

Attachment B: Approved for dissemination consultation summaries/ minutes

NTCOSS Consultation 1

Development of Action Plan 2

21 July 2021

Attendance: Tess Snowdon (NTCOSS), Anna Davis (TFHC), Kate Csillag (Solace Consulting), Kylie Lawrie (Miyalk), Ian Grant (NAAFLS), Sophie Hantz (NAAFLS), Aoife Connaughton (Team Health), Erin Leech (Catherine Booth Women's Refuge)

Summary of key issues:

- AP1 monitoring and evaluation is unclear and there is concern what this means long term and in regards to the development of AP2
 - Improving police responses and training is critical
 - Housing and accommodation access is an issue that cuts across all areas of work and impacts outcomes
 - Improving access to services for victim survivors who do not access services through traditional channels
 - Prevention programs for offenders
 - Improved justice responses
 - Greater support for workplaces and access to training
1. Acknowledgement of Country/ open meeting
 2. NTCOSS (background to project/ consultation plan)
 - NTCOSS received funding in 2019 for a 12-month DFSV policy project, with part of this project running consultations for NGOs on the development of AP2.
 - AP2 is the second action plan to be delivered by the NTG as part of the 10-year DFSV Reduction Framework.
 - Action plan 1 spans from 2018-2021 and was titled 'capturing attitudes, intervening earlier and responding better'.
 - With AP1 winding up, the NTG is starting development on AP2. AP2 will span from 2022-2025 and has the focus of 'taking stock, evaluating and reviewing and building on what works'.
 - Today is NTCOSS' first stakeholder consultation and is an opportunity to hear from organisations and representatives on what they would like to broadly see in AP2.
 - NTCOSS will be running 3 more open consultations (one with a youth specific focus) as part of this initial phase. We will then collate all information received and run more directed feedback as part of this process, honing in on what we have heard to inform the development of AP2.
 3. AP1 tracking –progress of AP1 (of which was published by the Department of TFHC earlier in the year and shared with attendees in advance).
 4. Introduction and 1-2 key things participants would like to see changed/ included in the next AP
 - Participants noted experience of working with women who are not comfortable attending the shelters and women who are living daily with emotional, psychological abuse and coercive control. Impacts on mental health. Conscious of large cohort of women who are not accessing services. Often sees clients referred by GPs or through EAP agreements. Policy perspective: how do we include these women and children in the work that we do? Are women outside funded specialist or NGO service spaces captured in these Plans? Notes there is a strong focus on incidents of high risk, but often more from physical violence and through more traditional avenues and access points. Initiatives
 - Initiative from AP1 around Workforce and Sector Development – possible shortcomings in implementation of training and other programs. Participant reported situations where confidentiality of reports regard child protection aren't being maintained – puts practitioners at risk as well as clients.
 - Participants raised concerns in regards to the evaluation and review processes in place in terms of AP1. Key priorities are noted as being met, however there is no clarity in how these are being evaluated and reviewed. RAMF used as an example – how is the introduction of the RAMF and CRAT being adopted and implemented by the FSF running in different areas, and how is this being reviewed and evaluated (particularly across large geographical areas). Are RAMF and CRAT tools operating to reduce risk through collaborative case management?
 - Participants noted that in regards to AP1 there are identified gaps in service provision for offenders and getting early access to services (appropriately and timely) to ideally prevent future offending. AP1

- tracking shows offender related outcome are listed as 'at risk' in 1.1, however is 'on track' in 4.1 Lack of clarity around what this means? Participants noted they are not seeing these changes on the ground in communities.
- AP1 talks about significant risk of Indigenous women being more at risk of DFSV, however not seeing any tailored programs out in communities to address this risk.
 - 3.1d AP1 where talking about police response to DFSV and tracking against this, also not seen on the ground. Cases mentioned where referrals have been received for people where DVO is in place, police have told offender but nothing else has happened from that (re: breaches). Question asked regarding the point of DVOs if police are not assisting with enforcement.
 - Participants noted that safe houses are probably all at breaking point with amount of people they can take in. Always overcrowded, only for short term (2-3 nights). Noted not a reflection of staffing but some clans don't want to attend safe house as not involved in it in any other way. Not utilised effectively.
 - Participants noted that in regards to justice responses, there is culture amongst many police in remote communities that there is a much higher tolerance to DFSV before DVO is implemented. Referrals to service of significant DFV where for whatever reasons police haven't done a S.41 – services received referrals and attend communities with the circuit court so victim is left unprotected from a DVO for weeks. AP1 refers to public responses etc. but can't see a real focus on cultural change amongst police.
 - Participants noted that housing (access, stock, transitional, crisis etc.) is a key issue and impacts all practice areas. Overcrowding has many flow on effects. Victims becoming homeless often results in the removal of children. Legislative provision for police to remove perpetrators under DVOs but often a reluctance to grant that from a court or police stand up.
 - Participants noted that the Plan talks about specialist services and other community services who are all interacting, but with perhaps not the same significant training and knowledge of responses that support their work. Participants noted that support needs to be given to staff in relation to DFSV - as it is so prevalent in the NT it is having impacts on teams and staff. Need for greater knowledge on what is available to support team members who want to stay working, but may be experiencing DFSV and living in crisis accommodation/ safe houses in remote contexts. How do organisations support staff and individuals with these complex needs and lack of access to other services?
 - Clinical supervision for teams – if not through formal training – access to peer/group supervision, something available regionally (and by regions) for community organisations.
 - Communication amongst services and information sharing.
 - Trends – implementation of things that exist or marked as completed need to continue – information sharing etc.
5. Anna Davis, Acting Director Department of TFHC, Office of Domestic, Family and Sexual Violence Reduction (ODFSVR) provide back on the office (whole of Government unit that sits within TFHC and work they do in regards to the Framework and related action plans).
- TFHC role is to develop AP2 and monitor and oversee the implementation of AP2 and all the actions that come under all the other strategies (Workforce and Sector Development Plan, Sexual Violence Prevention Framework) and all the actions under this work.
 - TFHC does this in collaboration with the Cross Agency Working Group (CAWG).
 - AP2 is looking at gaps and how to help fill them. Large piece of work with limited budget. Need to make impact within these parameters.
 - Need to be concrete with AP2 about things that are included. AP1 lesson – some of those actions are not concrete and quite vague – hard to pinpoint, what it means, who is responsible, how do we chase it up? Budget for it? Measure success?
 - Aim for AP2 to have concrete actions that are situated clearly within an agency or unit of an agency and communicate clearly to whole sector where things are up to.
 - Other important part about this work is that it needs to be collaborative. DFSV intersects cross so many different portfolios – can't work in isolation. AP2 - actions that cut across portfolios and Departments, but where the responsible of that action is clear.
 - Key points raised by participants are consistent with what ODFSVR is hearing from other services, particularly remote and rural areas and improving policing. However, need to hear concrete ideas on what people would like seen done to improve issues.
 - Monitoring and evaluation – noted feedback in regards to AP1 and priority for AP2.
 - Improved communication with Sector on what is happening a priority.
6. Discussion (guided off previously identified things participants would like to see in AP2 but guided by priority areas/questions).

- Role of CAWG and how NGOs can feed into it noted. Improving feedback loops and transparency.
- Funded positions in remote and regional areas within specialist services to delivery training and education (as funded in urban spaces).

NTCOSS consultation 2
Development of Action Plan 2
4 August 2021

Attendees: Justine Mickle (Legal Aid), Jalane Lennon (SupportLink), Mira Redhead (SupportLink), Francesca Szakaly (Katherine West Health Board), Glenn Cullen (SupportLink), DDN, Leeanne Caton (Housing NT), Peter Burnheim (AADANT), Caroline Deane (DCLS), Anna Davis (NTG), Caroline Morrissey (NTG), Siobhan Mackay, April Kailahi (NTMHC), Kellie Hides (SupportLink), Genevieve Dally (NTAHC), Deborah Di Natale (NTCOSS), Tess Snowdon (NTCOSS)

Summary of key issues:

- Lack of knowledge regarding the reform process for DFSV shared with Sector, work that has been completed already on Action Plan 1 and other frameworks.
 - Improved justice and police responses, particularly regarding the efficacy of DVOs and restraining orders.
 - Greater understanding of RAMF and access to training, as well as need to evaluate models.
 - Data gaps across different sectors and service areas.
1. Acknowledgement of Country/ open meeting
 2. Deborah Di Natale, CEO NTCOSS, summary of AP2 and consultation document, including Cross Agency Working Group (CAWG).
 - Participant noted the circulation of communiques and benefit of these. Participants requested more information on how to get on to the distribution list for CAWG.
 - **Action:** Link to website to be disseminated to attendees to access communiques. NTCOSS to ensure dissemination via e-bulletin.
 - Participant requested information on make up of the CAWG and specific information regarding Aboriginal membership and representation on the group. NTG noted feedback and need for greater representation. NTG states they don't have quota for this group, members are elected by their workplaces. Participants states it would be valuable to have people on this group who have on the ground experience/ lived experience
 3. NTG provide information on AP2
 - NTG states goal for AP2 is really concrete goals with clear people responsible for them and clear end points – states AP1 goals were a bit 'government speaky' and also want the actions in AP2 to be very collaborative/ not siloed
 - Concrete, collaborative, costed and concise = main NTG goals for AP2, as Minister has stated there may be a chance for some funding for AP2
 4. General discussion, guided by discussion paper.
 - Information Sharing Scheme - is it ok for Police to share alleged offenders' info to the service provider to expediate process for the conflict of interest check etc. rather than having to go through several steps to gather that info after that – for when police are referring someone (victim) to a DV service?
 - Ensure information sharing legislation includes the ability for Govt. Agencies (Police etc.) to share alleged perpetrator information in referrals for victims to D&FV services (lower level of risk, not FSF) so expediate risk assessment and conflict of interest checks, ensuring a swifter response for client from D&FV service providers.
 - Feedback that restraining orders are ineffective – not sure they are enough given the number of deaths are increasing – same with DVOs
 - Feedback regarding community concerns re: people thinking if a DVO is taken out they will lose their children – big issue.
 - Noted issue with education and training for Police re the complexity surrounding DVOs, restraining orders etc.
 - Journey Mapping project identified that restraining orders are flawed and the intersects with the justice system (adjournments, needing evidence from women etc.) and fear of losing children results in lack of choice for victim survivors. NTG state a group has been set up in response to Journey Mapping report – contact is Penny Drysdale in AGD to learn about this group or if interest in membership.
 - Request for information regarding if restraining orders can be expanded to encompass family groups to assist in ensuring they leave the victim survivor alone – noting not always the original perpetrator going back and bothering the victim survivor again.
 - Data gap – AOD and DFSV intersect

- Request for more information on Department of Health clinical guidelines and how these intersect with DFSV and reform in this area
- Questions regarding how AP1 has been measured - what does completed mean? Evaluation and monitoring? Long term and short term aims.
- Participants raised questions regarding the RAMF training. Noted that RAMF includes tools and assessments regarding safety planning and screening, are different responses needed for different sectors? Who is reviewing or assessing if it is fit for purpose?
- A number of participants noted that they were not previously aware of AP1, work on AP2 and the breadth of the 10 year Reduction Framework.
- Participants noted the need to capture lived experience – not theoretical or academic based people – every subject that we deal with needs to focus lived experience. Participants raised the need to bring men into the conversation more regarding DFSV. Meaningful, strength-based early intervention (non-compulsory) programs for men to be available territory-wide including in regional and remote areas. Programs need to be available or more accessible for remote clients who do not have means to travel. Make the programs available when the client consents and is ready to engage, a 6-8 month wait (as it is now regularly) may not have the same outcome.

NTCOSS consultation 3
Development of Action Plan 2
19 August 2021

Attendance: Tess Snowdon (NTCOSS), Caroline Morrisey (TFHC), Emma Delahunty (CAAC), Susan Crane (Dawn House), Laura Crossfield (One Tree), Kristine McConnell (YWCA), Noelene Jorgensen (One Tree), Daisy Burgoyne, Louise O'Connor (NPYWC), Alice De Brenni (CAWLS), Bec Sabbath (CAAC), Sheralee Taylor (CAAC), John Boffa (CAAC), Carmel Simpson (Tangentyere), Mary Peterson (Australian Breastfeeding Foundation)

Summary of key issues:

- Police response and training a priority
 - Evaluation and monitoring key issues in regards to AP1 and AP2
 - Data gaps need to be filled to help in tracking outcomes
 - Need to expand responses and provision in remote communities
 - Programs that address behaviour of offenders with a prevention focus
 - Culturally safe programs that focus on healing for women and children
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 - With AP1 winding up, the NTG is starting development on AP2. AP2 will span from 2022-2025 and has the focus of 'taking stock, evaluating and reviewing and building on what works'.
 - Consultation is an opportunity to hear from organisations and representatives on what they would like to broadly see in AP2.
 - Once consultations are complete, NTCOSS will then collate all information received and run more directed feedback as part of this process, honing in on what we have heard to inform the development of AP2.
 - Caroline Morrisey from the ODFSVR present.
 3. AP1 tracking –progress of AP1 (of which was published by the Department of TFHC earlier in the year and shared with attendees in advance).
 4. Introduction and 1-2 key things participants would like to see changed/ included in the next AP
 - Participant raised concerns re: AP1 and progress and evaluation model for AP2. Few things in AP1 that have fallen off, police specialist services no longer exist (rolled that back) - AP2 should include some form of requirement or understanding on why these things have been rolled back. Due to the reduction of these services, there is concern regarding responses to DFSV and hearing victims voices. Huge concern re: responding to DFSV and hearing victims voices.
 - Services are stated within AP1 has being funded to provide specific outputs (i.e. specialist shelters and DFSV fundamentals training), however services haven't received additional funding to do so since 2018, and funding is not enough to fulfil staffing needs. Feedback that if AP1 and AP2 specify training to be delivered, funding needs to be made available to ensure this is appropriately resourced.
 - Participants raised concern re: introduction of MACST and sector concerns that this could take over the FSF. Participants voiced need for assurance that FSF will remain with its focus on women and victims of DFSV and not superseded by child protection issues.
 - Participants stated that AP2 needs to ensure that the CAWG continues and not just seen as a governance role for MACST and feeding through.
 - Prevention focus in future plans – huge focus on prevention but only \$1million worth of funding with competition across the sector (DFSV workforce development also). How will services meet criteria and contribute if funding isn't appropriate?
 - Information Sharing and difficulties with current Act need to be resolved – AGDs are undertaking a review but integral to how we move forward. Issues with information sharing entities through Act needs to be resolved and quite urgently.

- Menzies data collection and research – are doing things we need to look at for AP2 and prioritise, such as young women and their experience of DFSV and how we respond to that. Conscious that data Menzies is collecting is Government focused. Nothing coming from the NGO sector – partnerships with Menzies and the NGO sector? NGO sector needs to understand the research and what their role is and how we inform and feed into that – missing that opportunity.
- Budget bid and agencies put up priorities – full functioning of specialist court should be a priority– unfunded pilot project and set up to fail.
- FSF doesn't exist remotely, because police have said that they don't have the capacity, so all issues are raised in the MACST. Concern that women who are presenting by themselves aren't receiving the attention that they need. FSF needs to be a focus in remote areas as that is an area that people find challenging to get support for women presenting without children.
- Don't have many services to support men in the DFSV space, particularly in remote areas. Nowhere for men to remove themselves and go anywhere else without overcrowding – if men move out puts other threats on families. Cool down space in remote areas – DFSV is not just women and children being put in safety and having to move, looking at how we can keep women and children safe by having those men have somewhere to go instead of women presenting consistently at the safehouse.
- No men in remote settings to work with perpetrators or young male children as focus is on protection/ crisis end. In a remote setting can only provide services up to a specific age for those who are experiencing DFSV but not getting the support they need. Need a better focus on how we can provide support to men and young boys in these family systems.
- Gaps in the prison and court area around mandatory men's behaviour change, rehabilitation and spaces for people to take up rehab. How do we make MBC more accessible? If perpetrators are going in for DFSV or for AOD there should be services available for people in prison.
- Therapeutic interventions for people presenting in corrections- at the moment, people can only access programs if they have been sentenced (not in remand) – can't receive support or education while they are in remand. Exit paths for people who use sexual violence – limited places available that are supervised for people to enter the community – part of the time, people that are in there for sexual assault do their full time as nobody to supervise on parole.
- AP1 – RAMF has been done and it is a good resource but seems as though rolling out really well but issues around train the trainer. Only one community educator in Alice Springs and one in Darwin. Orgs don't want trainers to be used primarily to deliver fundamentals and RAMF as have to turn people away for other training and development needs.
- Workforce Development and rolling out training. Funding committed so that can happen really well – rolled out into remote communities instead of the centres of Katherine, Alice Springs, Darwin and Katherine and Nhulunbuy.
- WSDP and funding attached to implementation – not enough money (\$1 million) noting that model of the Resource Centre hasn't been developed.
- Need for police training and how this will be rolled out?
- Need to evaluate and review current programs to see what really works (such as MBC, prevention programs, evaluation and monitoring frameworks for AP1). Evaluation framework commissioned in 2019 and sector still have not received.
- Need for greater data in this area, particularly in the health space. Public data needs to be more thorough and accessible, particularly in regards to measuring homicides and death rates. As data doesn't exist, hard to evaluate what is going on in the NT as could be that violence hasn't actually gotten better.
- Suggestion of a permanent website or tool to help capture real time data – particularly on deaths. Report 25 years ago: evaluation framework for reform but permanent institutional way regarding data collection and measurement. Permanent way to measure – creation of data set.
- SHIP needs to be adapted to suit DFV not homelessness.
- Evaluation of mandatory reporting on DFSV. NTG stated would occur years ago but still hasn't. Unsure if reporting is harmful or helpful? Mandatory reporting unintended consequences more harmful than helpful.
- Need for a live system that also helps track availability of beds and accommodation on (such as Bedcount) the crisis and transitional end. Huge lack of provision and high demand. Biggest issue is that all services are running over capacity. Need greater housing stock and increased funding. Cases where women who have been in safe houses for up to a year still have no access to affordable housing. A lot of women are returning to their partners which is increasing risk. If housing stock is delivered, need funds to run programs to support.

- Trauma that happens to the children in these DFSV situations – damaging – Trauma Informed Practice – support and healing for children.
 - Supporting victim survivors in a culturally supported way - children’s healing, healing for kids and how that’s not being addressed. Women are asking to be supported in a culturally supported way to heal – not just individual but family and community level. Healing needs to embed into whatever strategies are in place.
 - Tri-state region – cross border legislation re: policing etc. doesn’t happen. Legislation has been there for a long time but finding that not enough communication between states regarding policing. Desk sitting in Alice Springs but seems to have been disbanded, but nobody can seem to say why. Helped cross border conversations. A lot of men are now not apprehended due to lack of cross border communication, putting people at risk.
 - How do plans filter down? What is being put in place to ensure what’s being said is working on the ground level, particularly in remote communities? Programs that are being developed are very mainstream (needs to be), but not appropriate for all communities.
4. Caroline Morrissey, Senior Policy Officer, Office of Domestic, Family and Sexual Violence Reduction (ODFSVR) provide back on the office (whole of Government unit that sits within TFHC and work they do in regards to the Framework and related action plans).
- Concrete, collaborative, costed and concise are aims of AP2. Department are going to Government with a budget bid – can’t guarantee success.
 - Need to define what actions agencies will be responsible for and how much it will cost. Critical aims to be prioritised followed by others.
 - TFHC consulting with Gov agencies on development of AP2.
 - Evaluation, monitoring and data collection a priority.
5. Discussion (guided off previously identified things participants would like to see in AP2 but guided by priority areas/questions).
- Government commission service system reviews of Barkly, Big Rivers and Darwin however next steps are unclear. What happens? Reviews conducted but not trickle down to services. May impact the way orgs work and deliver services. Request for transparency and speed with such processes. Services haven’t received recommendations that would inform AP2 and some regions haven’t had a review.
 - Training and linkages between specialist and universal services to improve responses.

NTCOSS Consultation – 4
Development of Action Plan 2
21 September 2021

NTCOSS (background to project/ consultation plan)

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- With AP1 winding up, the NTG is starting development on AP2. AP2 will span from 2022-2025 and has the focus of ‘taking stock, evaluating and reviewing and building on what works’.
- Shared mud maps that display the different Frameworks and how they sit under the 10-year Reduction plan, along with mud map of CAWG.
- Summarised a number of key areas that were raised in other consultations.

Discussion:

- Support for primary prevention initiatives (such as Girls Can Boys Can) and the need to expand such programs across the region (including with adequate funding and resourcing for full implementation).
- Need to examine the language that is used across the DFSV reform work and how this interacts with service delivery on the ground. The use of ‘specialist’ and ‘universal’ services, as one example, noting that many ‘universal’ services have workers that fill a specialist role, including in the provision of DFSV services - even if this is not what they are particularly funded for. Inclusivity of providers across this space would assist in not only establishing more cohesive responses but identify provision gaps and partnership opportunities.
- System approaches place the onus on the victim survivors and not users of violence – need to centre victim survivors needs in prevention and crisis responses
- Teenage cohort are overlooked in service delivery models, particularly in regards to primary prevention and behaviour change programs.
- Provision of services in detention centres – therapeutic, culturally appropriate and run as group sessions (noting service providers have seen success with such models).
- Cultural leadership – critical in ensuring success of cultural and therapeutic healing models
- Model design and implementation – led by communities (also for cultural context)
- Emphasis on inclusion and all different kinds of genders when designing programs – intersectionality
- Investment in external partnerships (such as between orgs and providers that can result in continual professional development, supervision etc.) would assist with building the capacity of the sector.
- Importance of reflective practice – embed within Framework and workforce development.
- Access to accommodation and crisis support services – particular gaps for young people (including those with families) to access accommodation in the DFSV space – when no violence is present, lack of accessible and safe accommodation for people to self-refer to.
- Examining how organisations work with risk – examine org standards of practice to ensure that service provision isn’t negatively impacted by un-manageable standards. Emphasis that capacity for reflection (within orgs and across the sector) is important when looking at how that risk is held.
- Risk assessment models and developing these for teams – based in shared decision making and understanding and clear processes around risk and protocols.
- Signs of Safety Framework – works with risk – shared language – implement the model – learn from those
- Centralised Resource for DFSV – opportunity to work and collaborate across sectors with developing workforces including with risk models and reflective practice – positive outcomes when addressing vicarious trauma and supporting those within the workforce to help address impacts of burnout and fatigue.
- Development of community of practice – assist workers.

**NTCOSS consultation 5 – Grow Well Live Well group
Development of Action Plan 2
October 2021**

NTCOSS (background to project/ consultation plan)

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- Shared mud maps that display the different Frameworks and how they sit under the 10-year Reduction plan, along with mud map of CAWG.
- Summarised a number of key areas that were raised in other consultations.

Discussion:

- Access to safe housing across the lifecycle and all areas – transitional, crisis, public, long term (particularly diversified support for access to crisis support including provision of services for different ages and genders, families with children/young people that are older).
- Supports for LGBTQIA+ people (particularly transgender people). Minimal specialist service provision available, issues in regard to things such as; crisis support, accommodation options, health services. Gaps in terms of people who are transgender – emerging issues.
- Single men without children identified as service provision gap.
- Noted current climate in regards the housing market in Darwin and Palmerston and the economic position of families and individuals – many struggle to afford low cost hotels, caravan parks etc. on a longer term basis. Rental market doesn’t support low-income families and very low vacancy rate– other options families would have gone to are not as available. Anecdotally hearing that families are relying on other families and friends to house them at no cost to access accommodation.
- Greater support for teenagers who are expecting children/ young parents. Young people leaving violent relationships/ homes and nowhere for them to go – service provision gap.
- Service provision models to focus on whole of family support/ access and capacity building.
- Prevention with a youth focus, noting that when running programs outside of school times, it can be hard to get young people to participate unless it is something they are really interested in. School to take up training and invest in primary prevention to help pick up in this area (also in primary schools). Noted complexity around finding programs that will come into schools and run primary prevention/ healthy relationships programs.
- Tech facilitate abuse – area of need for greater programs that are also focusing on teaching people (particularly younger people) to use the internet safely (noting that young people often use the internet to experiment with their sexuality and relationships).
- Models being the solution in terms of a preventative space – outcomes and how they are applied need to be focused on.
- Mental health support and consistent long-term access to program provision for children and young people who have experienced trauma.
- Appropriateness of programs and supports (particularly in schools and other formalised settings) ensuring an adequate level of training and experience, noting that there is currently no way to strategically identify who may have DFSV/ trauma experience at the right level. Introduction of accreditation processes for specialists who are trauma/ DFSV informed?
- Concerns that there has been no evaluation of Action Plan 1 – no confidence that we have established what we need to establish in AP1 to move on to AP2.
- Solutions for the future – wellbeing hubs established that could piggyback off other hubs we have in our communities (such as the younger years space Palmerston). DFSV specific job roles in these spaces.

Community activities with women – find opportunities to connect that are natural – informal ways to access support (outside mainstream channels). People aren't ready yet to tell their stories – trade off with disclosures and fear. Informal channels for support.

- Building capacity in the education system to respond to DFSV – idea raised for DFSV advisors in the educational system – somebody in the corporate area that could arrange training for schools, programs, strategic planning, accreditation process. Mandatory adoption of frameworks and approaches (such as the Social and Emotional Wellbeing Framework).
- Support for users of violence who self-identify and seek support – service provision gap.
- Community education and empowerment - empower our communities to know more about DFSV. What are we doing to educate people in our communities? Power of the people is a huge thing, creative ways to change community behaviours and attitudes.
- Trauma informed practice in schools – no clear idea of what is happening across the Territory or regions. Consistent model to be adopted across the NT.
- Perception that schools who have family centres attached to them do a lot better in terms of community engagement – embedding services within schools – children and family wellbeing.
- Education/ school purpose changed over time – now focus on attendance and curriculum. Rebrand schools as resource to our community/ access space.
- Sexual violence – needs to consider the different forms of violence – sexual violence, rape, intimate partner, cyber safety etc. being used for control. Need to integrate common approach and understanding between frameworks and plans and provide clarity on language being used to allow for this approach.
- Note: some services/ providers have a reservation with sexual violence being included as part of DFSV – need greater training in thing area that equips you to deal and manage – all have a responsibility and should all be equipped with those skills.
- Complexities around sexual violence – niche space – some find it hard to talk about and shy away from process – need to name it etc.
- Sexual assault – nowhere to go. Large waitlists for service access. Service provision gap.
- Consequences of introduction of Sexual Violence Prevention Framework with no money attached to implementation.
- Need to increase training (RAMF) to address the use of language that skews a negative bias against women/ victim survivors, holding them ultimately responsible for the functioning of the family and the safety of children. Narrative that comes through service system. Perpetrators of violence not part of narrative – need to be centred.
- Child protection system – Safe and Together model positive – need consistent case management approach.
- Service Mapping – services change with funding cycles etc. Tool for people – women and children and people at risk – to get people linked in with the right service the first time.
- Family Safety Framework – overloaded with referrals. Set up system to refer to the right places.

NTCOSS consultation 6
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DATE 2021

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- Shared mud maps that display the different Frameworks and how they sit under the 10-year Reduction plan, along with mud map of CAWG.
- Summarised a number of key areas that were raised in other consultations.

Discussion:

- Acknowledgement that specialist services (eg. Aboriginal Community Controlled Organisations, women's specific services, multicultural services, LGBTQIA+ services) provide specific service provision in specialist spaces/ nature that should collectively be prioritised where appropriate to deliver their services in a trauma informed, culturally safe and supported way.
- Journey Mapping report – recommendations and follow up from this piece of work – next steps? Outcomes? Focus on not re-traumatising clients and importance of this.
- Service reviews – transparency and guarantee that consultation will be publicly released.
- Service system reform and mapping – complexities for services working/ funded across different departments.
- Correctional facilities – opportunity to provide care to victim survivors/ users of violence – DFSV counselling, behaviour change, healing and therapeutic supports.
- Men's Behaviour Change review – introduction of minimum standards.
- Pushes on women's services – generalist service models (taking away gender lense) or based on cultural competence (but missing other factors that are inherently part of the make up of these organisations)
- Data collection and correction – consistency across the Sector needed – include within funding agreement resources to carry out evaluation and monitoring.
- Service resourcing – services at crisis point in regards to meeting client needs – resourcing current services appropriately must be prioritised
- Primary prevention is important, however need to acknowledge tension in regards to wanting to move to a primary prevention model but inability to do so unless services are adequately funded for triage model and to help people at crisis point
- Acknowledgement that there will be an increase in demand in the short term but how do services meet this demand without the resourcing?
- Clarity on how Federal funds in the DFSV space (legal and otherwise) are auspiced through the NTG and clarity on who receives this funding and the parameters around delivery. Consistency across the sector/ government.
- NTG/ NT service sector – advocate together for needs base funding on a Federal level to help address high rates of DFSV in the NT.
- Importance of valuing the work of specialist services in the DFSV space, while looking at how this interconnects with other sectors.

NTCOSS Consultation 7
Development of Action Plan 2
September 2021

NTCOSS (background to project/ consultation plan)

- NTCOSS received funding in 2019 for a 12-month DFSV policy project, with part of this project running consultations for NGOs on the development of AP2.
- AP2 is the second action plan to be delivered by the NTG as part of the 10-year DFSV Reduction Framework.
- Action plan 1 spans from 2018-2021 and was titled 'capturing attitudes, intervening earlier and responding better'.
- With AP1 winding up, the NTG is starting development on AP2. AP2 will span from 2022-2025 and has the focus of 'taking stock, evaluating and reviewing and building on what works'.
- Shared mud maps that display the different Frameworks and how they sit under the 10-year Reduction plan, along with mud map of CAWG.
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Discussions:

- Police and justice responses – systemic issues to police responses, engagement with the justice system.
- Police – training and understanding of DFSV, address culturally appropriate delivery, unconscious bias.
- Acknowledgment that police have a difficult job – under resourced, not trauma informed, and vicarious trauma within the workplace isn't prioritised – must be addressed to create better outcomes (anecdotal reports that women don't want to talk to police as they make it worse).
- DFSV Units within police removed – general duties officers taking on these responsibilities – must be appropriately trained, trauma informed and supported to work across complex areas (such as DFSV).
- NGO service providers – happy to provide training on things such as DFSV, trauma informed responses, vicarious trauma – partnership opportunity (previously not taken up when offered). Necessity must be supported from the top.
- Safe House model – feedback that model is not appropriate across all regions as some victim survivors want to be removed from the community straight away. Healing and therapeutic models should be prioritised to provide supports and safe spaces.
- Look at innovative models re: safe houses/ healing and therapeutic supports / support in community. Need depends on community – purpose-built spaces that are catered to community wants/ needs – each community is different. Mixed models of delivery (safe bed in safe place? Daily transport to evacuate women and invest in healing and therapeutic supports that are culturally appropriate and place based?).
- Police presence in remote communities – police based in some centres and travelling to others – impacts response rate/relationships and trust. Some communities have facilities but not manned. Feeling as if police responses in some remote areas are on an ad hoc basis.
- Accommodation for victim survivors who want to come into urban centres for court/ access to police/ legal support as it is safe and relieves crisis respite approach in remote areas (crisis, transitional etc.).
- Look at how we can improve services that already exist in DFSV response (legal, case management, social work, crisis accommodation) – ensure services are culturally safe and appropriate, and invest in resourcing and improving services so that they are fit for purpose instead of duplicating – innovative service delivery in a fiscally tight time where funding may have historically been reduced.
- Work on messaging and ensuring services (where appropriate) are community friendly – inviting partnerships with other services, diverse cultures other intersecting factors/ communities (living with a disability, LGTBQIA+).
- Organisations focus on working as a collective – band together and create a service delivery model and response that is built on service specific strengths - service mapping.
- Balance between therapeutic services and prevention – all of that in a way that will not take away from crisis – acknowledging that when primary prevention/ intervention increases, crisis response increases too.
- Competitive funding models – support services to better coordinate applications/ submissions/ delivery to ensure not doubling up on delivery.

- Training, staff development and recruitment – WSDP delivery prioritised.
- Funding and resourcing for data and evaluation
- Funding streams – reporting is multi and complex, inconsistent in what is required for all different funding needs and onerous.
- Therapeutic and healing spaces – for the men in some capacity – not dictated to what that looks like. Community led, designed, and initiated by community. Embedded in consultation and co-design process.
- Move away from Government saying we think you hear this and we're going to give it to you. Ongoing funding to support the project after initial conception – need to include whole models.
- Therapeutic support position – need to include infrastructure and supports in remote communities.

NTCOSS Consultation 8
Development of Action Plan 2
16 September 2021

NTCOSS (background to project/ consultation plan)

- NTCOSS received funding in 2019 for a 12-month DFSV policy project, with part of this project running consultations for NGOs on the development of AP2.
- AP2 is the second action plan to be delivered by the NTG as part of the 10-year DFSV Reduction Framework.
- Action plan 1 spans from 2018-2021 and was titled 'capturing attitudes, intervening earlier and responding better'.
- With AP1 winding up, the NTG is starting development on AP2. AP2 will span from 2022-2025 and has the focus of 'taking stock, evaluating and reviewing and building on what works'.
- Shared mud maps that display the different Frameworks and how they sit under the 10-year Reduction plan, along with mud map of CAWG.
- Summarised a number of key areas that were raised in other consultations.

Discussion:

- SupportLink referrals an issue – receiving, appropriateness of information etc.
- Early intervention and prevention – inadequate funding for specialist services under current NTG primary prevention funding model.
- APONT partnership principles – adoption matter of priority
- Look at service saturation in some areas and lack of services in others (geographical and otherwise). Innovative service delivery should be prioritised – help address service duplication and over servicing of clients that can result in clients dropping away, while also ensuring services are fit for purpose.
- Innovation and connection - community led, culturally appropriate, place based initiatives.
- Income management – Centrelink deductions when accessing services, inadequacy of payments – all contribute to insecurity and compound experiences.
- Client service officers – local people, trauma informed, specialised legal service.
- Case management and consistency needs to be prioritised – in urban and remote areas.
- Best placed services for an individual based on their specific circumstances – referrals should offer choice but also prioritise referrals to orgs who are most fit for purpose for that specific client.
- Cross Agency Working Group – greater representation of ACCOs – ensure government mechanisms are set up to hear all voices and prioritise those with lived experience.
- Workforce and sector development is an issue - hard to recruit from interstate and send remote areas and regions - compete with NTG, lack of housing etc.
- Housing and accommodation issues across all areas – transitional, crisis, public housing list.
- Mental health and suicide prevention – focus and increased service provision
- Healing and therapeutic supports – culturally appropriate – priority area.
- Men's Behaviour Change – models not working for country-men – culturally inappropriate – MBC review must be prioritised – MBC programs should be culturally appropriate, based on evaluation, minimal standards across the NT.
- Need culturally appropriate programs that take into account law and initiation -Aboriginal led.
- Barkly and Big Rivers, as well as Darwin, have had evaluation (however didn't include legal services). Central Australian services need an evaluation.
- Mandated education programs as well as increased access in all settings (corrections and schools used as examples.
- Aboriginal Hostels – invest in programs that build capacity of existing programs and workers to respond to DFSV.
- Investment in an Aboriginal Women's Shelter in Central Australia or alternative accommodation prioritising this cohort.
- Hostels taken over by renal patients – where are hostels for those need support with DFSV?

- Issue with people coming in from remote areas and services in urban areas reaching capacity - people not wanting to then use these services.
- Safe House model – relieve some pressure but not all, unless overhauled and investment increased.
- Aboriginal Hostels – cost can be prohibitive when people can access.
- Police responses and training (particularly around misidentification, unconscious bias etc.) need to be prioritised
- Safe houses that are run by TFHC can act as a deterrent – women scared children will be taken away
- Mandatory reporting – review
- Coercive control – need greater education and understanding within our communities before proceeding with conversations re: criminalising.
- Social determinants of health – addressing determinants and meaningful investment will help relieve pressure in regards to DFSV.
- Remote employment/ job pride - anecdotally results in less DFSV in communities. People are so disempowered – everything compounds. Need to build capacity and pride in people.
- Cultural advisory group – model isn't working. Specialist community court (like the Koori court/ Murray court model) so people can see respected elders participating.
- Worked when happening in the Barkly – had to face community about actions and behaviour.
- AJA and involvement with DFSV – intersects and need to speak to each other.
- Consistency in complaints process and responses from police when dealing with individuals and the sector.
- Female police officers – difference when there are females in remote communities

NTCOSS Consultation 9 - Tangentyere Women's Family Safety Group

Action Plan 2

31 August 2021

NTCOSS - background to project provided, summary of what has already occurred and next steps for the consultation plan provided.

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- With AP1 winding up, the NTG is starting development on AP2. AP2 will span from 2022-2025 and has the focus of 'taking stock, evaluating and reviewing and building on what works'.
- Mud maps related to CAWG and the range of reform frameworks being undertaken in this space shared with the group.

Discussion notes

- Primary prevention programs need to focus on all parts of the family and community – DFSV is not just experienced within relationships, but also across families. People live with and witness violence within communities and within the context of broader family groups – need to ensure we do not work in isolation to address the problem. Whole of community focus.
- Programs for young people across the myriad of areas of DFSV intervention need to be invested in and adequately resourced – currently there is a lack of safe and supported accommodation for young people leaving violent relationships, young families, young single parents, lack of access to AOD support, counselling, mental health, primary prevention and healthy relationships education in schools etc.
- Expand current primary prevention models that centre the experiences and expertise of communities and individuals with lived experience, in a culturally appropriate and led way across the Territory.
- Increase funding and resourcing for DFSV programs – programs need better resourcing to get better outcomes. Funding must also be delivered on a more long-term basis so that programs have a chance to work.
- Value people's work and input – if engaging with diverse groups, particularly those with lived experience, they need to be properly remunerated for their work, specialist knowledge and contribution.
- Police responses and training – misidentification, timely responses, training in DFSV. Police responses in regards to young people and ensuring they are properly equipped to deal with these call outs (care, referrals, understanding the law, specialist knowledge etc.) – current approaches seem to put young people at risk (cases where police state they can't assist due to age).
- Sexual violence prevention needs to be prioritised.
- Programs for men and users of violence to heal and take responsibility for their behaviours – invest in programs.
- Programs delivered in corrections to ensure people are able to meaningfully engage while incarcerated, ensuring that there are housing and accommodation options and programs support available upon release. If people don't have a safe place to go and places to seek help, what do they do?
- Behaviour Change programs for young people using violence.
- Invest in case management workers and social workers across all orgs to work with young people and families (outreach support workers).
- Increase access to interpreters when navigating systems or using programs, in a culturally appropriate way.
- Create programs that centre family at their core so that everybody can get help together.
- Housing and homelessness is a prominent issue – need to look at barriers to access (ie. single men with children, women leaving prison etc.). Intersecting and compounding factors (overcrowding, family violence, long waitlists) mean people have little chance of securing support. Lack of housing stock.

- Public housing waitlist needs to be looked at - too long (even on the priority waitlist).
- Crisis accommodation and transitional housing – need more.
- Look at solutions for older people – elder abuse is prevalent and often not included. How do we look after our elders and ensure they are safe? Problems follow people and families trying to support each other.
- Access to health services – primary health care, mental health, healing services etc.
- Social security system failing people – invest in systems that allow people to live appropriately and add value to their lives.

NTCOSS Consultation 10
Development of Action Plan 2
21 July 2021

NTCOSS - background to project provided, summary of what has already occurred and next steps for the consultation plan provided.

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- Mud maps related to CAWG and the range of reform frameworks being undertaken in this space shared with the group.

Discussion notes

- Noted that the predecessor to the ODFSVR, the DV Directory, operated as an independent body to Gov and measured the individual actions and strategies related to the reduction of DFSV in our communities. Directorate was viewed with a more autonomous lens.
- Current approach, while designed to be cross agency, doesn't appear to have the buy in and support from the whole of Government and doesn't appear to be driven by communities and regions.
- Continued high rates of DFSV within our communities demonstrate that something needs to change – current path to reform is not adequate.
- Need to examine how we can better capture data regarding DFSV and intersecting areas (such as CP, health, police etc.) Data can help tell the whole story of DFSV if diversified (eg deaths by suicide that have DFSV as a factor for both users of violence and victim survivors).
- Safe House model in remote areas – reform area, practice model needs to be examined. Issues with community members feeling safe to access.
- Spaces for men to go within communities highlighted – therapeutic and healing spaces that aren't just built on engagement with AFL etc. Any model needs appropriate cultural input as well as community led design.
- Greater focus on primary prevention across the lifecycle, acknowledging behaviours start with children. Link primary prevention work in with the Department of Education.
- Service consistency – services need not only adequate funding, but delivered on a long term basis (5 yr agreements) to allow for greater consistency in delivery. 5-year funding also has to grow with delivery needs and CPI – can't just keep rolling over an amount from years earlier to meet service needs without increase, as means services are often then operating at a loss.
- Primary prevention and early intervention programs that not only work with families and communities, but acknowledge that these programs need to start with children, are needed. Link programs in with the DoE re: implementation.
- Strength and power inside the home – capacity building and empowerment of families – meaningful employment, income, respectful space for people to occupy within society, their communities and their families.
- Evaluation and monitoring of program and outcomes (with appropriate resourcing to do so) as well as scoping systems used to capture and share data (both NGO and Gov sector) critical to mapping outcomes and gaps.
- Commonality in terminology and how language is used when capturing data across sectors and Departments to assist with cohesiveness and mapping.

- Tracking data (particularly how DFSV may be a factor in deaths by suicide and other scenarios) could assist with understanding a full story of how DFSV impacts our communities – currently gaps in reporting. Does this data already exist with NTPOL?
- Death reviews – previous work done in this space, where did the recommendations land?
- Police responses and training need to be prioritised – both general duties and specialist DFSV units.
- FSF – review of model – currently issues across the Territory with how they are operating.
- RAMF training and adoption of the CRAT – further opportunities for training as well as how to use tools needed.
- Staff retention, development and support – workforce and sector development, training needs (particularly remote and rural workers), remote workforce allowance possible avenue to also assist with retention.
- Current funding models can limit scope to engage across sectors – inhibitors to program delivery
- 5-year funding agreements need to take into account CPI- services are losing funding due to contracts being rolled without additional measures and costs being taken into account
- Housing and Accommodation – transitional, crisis and access for victim survivors a consistent issues
- Access to housing for workers in remote and regional areas – NGOs can't attract staff as there is limited housing and accommodation options for workers due to demand issues
- Evaluation and monitoring – evaluation of AP1 critical for any future development when building on what works.
- Cultural awareness and inclusion – built in across all plans.
- Support conversations in specific situations or working through challenges. Through own lived experience, what's changed in regions etc.
- Emphasis needs to be placed on valuing lived expertise and cultural knowledge, with outcomes of work engaged in effectively shared and offered for further feedback.
- People feel their contribution – follow through. Meaningful engagement. Framework to meaningful.