Out of Sight and Out of Mind
Connecting Family Violence & Disability Services
in Cardinia & Casey

Project Summary

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1.0 Introduction

Cardinia Casey Community Health Service (C-C CHS) funded a six month part time health promotion project called **Out of Sight and Out of Mind, Connecting Family Violence and Disability Services in Cardinia and Casey**. The aim of the project was to improve service provision and integration for women with physical and intellectual disabilities experiencing family violence in the Shire of Cardinia and the City of Casey. The following report provides an overview of the project including its rationale, methodology, findings, reflections and recommended future actions.

2.0 Rationale

Women with disabilities are more likely to be subjected to abuse or violence than are other women, according to research. Discrimination, a lack of access to financial and other resources to enable independence, and a lack of accessible services makes escaping abuse or violence extremely difficult for women with disabilities (Jennings 2003).

Eighteen per cent of Australians over eighteen have a disability, and just under half of these people are women (Temby 1996).Despite the high incidence of violence experienced by women with disabilities, services are frequently non-existent, inaccessible or inadequate to meet the needs of these victim/survivors. Disability service providers frequently fail to screen clients for abuse histories. In addition, women with disabilities are often not believed when they report sexual and domestic violence, or their cases are not taken seriously by the criminal justice system or service providers (Strachan 1997).

Women and girls with disabilities live at the intersection of gender and disability bias. As a consequence, they experience higher rates of violence and lower rates of service access than do their non-disabled peers (Strachan 1997). *Indeed, it is not a disability itself that creates vulnerability, but the social and political reaction to disability* (Strachan 1997).

In all recent policy documents, the Department of Human Services (DHS) indicated a commitment to prioritisation of women with disabilities in relation to family violence acknowledging that service provision for this marginalised group requires integration and improvement (DHS 2002; Statewide Steering Committee to Reduce Family Violence 2005).

CCCHS were aware that very few women with disabilities accessed their family violence services and if they did, the services did not always meet their needs. Focusing on women with disabilities in this project reconfirmed and reinforced C-C CHS's commitment to prioritising initiatives to socially disadvantaged and marginalised groups.

This project plan was developed using the recommendations outlined in the report produced by the Domestic Violence and Incest Resource Centre (DVIRC) titled 'Triple Disadvantage' (Jennings 2003).

3.0 Method

The objectives and strategies of the project were developed based on research around effective best practice strategies for the target group. Details are provided below.

Objective 1: To undertake a **literature review** within two months of the project start date relating to women with physical and intellectual disabilities who experience family violence.

Strategy 1: Obtain the following via journal and other articles, research papers, books and the internet:

- Key contributing factors
- Effective/ineffective project strategies with a focus on best practice
- Ethical considerations
- Rationale data and information
- Anecdotal information.

Objective 2: To **promote the needs** of women with disabilities who experience family violence throughout the duration of the project.

Strategy 1: Meet individually with family violence and disability services either by phone or in person to talk about the project and highlight the service provision issues and barriers.

Outcome: The following family violence and disability services were consulted:

Participating Family Violence & Disability Services

Family Violence Services (n = 6)	Disability Services (n = 9)
• South East Family Services (Connections) • Relationships Australia • South East Centre Against Sexual Assault (SECASA) • Westernport Accommodation and Youth Support Service (WAYSS) • Windermere • Women's Health in the South East (WHISE)	• Bunurong Community Care / Liaise • CRS Australia • Disability Resources Centre • Kalimna Training Support Options • Outlook Services (formerly Minibah) • South East Advocacy and Support Service (SEAS) • South Eastern Region Migrant Resource Centre (SERMRC) • Wallara Services • Wellsprings for Women

Strategy 2: Utilise strategic media opportunities targeting key service providers, i.e. staff newsletters, etc.

Outcome: Articles have been submitted to the C-C CHS Weekly Bulletin, the Primary Care Newsletter and the DHS Health Promotion Strategies Bulletin. Project information has been included in the C-C CHS Term 4 brochure. A 'Southern Celebrates' poster was developed and submitted. This strategy is ongoing with the intention of utilising multiple opportunities to highlight the project and its future actions.

Strategy 3: Respond to opportunistic promotional opportunities, e.g. present at staff meetings.

Outcome: Presentations have been made to the Adults Team, the SECASA Team, the Southern Family Violence Network and the Dandenong, Casey and Cardinia Aged and Disability Service Providers Network.

Strategy 4: Facilitate a workshop at the City of Casey/Cardinia Family Violence Forum to disseminate research findings about the current service system and highlight the service provision issues and barriers.

Outcome: The workshop was run successfully with six participants attending.

Objective 3: To **identify key stakeholders** within two months of the project start date and build partnerships between key disability services and family violence services in Casey and Cardinia within six months from commencement.

Strategy 1: Research and identify key stakeholders, tabulating their contact details.

Outcome: Key stakeholders identified and contact details collated.

Strategy 2: Meet individually with family violence and disability services either by phone or in person to ask about the current system via administration of the Service Provider Questionnaire and clarify commitment to membership of a working group.

Outcome: The Questionnaire was developed using best practice guidelines and administered to all participating family violence and disability services and eight C-C CHS staff.

Strategy 3: Convene a working group that includes two family violence and two disability services to meet two/three times to develop service system protocols / agreements and strategic directions for the project.

Outcome: Two Working Group Meetings were convened. At each, two family violence and three disability services were represented. It was ascertained that extensive relationship development needed to take place before development of protocols/agreements could be fully facilitated. However, strategic directions for the project were developed in the form of potential actions for the future.

Objective 4: To **collect anecdotal data** regarding a maximum of 10 women with disabilities who have experienced family violence and their carers regarding access issues in Casey and Cardinia within six months from commencement of the project.

Strategy 1: Consult disability and family violence services in Casey and Cardinia to ensure appropriate strategies for consultation of the target group.

Outcome: Services were consulted as part of the Service Provider Questionnaire process. Articles were also posted on a number of relevant internet sites and service provider newsletters.

Strategy 2: Implement identified consultation strategies.

Outcome: Consultation was undertaken in the form of requesting case studies of personal stories from relevant services. This strategy is ongoing with personal stories as yet to be obtained.

Strategy 3: Compile and analyse the data obtained and utilise it in the strategic plan.

Outcome: This strategy is yet to be achieved.

Objective 5: To **map the current service system** of two family violence services and two disability services (including referral pathways and codes of practice) for women with disabilities who experience family violence within six months from the commencement of the project.

Strategy 1: Review existing codes of practice and referral pathways against best practice.

Outcome: The current service system, as highlighted by the Service Provider Questionnaire data, was compared to best practice guidelines.

Strategy 2: Identify the two family violence and two disability services to be targeted.

Outcome: All participating services indicated a commitment to involvement in the project.

Strategy 3: Develop, pilot and disseminate to the identified service providers detailed service system questionnaires based on the Woman Abuse Council of Toronto's Best Practice Guidelines and Checklist, and Community Self-Assessment tool.

Outcome: The Service Provider Questionnaire was administered to all participating services.

Strategy 4: Identify the existence or otherwise of current relevant codes of practice and referral pathways within the identified service providers, and where appropriate, within key stakeholders in general.

Outcome: These were identified via Service Provider Questionnaire data collection.

Objective 6: To **develop draft codes of practice** for responding to violence that are inclusive of women with physical and intellectual disabilities with targeted providers within six months of project commencement.

Strategy 1: Draft codes of practice in consultation with targeted providers.

Outcome: It was ascertained that extensive relationship development needed to take place before development of protocols/agreements could be facilitated so this strategy was not achieved.

Objective 7: To **develop a report** at the end of the project that outlines consultations and findings of the project and includes a two year strategic plan.

Strategy 1: Document data obtained and process undertaken throughout the project.

Outcome: This strategy is achieved by this Project Summary document.

Strategy 2: Develop a two year strategic plan.

Outcome: This strategy is achieved by Section 6 of this Project Summary Document, 'Proposed Future Action' which details actions to be undertaken over the next three years.

Strategy 3: Seek funding to secure implementation of the strategic plan.

Outcome: Funding has already been secured with a commitment of a project worker for eight hours per week for the next three years. This strategy is ongoing with any opportunities to secure extra funds being fully utilised where appropriate.

4.0 Findings

4.1 Service Provider Questionnaire

Family violence and disability services were consulted about the types of services they provide. Advice was also sought from C-C CHS staff. The Service Provider Questionnaire (see Appendix A) was administered to these services and C-C CHS staff to gain information about the current service system for women with disabilities experiencing family violence. The information gained was then collated and analysed.

Overall, family violence services have either formal or informal screening and assessment procedures in place for family violence. However, for disability services, there appears a distinct absence of screening and assessment processes with only two services consulted having screening procedures for family violence. Of the six services that have assessment procedures, only one has a formal process of assessment. For both family violence and disability services, the methods by which screening and assessment are implemented appear to vary widely with no use of a service-wide tool or standard apparent.

Most family violence and all disability services make referrals to a variety of other organisations. These include services related to housing, police, community houses, community health services and family violence services. Most services referred clients based on the ability of the client to act independently. Disability services in particular, rely heavily on relationship building between their workers and clients to manage and take action in relation to family violence disclosure. C-C CHS Intake was notable in that it is not able to provide assistance with referrals.

Services, including C-C CHS, exhibited a significant absence of formal organisation-level policy and procedures for working with people with a disability around family violence. None of the family violence services consulted and only two of the disability services had policy and procedures for working with women with disabilities around family violence.

Family violence services and C-C CHS appear more advanced in having formal or informal relationships with other service providers with one service and C-C CHS having a number of formal interagency protocols and three others having informal relationships. This contrasts with a complete absence of formal interagency protocols for disability services with three having informal relationships and five having nothing at all. Four informal relationships were between a family violence and a disability service or services. C-C CHS has no relationships with disability services.

Anecdotal data of service use of women with disabilities experiencing family violence was patchy and often absent. Services found it difficult to provide estimates so the figures provided in this report should be considered with caution. Overall, it appears that very few women with disabilities experiencing family violence access services confirming project research findings and contrasting with anecdotal evidence of a high incidence of family violence for this group. This appears to confirm that service access is an issue for women with disabilities.

Both family violence services and disability services cited many valid barriers to accessing family violence services for the target group. Recurring themes were transport, knowledge of

services available and access to information. Barriers listed reflect many of the issues highlighted in the initial research undertaken as the basis for this project.

4.2 Working Group Meetings

All 15 agencies surveyed expressed commitment to attend two working group meetings for the project however only three disability services and two family violence services attended both meetings. These meetings were the first time in Casey/Cardinia that disability and family violence services met with the purpose of improving access for women with a disability. A disability worker commented:

> *"I have worked in the area for over 4 years and I had no idea what kind of family violence services existed for women."*

Participants discussed issues in small groups and Chris Jennings, Disability and Family Violence Project Worker with DVIRC facilitated the development of an action plan for the future directions of the project. She was also able to provide insight in to what has been happening at a State level around disability and family violence and provide an overview of strategies that have worked well based on prior knowledge and research. At the end of the second Working Group meeting there was a general consensus to continue to meet in some capacity to drive the project forward. Participants were certainly going back to their organisation to raise the issues with management and place it on the agenda at staff meetings.

WAYSS, one of the major providers of family violence services in the area, had strong representation at both meetings with four to six staff attending both.

4.3 Placing it on the Agenda

It became apparent part way through the Project that prior to making significant changes to the service system, we needed to place women with disabilities on the agenda in as many ways possible. We were made aware of a Family Violence Forum that was being planned for the region by Victoria Police and local councils. We were able to negotiate a workshop dedicated totally to women with disabilities. Even though we only had six people attend the workshop out of a total 100+ participants, the outcomes were more far reaching in that the flyer promoting the Forum, which was distributed widely, listed the workshops that were offered on the day, thus highlighting family violence as a significant issue for women with disabilities. It is clear that no major changes will occur unless key stakeholders are made aware of the issues.

5.0 Discussion

The implementation of this Project appears timely given the development of the Family Violence Reform Consortium. The Consortium (including three of the family violence services surveyed) are currently reviewing their policies and procedures and developing strategies to improve access for marginalised groups, women with disabilities being one of them. The Working Group meetings were an invaluable beginning to the development of partnerships across two sectors that historically do not work together.

C-C CHS has a commitment to the project and has included the attached action plan in its three year vision for health promotion.

This project has provided a platform for channelling the motivation, commitment and enthusiasm about the issues facing women with disabilities around family violence thus providing momentum utilising a strategic partnership approach with the aim of improving access to services.

5.1 Challenges

5.1.1 Engaging Managers

When approaching agencies we targeted managers for the Service Provider Questionnaire and attendance at the Working Groups. Unfortunately, in most instances attendance at the Working Group meetings was allocated to workers in the field. This provided hands on knowledge on the issues but in terms of addressing agency access issues and confirming commitment to the project, we needed management endorsement and support.

5.1.2 Anecdotal Data

Even though we promoted this request widely amongst key stakeholders we were unsuccessful in gaining anecdotal data in the form of case studies of women with a disability

who had accessed family violence services, either positive or negative. We think this was because the percentage of women accessing or attempting to access services is very small and was further compounded by the sensitive nature of the issues. We also suggest that individuals had no incentive to share their experiences as they could not identify direct benefits from doing so. What we were attempting to do in obtaining anecdotal case studies was to strengthen the very limited access statistics available for this target group. In order to see change at a Government level we need to provide the evidence.

5.1.3 Achievement Expectations

In planning for this Project we overestimated what could be achieved in the time allowed and with the resources available. Given the importance of relationship development, we did not allow the time required to accomplish this. It is important that future work makes a more realistic projection of achievements so that planned project objectives can be fully achieved.

6.0 Proposed Future Action

The recommended actions detailed below emanate from analysis of the Service Provider Questionnaire Data (refer Appendices A and B), from the Working Group process and advice from Chris Jennings, Disability Advocate, from the Domestic Violence and Incest Resource Centre.

Objective	Strategies	Responsibility	Timelines
Consideration of a standard screening and standard assessment tool for use by all.	• Involve a project worker in Family Violence Risk Assessment Framework development. • Ongoing involvement in relation to Risk Assessment implementation.	Project Worker	Year 1
Formalisation of all informal relationships.		Key stakeholders	Year 1
Explore relationship opportunities to improve service delivery.	• Engage key decision makers in this project in the development of formal partnerships and protocols. • Present project findings to Family Violence Consortium Management Group (WAYSS, SECASA, and Windermere) and DHS. • Ask the Family Violence Consortium Management Group to present what it plans to do for women with disabilities to disability services and other relevant parties. • Work in partnership with the Family Violence Consortium on disability initiatives. • Undertake planning and research regarding mapping pathways related to disability.	Project Manager Project Worker	Year 1
Development of a service network to facilitate communication and partnerships.	• Undertake initial scoping by carrying out research to identify opportunities. • Invite disability services to attend Southern Family Violence Network and/or other relevant networks. • Invite family violence services to attend disability networks where relevant (refer Metro Access). • Run a Diversity Forum – get family violence and disability networks together.	Project Worker	Year 1

Objective	Strategies	Responsibility	Timelines
Ongoing awareness-raising and advocacy regarding the issues around disability and family violence.	• Placing disability on the agenda wherever possible, eg. conferences, forums, meetings, etc. • Informing disability and family violence services of appropriate opportunities to participate in development processes related to family violence and disability as they arise. • Involve legal services (and their partnership with SECASA) in the process of increasing awareness.	Project Worker	Year 1
Implementation of formal screening and assessment processes.	• Work in partnership with the FV Consortium.	Project Worker	Year 2
Formal policy and procedures for working with people with a disability around family violence.	• Partnerships/relationships need to be developed / cemented before this recommendation can be implemented (i.e. Recommendations 5, 6 and 8).	Project Worker	Year 2
Formal collection of data regarding service access.	• Collect statistics on those turned away as well as those serviced.	Project Worker	Year 2
Accessible services for diverse clients.	• Evaluate centralised intake systems to identify whether access for diverse clients is improved. • Access audits undertaken of organisations' environments and staff attitudes (refer Housing Resource and Support Service). • Consumer representation on Access and Equity Committees of each organisation. • Organisation portfolios to include disability. • Promote services as accessible services e.g. state on training calendar that all venues are disability friendly.	Project Worker	Year 2
Development of agreements/protocols involving more than two services where appropriate.		Project Worker	Year 3

7.0 List of Abbreviations

C-C CHS – Cardinia Casey Community Health Service
DHS – Department of Human Services
DVIRC – Domestic Violence and Incest Resource Centre
WAYSS – Westernport Accommodation and Youth Support Service

8.0 References

Department of Human Services 2002, Victorian State Disability Plan 2002-2012, DHS, Melbourne.

Jennings C 2003, Triple Disadvantage: Out of Sight, Out of Mind, DVIRC, Melbourne.

Statewide Steering Committee to Reduce Family Violence 2005, Reforming the Family Violence System in Victoria, Department of Victorian Communities, Melbourne.

Strachan F 1997, 'More than Just a Ramp' - A Guide for Women's Refuges to Develop Disability Discrimination Act Action Plans, Sage Consulting, Canberra.

Temby D 1996, ‘More and Less’: A Report of Health and Wellbeing Experiences of Victorian Women with Physical Disabilities and the Nature and Range of Health and Community Services they Use and Want, Victorian Women With Disabilities Network, Melbourne.

Appendix A

Out of Sight Out of Mind Project
Service Provider Questionnaire

Date: ___________________

Organisation: ____

Name and position: ____

1. Do you have any formal/informal **screening** processes for family violence?
   ❑ Formal (can we obtain a copy?)
   ❑ Informal - please explain: ____
   ____
   ____
   ❑ Nothing
2. Do you have any formal/informal **assessment** processes for family violence?
   ❑ Formal (can we obtain a copy?)
   ❑ Informal - please explain: ____
   ____
   ____
   ❑ Nothing
3. Following assessment, what action is taken with the client?
   ❑ Referral(s)
   Agency name(s): ____
   ____
   Type (eg name and phone no., direct contact): _________________________
   ____
   ❑ Linked in to services provided by our agency – which services? _________
   ____
   ❑ Other – please explain: ____
   ___
   ____
4. Do you have policies and procedures for working with people with a disability / around family violence?
   ❑ Yes (can we obtain a copy?)
   ❑ No
   ❑ Unsure – can you find out? ❑ Yes ❑ No
5. Does your organisation / service have any interagency protocols / relationships with family violence / disability services? If so, what are they?
   ❑ Interagency protocol(s) (can we obtain a copy?)
   ❑ Informal relationship(s) – please explain: ____________________________
   ____
   ❑ No
   ❑ Not aware of any – can you find out? ❑ Yes ❑ No

6. Anecdotally, in the last 12 months how many women with a disability residing in Cardinia and Casey who have disclosed / experienced family violence:
   a. have self- referred to your service? ________________________________
   b. have been referred to your service by an agency? ____________________
   Which agencies? ____
   ____
   c. have you been able to provide a service to? _________________________
   Did the service meet her needs? ❑ Yes ❑ No ❑ Don't know
   d. have you referred to other agencies?_______________________________
   Which agencies? ____
   ____
7. What would be some access issues / barriers to family violence services for women with a disability residing in Cardinia and Casey?
   ____
   ____
   ____
   ____
8. We would like to consult women with a disability who have experienced family violence residing in Cardinia and Casey about their experience in accessing the service system.
   Do you think this is possible?
   ❑ Yes ❑ No ❑ Don't know
   If yes, what would be the best way to communicate?
   ❑ Via email
   ❑ Questionnaire to be given to women via case manager
   ❑ Phone interviews
   ❑ Other – please explain: ____
   ___
   ____
9. Would you be committed to attend 3 working group meetings for this project over the next 4-6 months to develop possible strategies / actions for this project?
   ❑ Yes ❑ No
   Contact details____
   ____
   Best days____
   Best times____