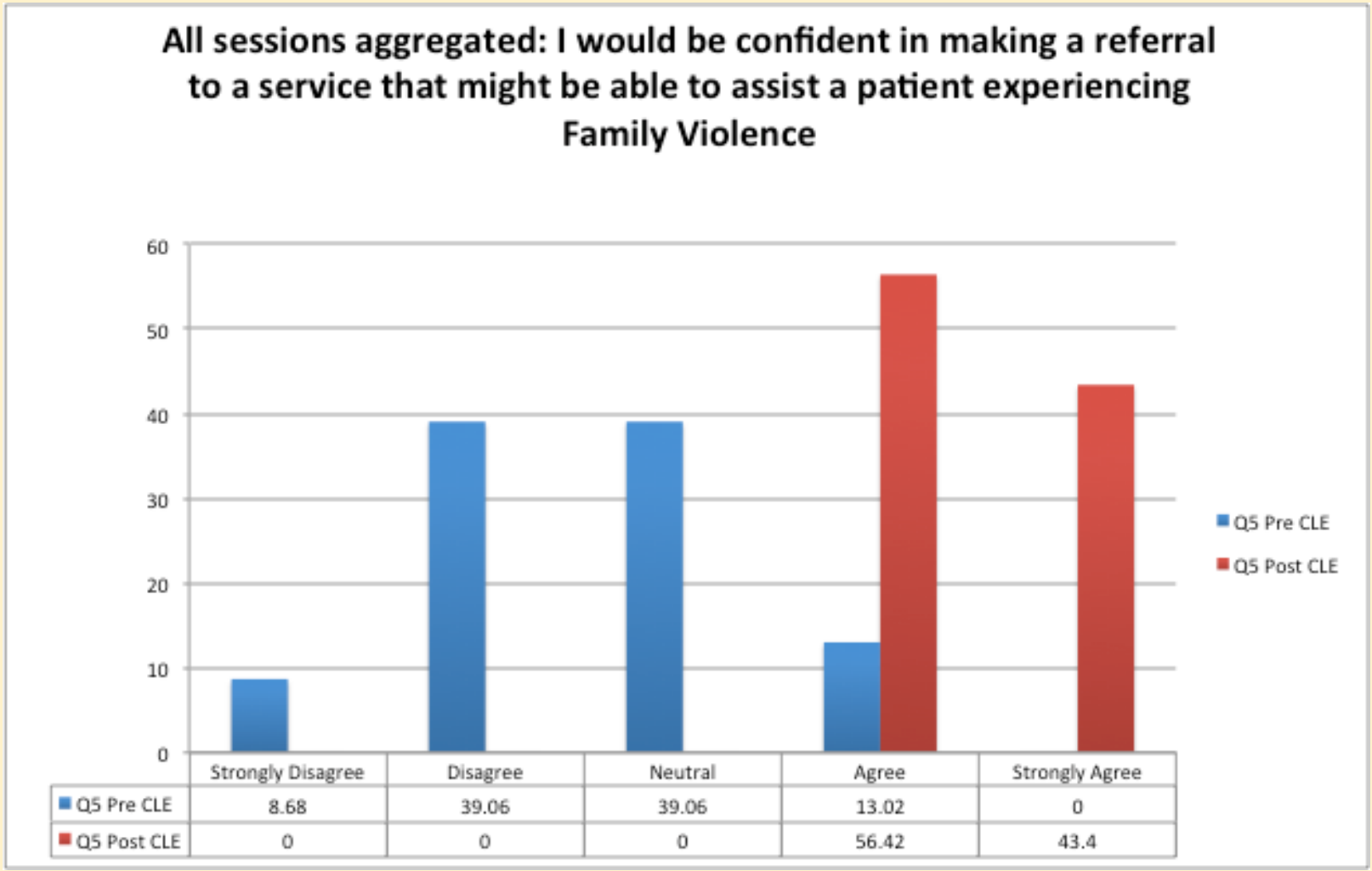


	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Q1 PostCLE	0	0	0	40	60
Q2 PostCLE	0	0	20	40	40
Q3 PostCLE	0	0	0	60	40
Q4 PostCLE	0	0	0	40	60
Q5 PostCLE	0	0	0	40	60
Q6 PostCLE	0	0	20	60	20

Table 6 All sessions when aggregated Source: LCCLC



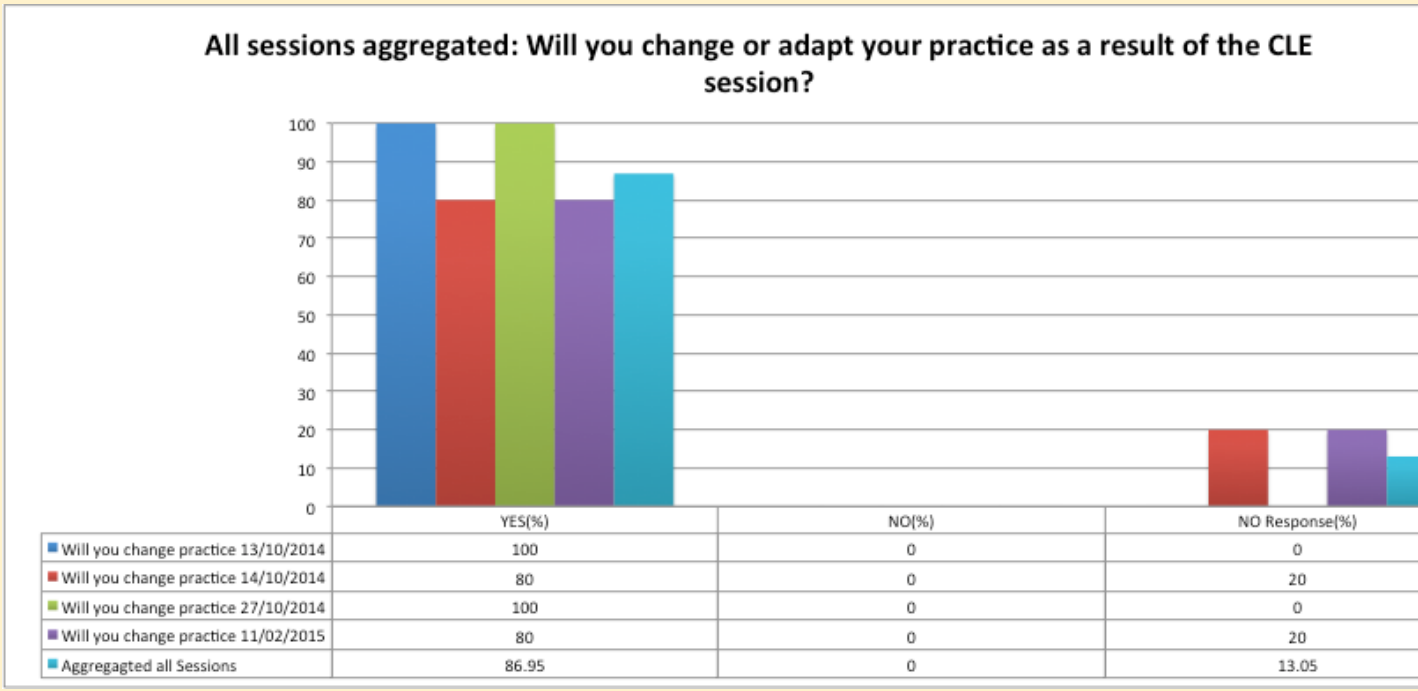
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Q4 Pre CLE	13.02	52.08	30.38	4.34	0
Q4 Post CLE	0	0	0	60.76	39.06



	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Q5 Pre CLE	8.68	39.06	39.06	13.02	0
Q5 Post CLE	0	0	0	56.42	43.4

The CLE Evaluation responses verify LCCLC''s initial view that the medical profession was ambivalent. In addition the medical profession thought it was aware of family violence mechanisms but this was disclosed by the data as only part knowledge and often problematic in terms of assisting patients effectively in terms of referrals and suggestions are areas for further action. The CLE Evaluations post- CLE suggest that the GPs felt more empowered, better informed and became less cynical and more realistic about the role they might have in assisting people experiencing family violence and their children once they had received training. The post CLE results where around 80% of the GPs suggested they 'strongly agreed or agreed' that they knew more and could act demonstrated the training was effective.

This re-iterates the paradigm mentioned on page 34 regarding recent studies in the public health sphere that state that an intention to change practice or a change in practice as a result of training are indicators of effectiveness of the training and a shift in behavior (See T Triado, Julie White & A Brown (2013) 'Community Health Quality Health Improvement Initiatives', Department of Health. when the aggregated data from all trainings session is viewed it is noted that most participants expressed that they would change their practice as a result of the CLE (see below).



	YES(%)	NO(%)	NO Response(%)
Will you change practice 13/10/2014	100	0	0
Will you change practice 14/10/2014	80	0	20
Will you change practice 27/10/2014	100	0	0
Will you change practice 11/02/2015	80	0	20
Aggregagted all Sessions	86.95	0	13.05

Some comments for improvement in terms of the delivery are noted. Curran suggests LCCLC works to ensure the survey results and approaches to education and evaluation informs future planned work in the area of collaboration. The key is to taking on board a need to respect professional

intelligence and experience and use these to develop realistic and practical scenarios that can actually assist the GPs in their own day-to day work and hence motivate their participation. This should be built on in any planned future professional development or legal education of professionals.

E. Health Surveys

As noted by LCCLC in its Second Report to the LSB on 15 January 2014 'A survey of health professionals was undertaken in partnership with LMMML. The first stage targeted General Practitioners in the region, and the second stage targeted psychiatrists, psychologists, social workers and counsellors. The key survey results (below) indicate strong interest from health professionals to receive training on identifying family violence and options for legal referral pathways for family violence.' This training to health professionals was delivered from October 1014 – February 2015 (see details in Section D above).

Summary of results (initial Survey) – All health service providers Initial Survey (early in the WDYA Project)

Table 7 Survey Data when aggregated Source: LCCLC

	Agree strongly	Agree	Neutral	Disagree	Disagree strongly	Total
A significant proportion of the patients I work with experience problems related to family violence and / or safety	**7.55%** 4	**37.74%** 20	**15.09%** 8	**37.74%** 20	**1.89%** 1	53
Our organisation conducts family violence or safety screens on all patients that access our service	**5.88%** 3	**9.80%** 5	**17.65%** 9	**56.86%** 29	**9.80%** 5	51
I feel confident in my knowledge of the risk indicators of family violence	**20.37%** 11	**48.15%** 26	**18.52%** 10	**12.96%** 7	**0%** 0	54
I am comfortable with inquiring further with my patients if I detect the presence of the risk factors of family violence	**44.44%** 24	**42.59%** 23	**7.41%** 4	**5.56%** 3	**0%** 0	54
I am comfortable helping a patient with a family violence or safety problem	**25.93%** 14	**51.85%** 28	**16.67%** 9	**5.56%** 3	**0%** 0	54
I know when and whether I would consult with and / or refer a patient to a legal service about these issues	**18.52%** 10	**37.04%** 20	**24.07%** 13	**20.37%** 11	**0%** 0	54
I am comfortable informing women that they have legal avenues open to them to help make them safer	**44.44%** 24	**40.74%** 22	**12.96%** 7	**1.85%** 1	**0%** 0	54
I would like to attend further training about domestic violence and safety issues	**63.46%** 33	**0%** 0	**0%** 0	**0%** 0	**36.54%** 19	52

Summary of results – General Practitioners only

	Agree strongly	Agree	Neutral	Disagree	Disagree strongly	Total
A significant proportion of the patients I work with experience problems related to family violence and / or safety	5% 1	45% 9	15% 3	35% 7	0% 0	20
Our organisation conducts family violence or safety screens on all patients that access our service	5.26% 1	10.53% 2	15.79% 3	57.89% 11	10.53% 2	19
I feel confident in my knowledge of the risk indicators of family violence	0% 0	50% 10	25% 5	25% 5	0% 0	20
I am comfortable with inquiring further with my patients if I detect the presence of the risk factors of family violence	10% 2	55.00% 11	20% 4	15% 3	0% 0	20
I am comfortable helping a patient with a family violence or safety problem	0% 0	45% 9	45% 9	10% 2	0% 0	20
I know when and whether I would consult with and / or refer a patient to a legal service about these issues	0% 0	30% 6	35% 7	35% 7	0% 0	20
I am comfortable informing women that they have legal avenues open to them to help make them safer	30% 6	40% 8	25% 5	5% 1	0% 0	20
I would like to attend further training about domestic violence and safety issues	75% 15	0% 0	0% 0	0% 0	25% 5	20

Summary of results – Non- General Practitioners

	Agree strongly	Agree	Neutral	Disagree	Disagree strongly	Total
A significant proportion of the patients I work with experience problems related to family violence and / or safety	10% 2	35% 7	20% 4	30% 6	5% 1	20
Our organisation conducts family violence or safety screens on all patients that access our service	5.26% 1	5.26% 1	26.32% 5	52.63% 10	10.53% 2	19
I feel confident in my knowledge of the risk indicators of family violence	38.10% 8	42.86% 9	19.05% 4	0% 0	0% 0	21
I am comfortable with inquiring further with my patients if I detect the presence of the risk factors of family violence	66.67% 14	33.33% 7	0% 0	0% 0	0% 0	21
I am comfortable helping a patient with a family violence or safety problem	38.10% 8	61.90% 13	0% 0	0% 0	0% 0	21
I know when and whether I would consult with and / or refer a patient to a legal service about these issues	28.57% 6	47.62% 10	23.81% 5	0% 0	0% 0	21
I am comfortable informing women that they have legal avenues open to them to help make them safer	57.14% 12	38.10% 8	4.76% 1	0% 0	0% 0	21
I would like to attend further training about domestic violence and safety issues	52.63% 10	0% 0	0% 0	0% 0	47.37% 9	19

A further Survey (Health Survey Tool 2) entitled ‘’Supporting Clients Better through Good Professional Collaboration” was developed by the LCCLC and conducted up until 31 March 2015 with 118 responses.

It is interesting to note that the health professionals answered questions more completely with the participating lawyers skipping some of the questions. This in itself is interesting in terms of the responsiveness of lawyers to a survey trying to find out about issues and factors affecting collaboration between the professions. It is suggestive that lawyers can benefit from further training about why it is useful for clients to work in partnership and collaboration with non -legal services, like health, allied and social services and to highlight the results for them of the Australia-wide Law Survey on how to better reach 'hard to reach' clients effectively. (See C Coumarelos, D MacCourt, J People, H.M. McDonald, Z Wei, R Iriana and S Ramsey (2012) 'Access to Justice and Legal Needs: Legal Australia Wide Survey Legal Need in Australia, Law and Justice Foundation of New South Wales, Sydney; Buck, A, Smith, M, Sidaway, J & Scanlan, L (2010) *Piecing it together: exploring one-stop-shop legal service delivery in community legal advice centres*, Legal Services Commission, London; L Curran (2008) 'Relieving Some of the Legal Burdens on Clients: Legal Aid services working alongside Psychologists and other health and social service professionals', *Australian Community Psychologist*, Vol 20 (1), pp 47-56 and A Buck and L Curran (2009) 'Delivery of Advice to Vulnerable and Marginalised Groups: The Need for Innovative Approaches', Public Space, *The Journal of Law and Social Justice*, Vol 3.)

LCCLC has reported to Curran that it plans to use the most recent survey data to develop a brief paper providing tips for improved collaboration. This will be useful given the rich data and information the LCCCLC attained from this survey. This includes attitudes of the legal and health professions to each other, the difficulties in understanding each other's roles identified in the results and a need for clearer and more transparent communication and awareness about each other role, methods of operation and ethical obligations. This will be guided by the text, P Swain and S Rice (eds) (2009) *In the Shadow of the Law*: The Legal Context of Social Work Practice (3rd Ed) The Federation Press, Sydney, 2009 and the report by L Gyorki (2013) 'Breaking Down Silos: Overcoming the Practical and Ethical Barriers of Integrating Legal Assistance into a Healthcare Setting' Churchill Fellowship.

The Survey Questions for ''Supporting Clients Better through Good Professional Collaboration" is attachment 'A' to this Evaluation Report.

The following is a ***'preliminary summary only'*** of participants' responses extracted directly from the ''Supporting Clients Better through Good Professional Collaboration' Survey Tool 2 (2015) provided by the LCCLC:

Table 8 Collaborative Health Survey Data (Legal and Health Professionals) when aggregated Source: LCCLC

Total responses: 118

Workplace:

Hospital	**13.64%**
Community Health Centre	**15.45%**
Family Violence Support Service	**8.18%**
Aboriginal Controlled Community Health Service	**4.55%**
Community Service Organisation	**18.18%**

Non-legal responses: 60%

Private Legal Practice	**4.55%**
Legal Aid Commission	**5.45%**
Community Legal Centre	**30.00%**

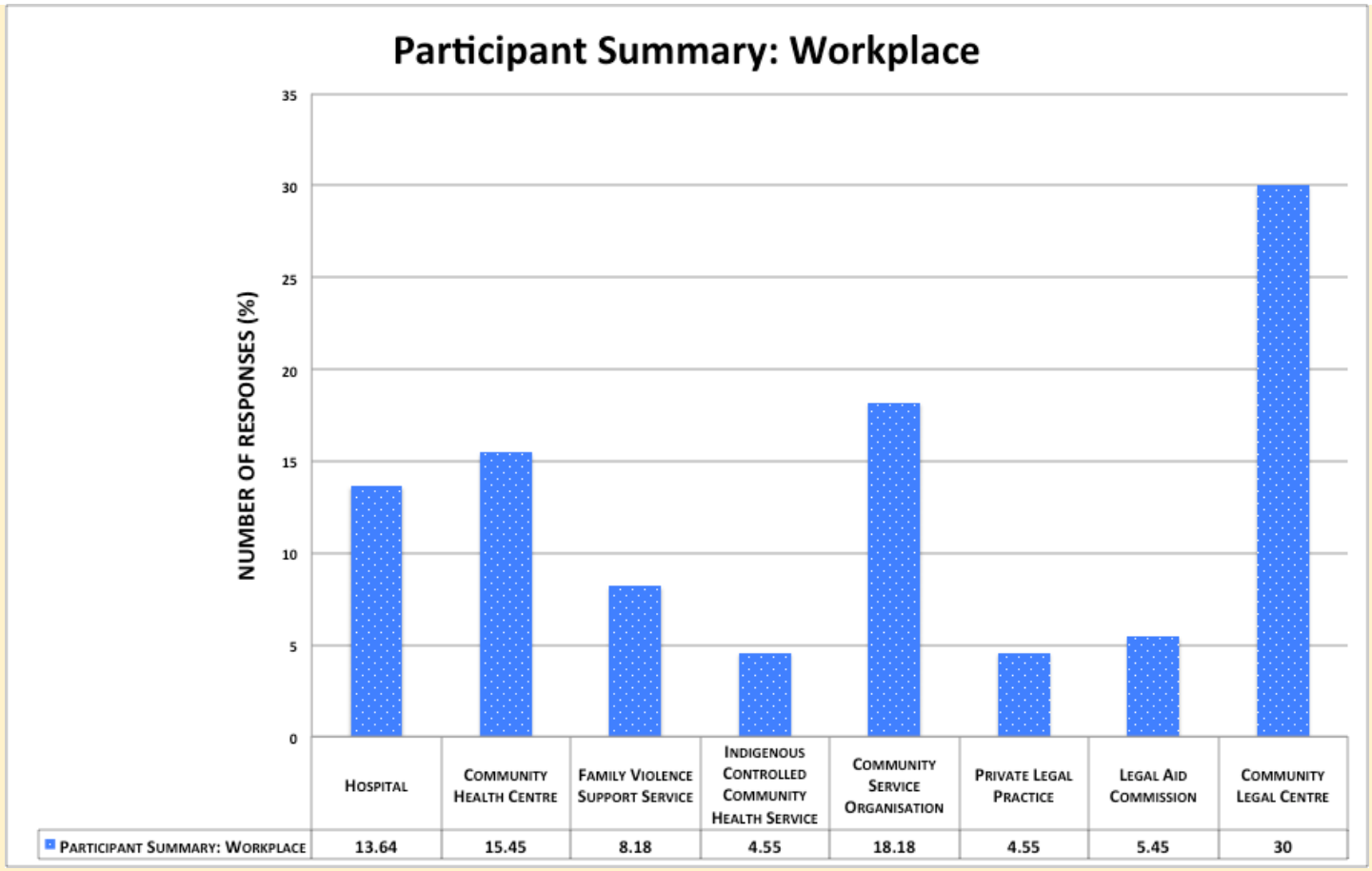
Legal respondents: 40%

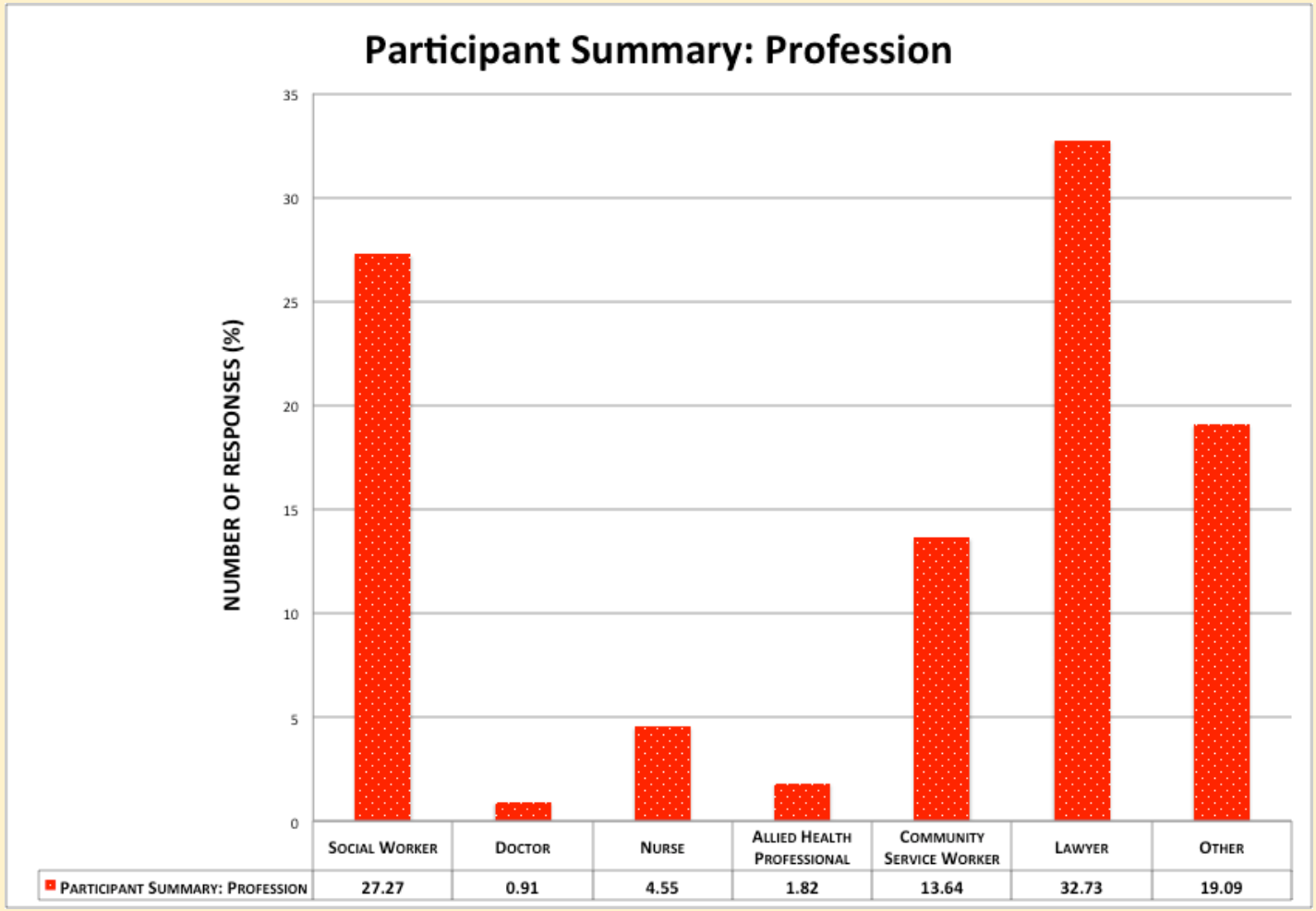
Profession:

Social worker	**27.27%**
Doctor	**0.91%**
Nurse	**4.55%**
Other allied health	**1.82%**
Community service worker	**13.64%**
Lawyer	**32.73**
Other	**19.09%**

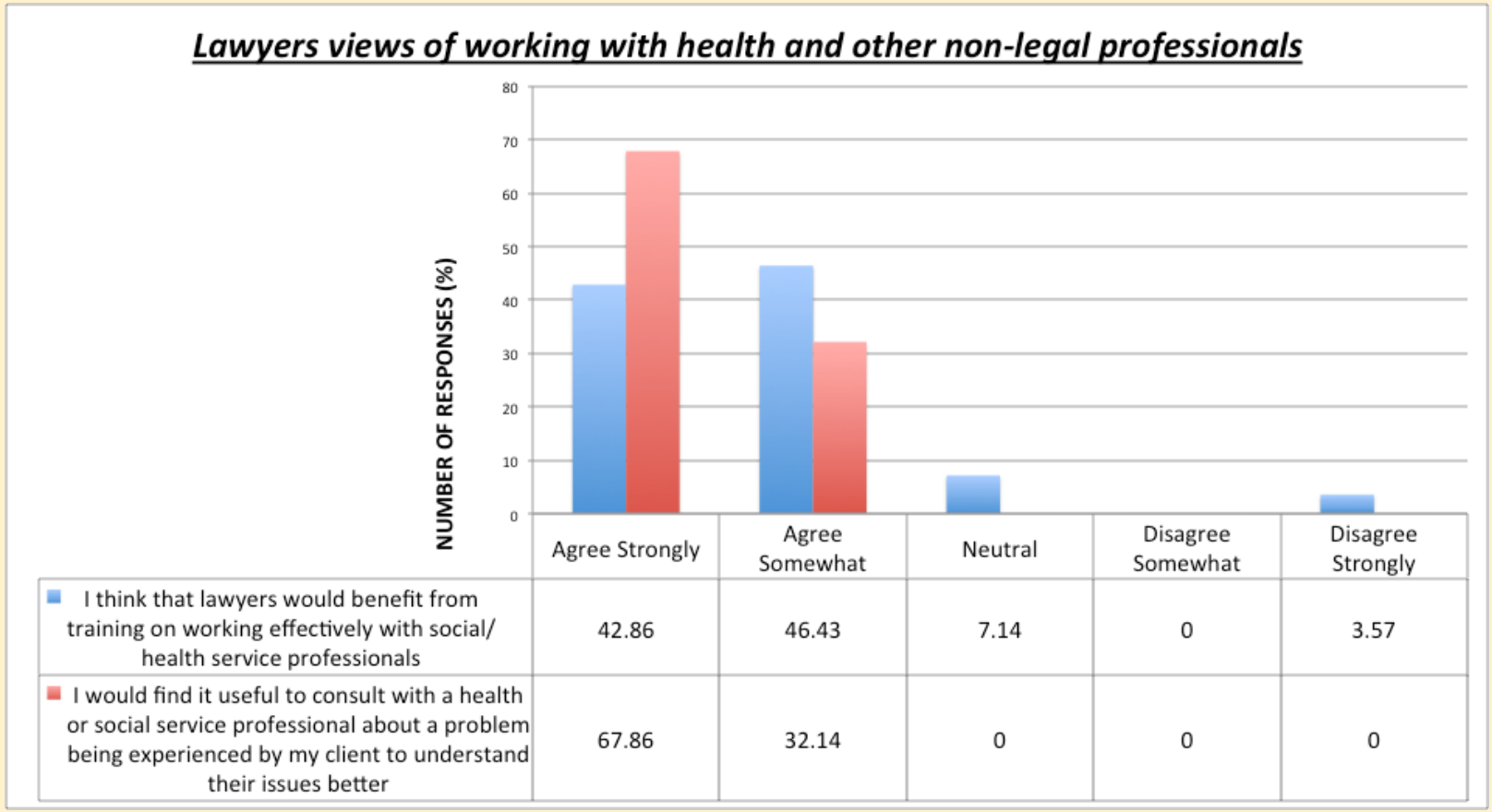
Table 9 Charts on Collaborative Survey Tool 2 Results Source: LCCLC

Australian National University



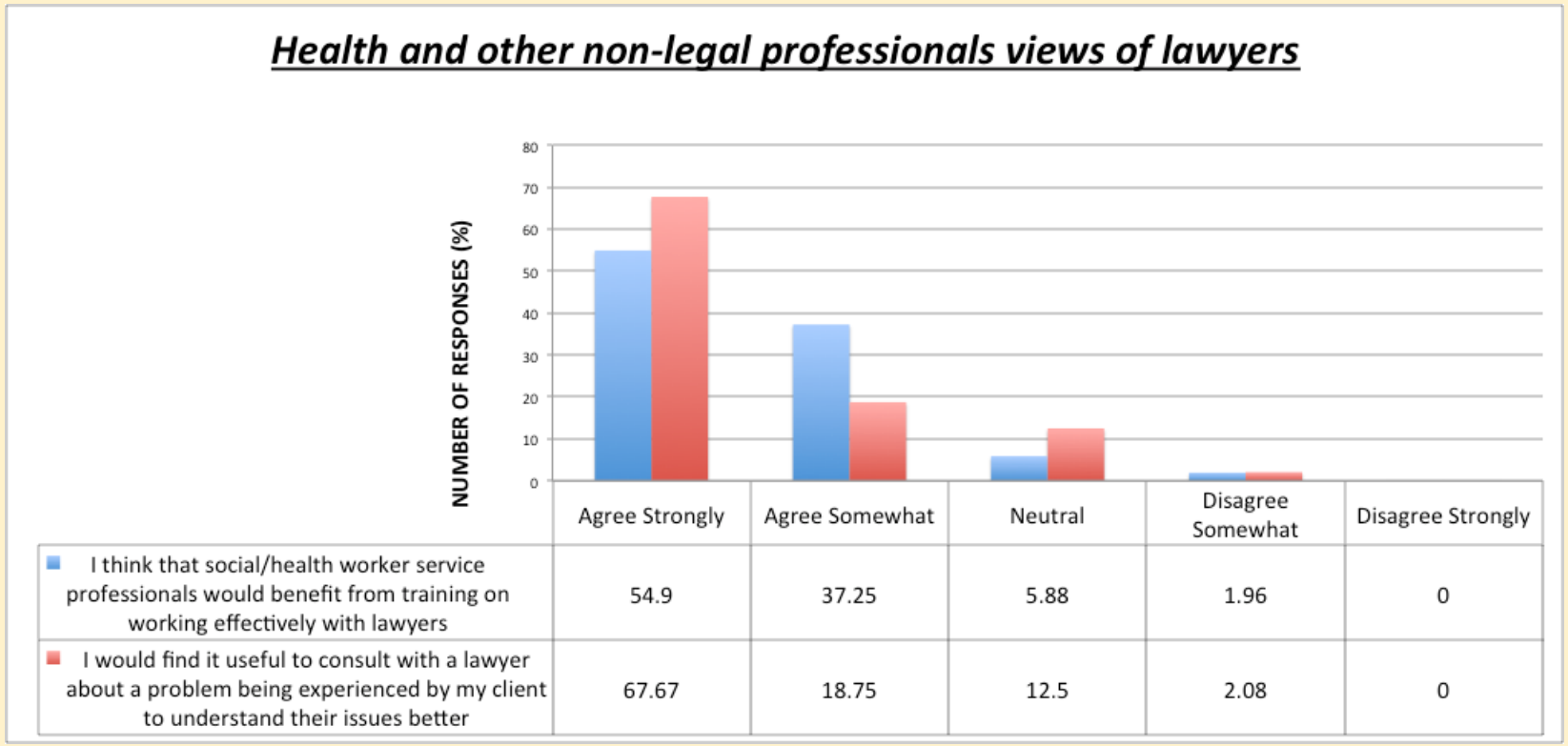


Lawyers:



	Agree Strongly	Agree Somewhat	Neutral	Disagree Somewhat	Disagree Strongly
I think that lawyers would benefit from training on working effectively with social/ health service professionals	42.86	46.43	7.14	0	3.57
I would find it useful to consult with a health or social service professional about a problem being experienced by my client to understand their issues better	67.86	32.14	0	0	0

Health Sector:



	Agree Strongly	Agree Somewhat	Neutral	Disagree Somewhat	Disagree Strongly
I think that social/health worker service professionals would benefit from training on working effectively with lawyers	54.9	37.25	5.88	1.96	0
I would find it useful to consult with a lawyer about a problem being experienced by my client to understand their issues better	67.67	18.75	12.5	2.08	0

The following notes on the Survey Results have been provided by the LCCLC to the evaluator, Curran. As noted above, these are only preliminary findings and the survey only closed on 31 March 2015.

Lawyers views of working with health and other non-legal professionals

Positive experiences

- **Good referrals**

"Health professionals (a) being alert to the fact that a client may need legal help, (b) being prepared to take the time and effort to link clients to the legal help they need. Clients often need strong encouragement for this to occur."

- **Helpful and proactive in providing documentation and support**

"Support by social workers at court or tribunal hearings; provision of pro bono plea material and reports"
"Being proactive - following up regularly, encouraging, motivating "
"Bringing them to appointments/Court, helping to sort out paperwork, writing reports/letters of support"

- **Good (and comprehensive) communication**

"Health/Social would provide full reports of clients' circumstances to assist with preparation of legal documents. The provider would be involved from an early stage and be aware of any court conditions to assist the client in complying with any court outcomes, such as attending counselling or making installment payments."
"An open dialogue with the heath service or social services professional means that the client is better supported as different services are on the same page. It is beneficial to have an extra communication link between a worker and a client, as the worker generally has more contact with the client and often sees the client face to face, making it easier to explain issues that may arise. Particularly when there are mental health and homelessness issues."

- **Good professional boundaries**

"Respectful, supportive, clear, recognises professional and personal boundaries, responsive, seeks to clarify issues that are unclear, is not agenda driven but genuinely seeks to advocate for client's interests in a constructive way."

- **Promotes their clients rights**

"Service making every effort for client to realise their legal rights and participate fully in treatment decisions that affect them"
"Reduces the imbalance of power and enhances the client role in the relationship"

- **Agreed goals and limitations of support**

"Where we can identify and agree on the benefits (or limitations) legal advice or advocacy can bring the client"

Negative experiences

- **Providing advice about legal issues that may not be accurate**

"When they undermined the advice or messaging of the legal representative by dismissing or incorrectly questioning it."
"Social workers who obtain a small amount of legal information and use it inappropriately"

- **Not responding in a timely manner**

"Time poor - unable to respond in timely manner and this protracted the legal issues at hand"

- **Not according a client their rights, or supporting the client to make their own decisions**

"Psychiatric professionals who exhibit a dismissive attitude to clients with mental illness, recertification of clients who have been released from compulsory inpatient treatment by the Mental health Tribunal in order to force them to stay in hospital"
"local domestic violence court support worker was impeding courts, police and legal representatives by telling client what to do, telling client to change instructions, not listen to court staff, police or legal advice and despite being requested to only provide support continued to impede all especially client rather than providing the support required. Local service is now not on court referral list but advocate still attends court, has improved behaviour at court lately"

- **Undermining client/lawyer relationship**

"A service manager has verbally abused me within view of a client who had persecutory delusions. The service manager incorrectly felt that I did not have lawful authority to attend and assist the client or view their clinical file. The conduct of the service manager reinforced the client's incorrect belief that the Service was not lawfully treating him and was keeping information from him."

- **Not maintaining information barriers**

"overly ambitious in the help they want to provide - i.e. accusing the lawyer of unnecessarily delaying a matter to get better reports as well as theirs, or providing information that may give rise to a conflict of interest"

Key messages

1. **What is the role of a lawyer**
    a. **Lawyer obligations**
    b. **Broader goal: promoting rights/transparency**
    c. **What a lawyer can do, what a support worker can do better**

"I am on client's side but will not tell them what they want to hear, nor will I make decisions for them"
"For them to understand that we are trying to make the system work fairer and make sure that legal rights as well as medical interests are respected"
"That my role is to follow the instructions of the client"
"The non-legal worker (for example, financial counselor) can often provide non-legal assistance/ support that is more likely to help resolve the client's problem"

2. **The crucial supportive role of the health/support worker**
    a. **The value of good documentation**
    b. **Identifying a legal issue and providing a good warm referral**

"Health providers need to be willing to provide detailed reports of the client's circumstances, beyond what is included in a medical certificate"

3. **Developing a good working relationship**
    a. **Roles and boundaries – separate but complementary**
    b. **A shared language – plain English**

"We are supposed to be on the same team"
"That we can work constructively, that our distinct roles can be complimentary, that boundaries are sometimes very useful and if we can negotiate the boundaries in advance it can be to everyone's benefit. (…) That they can play a really valuable role in both advocating on behalf of clients (not as lawyers but in other ways) and that they can help to identify clients with legal issues that impact on their wellbeing."
"Better use of plain English on both sides"
"It would assist for health or social service professionals to have a better understanding of therapeutic jurisprudence so they didn't feel that they could get in trouble for assisting me and to ensure they didn't feel that I may use information/material against them"

Views on training / collaborative practice

	I think that lawyers would benefit from training on working effectively with social / health service professionals	I would find it useful to consult with a health or social service professional about a problem being experienced by

		my client to understand their issues better
Agree strongly	42.86%	67.86%
Agree somewhat	46.43%	32.14%
Neutral	7.14%	0
Disagree somewhat	0	0
Disagree strongly	3.57%	0

Do you think that there are any professional or ethical obligations that get in the way of you working effectively with other health or social service professionals? Yes – 67.86%; No: 32.14%

Health and other non-legal professionals views of lawyers

Positive experiences

Key terms

- Respectful, of the client and the worker
- Cultural awareness/sensitivity (especially for Aboriginal clients)
- Clear communication
- Making sure the client feel heard
- Responsive
- Friendly
- Timely, regular, (not rushed) contact
- Empathic and non-confrontational
- Knowledge of service sector
- Good onward referral

- **Knowledge of the different but complementary roles**

"Both parties being dedicated to the wellbeing of the client, respectful of the different approaches each may have (best interests of the client versus client instructions)."
"Acknowledging that different professionals all have skills and knowledge to share"

- **Information sharing**

"The lawyer would contact myself and receive a hand over from me and then provide feedback after they have seen the patient"

- **Understanding the impact of family violence and providing tailored support**

"Understand that the woman is often not able to be assertive for herself. Not take advantage of this to push the woman to do what is easiest for the solicitor. Give the woman options & then give her time to think it over before making a decision even if this means another appointment. Explain the long term consequences of actions/decisions made now. Actively involve her case worker in the planning (with her consent)"

Negative experiences

Key terms

- Abrupt
- dismissive, arrogant, rude
- disrespectful, condescending
- false hope
- negative
- jargon
- unresponsive
- judgmental

- **Poor communication with support workers, and unrealistic/improper requests or submissions**

"Not keeping the worker informed of their clients appointments with the lawyer and outcomes as a result of those appointments (to allow worker to better support the client and be kept in the loop)."
"Phoning me on the morning of court and requesting letters of support is a pain. Expecting me to lie is also not helpful. Asking me to book clients in for a service and then send a letter to court to state that they are engaged in service WHEN WE HAVE NOT HAD ANY PREVIOUS CONTACT WITH THEM IS A PAIN. It is also deceitful and we won't do it and we shouldn't be asked to do it."
"When a legal representative intentionally keep their intentions from CCS staff and then make claims in Court that items were agreed to by CCS."

- **Not making time for, or hearing, the client and speaking in unclear language**

"NOT listening, not making time for clients concerns to be heard and addressed in a professional matter. I know lawyers are very busy on the day of court but client are people with feeling and often they really are not heard by the legal system."
"Impatient manner when client finds options difficult to process quickly. Hanging up on a vulnerable client where there was a conflict instead of providing a referral. Sending a legal letter with complex information with no attempt to ensure that the client could understand it"

- **Not respecting the role and skills of the support worker**

"Disrespectful of my skills and knowledge just because I do not have a law degree."

- **Not supporting clients to exercise their rights**

"Lawyers who don't provide information the client needs to make informed decisions and exercise their rights"
"Lawyers who tell my patients they don't need Enduring Power of Guardianship despite a dementia diagnosis given that this patient will lose capacity for appointment of a guardian in the future"

- **No understanding of the complexities of family violence**

"Mother blaming. Not understanding the complex reasons why a woman may choose to return to the relationship."
"Lawyers not listening and talking over clients and directing clients to accept conditions that are not suitable for a quick outcome."

Key messages

1. **Understanding of support services, and mutual respect of each other's complementary role**

"Equal understand and equal respect for each other's' profession"
"To have an idea of the specialist nature of the service(s) we provide"
"I am also busy and my time is also very valuable, just like yours."
"That we are on the same side, trying to work towards making the woman/family/victim safe and hopefully empowered and heard"
"I would like to work in partnership with lawyers so that skills from both agencies are utilized and maximized, to their full potential."

2. **Clear communication and truly collaborative practice**

"To allow time for secondary consults (as above). To consult with workers regarding appointments and court dates to allow worker to assist the client with transport. To have time to ask questions about different legal issues are clients may be experiencing."
"Time given for effective communication exchanges prior to commencing a partnership and introducing a client. You want them to have knowledge of your role, responsibilities and experience and your vision of the way forward for the client. A well-considered partnership plan should be prepared for a preliminary discussion."
"Perhaps an understanding that 1. Clients often don't grasp the advice quickly and need time to absorb it (a phone session is often not enough) and 2. Information about helpful websites or phone numbers for free phone advice for follow up is really helpful. That's because they often have further questions and to really understand how the law works, it's good for them to have something to read or hear about."
"I would like transparency with lawyers & clients"
"Not to avoid pre-court discussions with CCS prosecutors - things can usually be decided at this time and then CCS can assist the legal representative in Court (to argue an outcome), if a decision had been agreed upon."

3. **Client respect and sensitivity to cultural needs**

"I need my clients to feel heard while they may request I be present with a lawyer and may ask me to speak on behalf of them, I would like the lawyer to pay good attention to the client and really hear them"
"The client have the best idea about what will work well in their lives"
"Cultural knowledge and understanding that mental health anxiety and crisis impact significantly on poor people"

Views on training / collaborative practice

	I think that social/health worker service professionals would benefit from training on working effectively with lawyers	I would find it useful to consult with a lawyer about a problem being experienced by my client to understand their issues better
Agree strongly	54.90%	67.67%
Agree somewhat	37.25%	18.75%
Neutral	5.88%	12.5%
Disagree somewhat	1.96%	2.08%
Disagree strongly	0	0

Do you think that there are any professional or ethical obligations that get in the way of you working effectively with lawyers? Yes – 38.78%; No: 61.22%

Allied/health workers – Key messages to lawyers

- More information on levels and types of consent (for practitioners) More information for lawyers on the work we do and innate risks that go with it - even when all due precautions, consent etc is followed.
- To allow time for secondary consults (as above). To consult with workers regarding appointments and court dates to allow worker to assist the client with transport. To have time to ask questions about different legal issues are clients may be experiencing.
- Yes. Can be helpful sometimes looked at when you speak and are ignored.
- Time given for effective communication exchanges prior to commencing a partnership and introducing a client. You want them to have knowledge of your role, responsibilities and experience and your vision of the way forward for the client. A well-considered partnership plan should be prepared for a preliminary discussion.
- They just have to phone and ask us what we can/can't do.
- Equal understand and equal respect for each other's profession
- Working collaboratively with workers allows both the lawyer and worker to support the client to gain the best result.
- that changing behaviour or acting on behalf of themselves takes time that being guarded and not sharing all their story is protective that sometimes they really don't have the energy to continue to go through the legal process
- To have an idea of the specialist nature of the service(s) we provide
- I need my clients to feel heard while they may request I be present with a lawyer and may ask me to speak on behalf of them, I would like the lawyer to pay good attention to the client and really hear them
- They seem pretty well versed in most of the issues our clients have, but perhaps an understanding that 1. Clients often don't grasp the advice quickly and need time to absorb it (a phone session is often not enough) and 2. Information about helpful websites or

phone numbers for free phone advice for follow up is really helpful. That's because they often have further questions and to really understand how the law works, it's good for them to have something to read or hear about.

- I believe they have a good understanding that if we ask for a referral, there is a pressing need. The only point I would stress is that our clients are usually in crisis and the information delivered and expected of them needs to be done slowly and clearly to ensure it is processed correctly.
- I need to stay updated with what is happening with the client.
- My experience is that lawyers don't tend to listen to the professional support people when they attend court with their clients. Often if a discussion was held prior lawyers might get a more appropriate outlook and professional staff may understand the legal system much better.
- I am also busy and my time is also very valuable, just like yours.
- Give me support and at the same time l will give them the support it is a 2 way where we can all know what is happening and can understand this
- Hospital patients, especially those in palliative care, are vulnerable. They appreciate lawyers spending compassionate time with them.
- Planned completion of all EPOAs including Guardianship is very important.
- I would like transparency with lawyers & clients
- That we are on the same side, trying to work towards making the woman/family/victim safe and hopefully empowered and heard
- we have a great networking relationship with LCCLC in response to housing justice and have referred clients to other justice issues
- clients highly vulnerable require specific interaction
- Discuss my role however they take the lead.
- The support we offer and the services we can assist with. More communication around clients' needs
- That if we make the effort to call a Lawyer / Legal firm, there is a genuine reason, we don't intentionally waste their time!
- I would like to work in partnership with lawyers so that skills from both agencies are utilized and maximized, to their full potential.
- That it makes a world of difference to have the client understand their situation clearly. The response they get can make them feel more at ease.
- the client have the best idea about what will work well in their lives
- To keep staff and patient informed about what is happening for the patient weekly to advocate for their clients, instead of leaving everything to the last minute
- cultural knowledge and understanding that mental health anxiety and crisis impact significantly on poor people
- Whilst respecting confidentialities, patient outcomes are better when there is cooperation between parties.
- Would like regular contact, contact not to be so difficult, things to be explained simply and with respect.
- I think Lawyers need to understand the importance of integrated support systems between workers and lawyers and understand the benefits this can have on positive

outcomes. Lawyers also need to know how important the worker's role is for the clients safety, support, advocacy and creating integration, as at times a workers role has been seen as 'just a support worker'. Open and positive communication between workers and lawyers is key.

- Not to avoid pre-court discussions with CCS prosecutors - things can usually be decided at this time and then CCS can assist the legal representative in Court (to argue an outcome), if a decision had been agreed upon.
- Lawyers need to listen to support workers as often the support worker has knowledge of what the client has experienced and already built a rapport with the clients.
- I would like lawyers to appreciate that vulnerable clients must be given extra time to process information. It is helpful if lawyers appreciate the value that a social work dimension can bring to a client's life and problems; and that a holistic approach to client issues can make a significant impact on the way clients experience their outcomes.

Lawyer – Key messages to allied/health workers

- That we are willing to provide whatever support or education we reasonably can in order to support them being able to identify legal issues and make appropriate referrals. That we are willing to be flexible to make this occur.
- I am on client's side but will not tell them what they want to hear, nor will I make decisions for them.
- Health providers need to be willing to provide detailed reports of the client's circumstances, beyond what is included in a medical certificate.
- That we can work constructively, that our distinct roles can be complimentary, that boundaries are sometimes very useful and if we can negotiate the boundaries in advance it can be to everyone's benefit. That lawyers aren't monsters, or all blood-sucking leaches. That I am happy for them to advocate for clients but that they also need to exercise respectful restraint when I am dealing with a client and trying to advise and represent them according to their instructions. That they can play a really valuable role in both advocating on behalf of clients (not as lawyers but in other ways) and that they can help to identify clients with legal issues that impact on their wellbeing.
- better use of plain English on both sides
- For them to understand that we are trying to make the system work fairer and make sure that legal rights as well as medical interests are respected.
- Following the example in question 5, some understanding of the limitations of legal advice and assistance.
- That my role is to follow the instructions of the client.
- It would assist for health or social service professionals to have a better understanding of therapeutic jurisprudence so they didn't feel that they could get in trouble for assisting me and to ensure they didn't feel that I may use information/material against them.
- Knowledge of how to make effective legal referrals
- Understand the limitations of legal practice generally and in particularly the scope of work that CLCs can do (and what we can't)

- To respect our professional boundaries. We don't try to be social workers so they need to not try to be lawyers
- Support services are important and wonderful but client is the person lawyer needs to hear circumstances from. Also that it is the client who needs to make decisions that is best for them after full advice. Often this is difficult as clients may want to be told what to do and often ask but it is important to empower client to make decisions for themselves.
- I am proactive and respond in a timely fashion. I expect the same in return. I go the extra mile, I also expect the same from those who work, together with me, with among the most vulnerable.
- I would like them to know more about legal services generally so that they can correctly refer
- A first task is to define boundaries around the role of each worker and working together to find a single solution e.g. when a client has multi infringements because they fail to have resources on their myki card. Lawyer addresses the legal issues with a supporting letter from the case worker then they both tackle the issue of the financial hardship faced by the client.
- I want them to know (so they can share it with the client) the limits of what a lawyer and legal action etc. can achieve. The non-legal worker (for example, financial counselor) can often provide non-legal assistance/ support that is more likely to help resolve the client's problem.
- Shared objectives in terms of working towards enhancing client's wellbeing. The nature of community legal centres (under-resourced but community-based). Need to build shared respect between service providers, shared understanding of determinants and concerns that both health and legal workers are responding to.
- That they can access justice for their clients: there is good legal advice and support available by phone initially and that free legal advocacy may also be accessible.
- That we have obligations to the client. That there really is no issue with them co-witnessing documents with lawyers.
- We are supposed to be on the same team
- What we do and don't do, how we can assist the client, outcomes that can be achieved, manage expectations, that we are not-for-profit.
- The main issue would be how unlikely it is that they will be likely to be subpoenaed to give evidence and what happens if they do

(End of analysis and data provided by LCCLC)

Conclusions from Survey

The Collaborative Survey, Health Survey Tool 2, preliminary results reveal there is a need for further work to be done to build understandings around different cultures and modes of operation between the professions. More respectful dialogue and communication and clearer explanations of legal and ethical complications can be better explained and work towards good practice that does not compromise confidentiality or conflict of interest rules seems a sensible step.

This Survey and its information should provide a useful platform on which to inform future work to remove barriers and ensure ways to better facilitate co-operation that addresses and responds

better to client and patient need. Professional development, training and respectful reciprocal relationships are key.

Collaborations

The WDYA Project is evidence of collaboration by LCCLC with a range of other agencies in order to conduct the research and to produce the report and involving different professionals in surveys, in CLE and PD. Collaboration included: The Centre for Non Violence, Bendigo; Women's Health Loddon Mallee; Ann Spittles, Indigenous Family Violence Regional Coordinator, Department of Human Services, Bendigo; Loddon Campaspe Centre Against Sexual Assault (CASA); Pat Mullens, Bendigo Court Network Programme Manager for the Bendigo regional courts and the Loddon Campaspe Family Violence Advisory Committee, LMMML, the courts and court staff and Clayton Utz Lawyers which provided pro bono transcription of the recordings of the women's conversations for the LCCLC WDYA research report. This goes to evidence collaborative practice as required by deliverable 13.

F. **Un- listed Project Objectives/ Deliverables**

Reference group meetings since project commencement:

June 5 2012 (10am-12pm) – 'Key Stakeholders Reflective Workshop' Attendance – Bendigo and District Aboriginal Corporation (BDAC), Central Victoria General Practice, Centre for Non Violence, IFVRAG, DHS, Women's Health Loddon Mallee, Success Works and LCCLC staff.

May 28 2013 (1.30-4.00pm) Attendance – Centre for Non Violence, Loddon Mallee Murray Medicare Local and LCCLC staff

28 July 2014 (1.00- 3.00pm) Attendance – IFVRAG, DHAS, Women's Health Loddon Mallee, Centre for Non Violence and LCCLC staff. Author observed with consent and clear ownership, involvement and suggestions from the group. They also noted that some of their suggestions from previous meetings had been taken on board by the project team and although there had been some hold – ups with staff leaving the project had been tracking well.

Carolyn Neilson, the Project Officer met with a number of the stakeholders (individually) for feedback on the initial report draft, to assist with development of the report. It was also circulated at the regional advisory committee meeting on 5 February 2015. There has not been a reference group meeting since 28 July 2014.

Media Coverage on Issues Emerging
LCCLC has also had some of its work through the WDYA Project funded by the LSB recognized by the media, evidence by media coverage and requests for it to participate in research undertaken by RMIT.

For example:

'Family Violence Victims Forced to sit within metres of Offenders in Victorian Country Courts.' Project Lawyer Bonnie Renou interviewed on ABC Radio's PM Program on 2 March 2015. Extract:

'Calls to bolster security before 'something bad happens'

Security cameras were installed at the courthouse, but one lawyer who uses the facility said that would not prevent threats from happening.

"I don't see why the same kind of protections that are provided in the city can't be in place in the country," said Bonnie Renou from the Loddon Campaspe Community Legal Centre.

Ms Renou, who has interviewed clients in her car for privacy, suggested high-security screening seen at Melbourne Magistrates Court as a possible solution.

Domestic violence victim

"You would hope that it wouldn't take something really bad happening before these things are considered," she said.

She said the lack of privacy was not isolated to the Kyneton court.

Another anonymous victim, whose family violence case was handled in the Echuca courtroom, described the intimidation she felt waiting in the same room as her alleged offender.

"You end up shaking and your heart is racing and it's frightening because you're seeing that person again and they're allowed to stand there," she said.

"Bad enough going into the courtroom but then you're sitting out there for three or four or five hours with him wandering around, and that's the thing they start getting angry and it can escalate a bit."

On line article http://www.abc.net.au/news/2015-03-02/family-violence-victims-sit-near-offenders-vic-country-courts/6271952 (accessed 14 April 2015)

In addition, LCCLC was invited to participate in other research being conducted by RMIT's Centre for Innovative Justice which called for removing the burden of family violence from victims to the court and police and more commitment to prevention. The RMIT Report, *Opportunities for early intervention: bringing perpetrators of family violence into view* was launched on 19 March 2015. Importantly, the report references the interim findings of LCCLC's project. Members of LCCLC were invited to attend the launch by Australian of the Year, Rosie Batty.

See http://www.rmit.edu.au/news/all-news/media-releases/2015/march/family-violence-report-aims-to-interrupt-cycle/ (accessed 14 April 2015) and also http://theconversation.com/remove-the-burden-of-family-violence-from-the-victims-to-the-courts-38994 (accessed 14 April 2015).

The report, *Will Somebody Listen to Me?* was formally launched on Monday 5th May 2015

The Abridged and Full versions of the report are available on the LCCLC website at http://www.lcclc.org.au meaning it can be accessed into the future.

As noted above under heading A, The Survey, In-depth Interviews and WDYA Report the pre and post media response to the report was very positive as is evidenced by the reportage below. See for example:

http://www.bendigoadvertiser.com.au/story/3055319/will-somebody-listen/

http://www.bendigoadvertiser.com.au/story/3058434/report-shows-women-want-to-be-heard/

Related coverage of family violence funding challenges and a vigil to mark the deaths of women and children due to family violence has also been positive:

http://www.bendigoadvertiser.com.au/story/3070130/vigil-honours-women-and-children/

Part C – Summary - Conclusions from this Evaluation

Clearly valuable research and findings, as detailed and evidenced in this Evaluation Report have resulted from the LSB funded 'WDYA Project'. This work ought to be continued, given the momentum and valuable findings from this project and the expertise of staff that has been developed by virtue of this project.

The WDYA Project has provided valuable (evidenced by survey feedback from the women experiencing family violence about the research process) and much needed services where there was not only a gap but where women and children without access to good legal information advice, collaborative support and court representation are placed at great personal risk. The project has seen court representation expanded at a number of regional courts and outreach services provided in areas where there was previously none or insufficient services to people experiencing family violence and their children.

Evident in gathering data for this project and in discussions with all staff at LCCLC was a clear dedication and commitment to clients and improving community outcomes that was demonstrated by all staff from the lawyers, administration support, social workers, volunteers, reference group members and their agencies and the management team. They facilitated this evaluation by being ready with data and timeliness in their responses to requests. It was clear that

throughout the project LCCLC team was able to work effectively in many different partnerships (See Heading 'A. The Survey, In-depth Interviews and WDYA Report') to build and sustain reciprocal and respectful relationships. Ongoing funding for the project would enable this important work to continue in its clearly evidenced momentum, especially on the cusp of the launch of the WDYA Project Report and in view of the important data emerging from the recent Collaborative Survey.

It would be good, in future, to see some additional research by LCCLC funded to enable them to look at the broader impacts of family violence on children protected by or mentioned in IVOs. This research was unable to focus on this aspect but clearly children were listed on many orders or ought to have been. The WDYA Project Report raises this issue and the failing of police and the court to consider this aspect and problems in the interface between the Federal Family Law and the State based IVO system.

A key strength of the WDYA Project Research has been its success in the recruitment of participants of people who have experienced family violence which as noted in the body of this Evaluation Report is a failing in many past research studies on family violence. The steps, empowering approach and processes adopted by the LCCLC to recruit in a way that is inclusive of women are all methods that ought to be considered by other projects which seek to recruit participation from vulnerable groups or people experiencing family violence and other forms of trauma such as physical, psychological and sexual abuse. These were explained in more detail under the heading 'A. The Survey, In-depth Interviews and WDYA Report' above.

The collaborations started and the detailed information from the survey on barriers to effective service delivery ought to be the subject of further ongoing work. These include the need for further training and professional development which includes clarity of roles and understanding of ethical professional obligations and limitations and how people can work better together. Workarounds that respect the various difference in roles and improvements to communication styles and mutual respect and transparency that the collaborative survey discussed under heading 'E. Health Surveys' are feasible if a problem solving collaborative approach is taken by multi-disciplines with the patient/client as a central focus providing safety and responsiveness. These are worthy of ongoing resourcing and support so that effective intervention can continue and be expanded upon and improved which can only lead to more effective service delivery and a better reaching of people in need of support and family violence protection and prevention.

In summary, a key finding of this evaluation report, given the overall success of the WDYA Project and through

- the rich data;
- expanded service coverage in regional and rural areas where there has been a gap;
- ideas for service improvement;
- practical steps for systemic change to how the legal system responds and approaches family violence detailed in the WDYA Project Report, *Will Somebody Listen to Me?* launched on 5 May 2015

is that LCCLC's work ought to be enabled to continue through resourcing and provision of further funding into the future. It would be a pity if the relationships and collaborations being built and the services being provided through the greater ability to retain and hire staff were not sustained into the future. To provide ongoing funding to continue the work enabled by this LSB grant would also be in line with recent stated commitments by State and the Commonwealth Governments to the National endeavours to end family violence. This project is commended to those with funds to ensure its continuance given the importance of family violence prevention and responsiveness is a priority of both government and national concern. A key suggestion from the evaluator is that the work undertaken by the WDYA Project ought to be bought to the attention, as soon as possible, of the Neave Commission of Inquiry so that the important findings of the LCCLC WDYA Project can also be advanced drawing on its findings both in the WDYA Project Report and the recent 'Collaboration Health Survey Tool 2' by the Victorian Royal Commission into Family Violence established in December 2014.

Dr Liz Curran, Australian National University
14 May 2015.

ANNEXURE 1 Health Survey Tool 2 Questions 'Supporting Clients better Through Good Professional Collaborations'
