A BEST PRACTICE MODEL FOR VICTIM SERVICES A REFLECTION ON THE PROCESS THAT DEVELOPED THE MODEL

Louise Lamont
Domestic Violence Prevention Unit, Women's Policy Office, WA

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Why Develop A Best Practice?

In the book "Current Controversies On Family Violence" Gelles and Loseke (1993) wrote "In a society such as ours, where homes and families are often idealised as havens and people protecting us from a heartless world of dangerous strangers, how can it be that more people are injured by loved ones than by strangers? How can we make sense of the fact that for women and children their homes are more dangerous than public places".

For those families, who are affected, by family and domestic violence, a Best Practice Model (BPM) is a critical mechanism for promoting victim safety. Additionally a BPM seeks to maximise accountability in service provision, by providing clear and consistent frameworks that outline what is considered to be good practice principles. A BPM that is linked to the contractual requirements of funding agreements provides the purchaser with an increased ability to ensure that clients are responded to appropriately, and provided with a quality service by the provider. Best Practice guidelines also reduce the possibility of prospective clients being 'revictimised or dis-empowered' further by the very services from which they seek assistance.

Gelles and Loseke (1993) also wrote "Issues and debates in the field of family and domestic violence can become volatile because of the strong feelings associated with the topic. In the case of the family of family violence experts, the newness and complexity of our topic, our divergent perspectives and agendas, the high practical and political consequences of what we say, the moral dimension of our work, and the inextricable combination of rationality and passion associated with our concerns have combined to yield extreme controversy. At times, debates about theories, logic, methods, and conclusions have been transformed into questions about the basic moral character of those holding opposing views". The authors go on to say "It is important to remember that the evidence for arguments made by some authors could never be found in statistics; it is important to remember that the academic, scientific research is only one way of knowing the social world. Family violence – however it is defined – is a topic of study, with practical, emotional, political, and moral dimensions. The messiness of our subject matter therefore leads to complexities in evaluation".

For a Best Practice Model to be embraced by the 'family of family violence experts' so to speak, it was crucial that the proposed model was able to reflect the diversity of views held in the field, as well as draw together the commonalties. In attempting to capture the depth and breadth of views it was also important to be mindful of not compromising the fundamental integrity or essential components that would need to underpin such a model. The Domestic Violence Prevention Unit certainly did not underestimate the complexity and challenges involved in developing the model, and the potential for all of the elements mentioned above to be at play throughout the process was acknowledged and considered in the planning.

Overview of Role and Tasks

The aspect of work specifically being reflected on in this paper is related to the processes that facilitated the development of the Best Practice Model (BPM) for Victim Services undertaken by the Domestic Violence Prevention Unit (DVPU). As a Senior Program Officer employed at the unit, I was delegated the task, and have been involved with this project since its inception in August 1997. Additionally I have participated in the evolution of all its phases, and continue to be involved in the ongoing processes and developments that have emerged. This has included:

- Drafting the proposal for a model.
- Recruitment of a consultant (6 weeks short-term).
- Managing the consultant's contract for services.
- Convening a consulting group.
- Chairing the meetings and facilitating the process.
- Setting up and monitoring the processes for community consultation on the model.
- Overseeing and monitoring the development of the first draft by the consultant.
- Writing and editing subsequent drafts and incorporating feedback from stakeholders.
- Writing the final document.
- Mediating/responding to some of the issues that arose during the process.
- Assisting with the implementation of the BPM into some of the newly funded services.
- Providing training to service providers about the application of the essential principles of the BPM.
- Providing information sessions to the judiciary including magistrates about the relevant aspects of the BPM.
- Providing a presentation and a training session on the BPM at the Australian Association of Social Workers 1998 Conference.
- Assisting the Regional Domestic Violence Committees (RDVCs) to develop policies, protocols and procedures that support the BPM.
- Participating as a member of the BPM Evaluation Reference Group that guided the external evaluation of the Best Practice Model for Victim Services and its implementation into service delivery.
- Providing input through the Evaluation Reference Group into the development of the methodology and evaluation instrument, the identification of key stakeholders that were interviewed, as well as providing comment on the drafts of the final report.
- Facilitating a process for review of the model once the evaluation was completed.
- Coordinating the development of a Policy and Procedure Manual based on the BPM.

Encouraging Reflective Practice

The Best Practice Model (BPM) was developed to encourage the DV sector, and its workers, to be reflective about the services being delivered, as well as the practice principles that were applied. Ultimately though the Best Practice Model was created in order to maximise victim safety and ensure accountability in service delivery. The BPM has attempted to be inclusive of current research, and the expert knowledge in the sector about the most appropriate and effective ways of responding to those victims of domestic violence that seek counselling support.

Reflective practice that also includes self-reflection is considered to demonstrate a commitment to 'good' practice, an openness to accountability, and a willingness to critique ones own and others work. This process one would anticipate would enhance professional development, and the frameworks of the model itself would promote, guide and support quality service delivery.

Evaluation of the self and others in practice requires a degree of self-awareness, and a willingness to critique ones individual work, as well as the services delivered, and the policies etc that underpin that work. It is also important to have some insight into what influences have contributed to the ‘construction’ of the individual ‘self’ of the worker, as well as the underlying philosophy of the service. For example:

- What discourses has the worker/service participated in, and been shaped by?
- What values have both the worker and the service absorbed?
- What beliefs about the issues have been constructed by the worker, and the service?
- What social context does the worker live and work in, and is the service influenced by?
- What constraints/benefits are experienced in relation to the worker’s gender, race, class, profession, and work ethos etc?

Setting the Scene

One of the earlier phases of the task included the appointment, and convening, of what would be known as the Best Practice Consulting Group. The title of the group reflected that as members we were there as ‘experts’ in our own right, and would be consulted for our knowledge and expertise that would subsequently shape the model. However, we were also there as consultants to the sector, in that we all had strong links with a broad range of relevant networks within the sector. It was also our role to tap into these, and seek further comment from the range of expertise also contained within those networks.

To develop the ground rules for the consulting group, and the task at hand, an exercise was facilitated at the first meeting of the consulting group in which two basic questions were considered: (in relation to decision-making and process)

1. What did we want to happen?
2. What didn’t we want to happen?

Responses were white-boarded and then the contract for the processes and tasks were negotiated and agreed to. Although the two questions considered may appear quite simplistic they were an excellent formula for drawing out the critical issues that we were likely to encounter. These ground-rules provided a framework from which to proceed and proved to be very helpful to the process. Generally all members of the consulting group respected the negotiated ground rules and applied them to the task.

Despite the fact that members often held different and occasionally opposing views on some issues, an atmosphere of camaraderie was fostered, and this enhanced the group’s ability to reach agreement on critical points along the way.

To develop ownership of the model, and to ensure that all members of the consulting group shared responsibilities, we agreed to consult within our networks and forward feedback to the group. Members identified whom they would consult with. A list of tasks, with corresponding members’ names, was written up in a table format for easy reference, and to assist in clarifying ‘who was doing what’. This process assisted in generating ownership by the entire group, as well as encouraging commitment and a willingness to share responsibility. Consultations with the networks within the domestic violence sector were also aimed at maximising the ownership of the model by the sector, and those that would be impacted by incorporation of the model into their practice.

Getting Started

To minimise feeling overwhelmed by the task and daunted by where to begin, we initially spent time brainstorming the topics that the consulting group wanted addressed by the document. From there the group developed the overall framework by deciding on the titles of the chapters and the priority/order of the content. This was undertaken knowing that we could include additions, or make deletions as we went along.

A questionnaire was circulated to existing services, requesting information and suggestions that would provide us with data about what was already in place and provide ideas that would also inform the model.

As chair of the consulting group I was responsible for drafting the written content, as well as editing and reconstruction of sentences, grammatical and spelling errors etc and the rest of the group was responsible for providing feedback on content only, not grammar and writing style etc at that stage.

Drafts of the model were also circulated to the DV sector for comment as well, and then the consulting group debated the issues and made decisions about what feedback would be incorporated, as well as determining the rationale for what comments/feedback put forward would be excluded.

Learning As We Go

Throughout the process the consulting group always considered victim safety as paramount, and as the key issue to be emphasised and reinforced throughout the model. We also had to determine the theoretical frameworks that would inform the content of the model and be applied to practice. This was debated from current research and from known evaluation outcomes of 'what works'. The development of the model also drew on the extensive practical knowledge and experience acquired by the group members, as well as from the sector.

The consulting group were concerned that some parts of the document were repetitive, however, everyone acknowledged that it was most likely that the document would not be read from cover to cover. Therefore, it was considered necessary to repeat some key information in various chapters, as the model was viewed as the type of document that the sector and the community would use as a resource, and most likely would refer to the chapter/topic that had relevance at the time.

The consulting group was also aware that the model needed to be reality based in the sense that it did not create any unreasonable resource implications. Additionally, that the essential principles and requirements of the model could be realistically implemented by the services that would be impacted by its introduction into the contractual requirements of funding agreements.

Achievements Affirmed

Overall it would be fair to say that the sector viewed the BPM as a useful document (particularly for the inexperienced) that strives to define and reflect what is considered 'good' practice.

The model incorporated many viewpoints and reflected the breadth and depth of consultation that was undertaken. The model also strived to be inclusive of the various needs of both the sector and its users, and provide example of practice that was meaningful for them.

The essential principles that were developed for the document are non-negotiable and provide a baseline for minimum standards in service delivery. There is room in the model for flexibility that allows diverse needs to be incorporated, without compromising the critical elements of good practice. The essential principles were clearly linked to other parts of the document so that how they translated into practice was evident, and the links to each chapter were visible.

The subsequent evaluation of implementation of the BPM into service delivery suggested that the model was 'viewed in a positive light' and was indicative of its general acceptance by the sector.

Funding being linked to Best Practice Models for both the Victim Services and Perpetrator Programs has also been viewed as having more positives than negatives associated with it. For example, funded services are contractually required to report, and be evaluated against, the BPM. Subjection to regular reporting and review creates a means for determining compliance with essential principles as well as the level of implementation of best practice to service delivery. Because of the serious nature of domestic violence, poor practice could lead to lives being lost, or people being exposed to further injury, threats, intimidation and/or victimization. The BPM assists in reducing this problem, and provides a mechanism for poor practice to be identified and challenged.

Challenges and Changes

The model acknowledges that it has limited application for marginalised groups. Although much of the model can have generic application, the modes of service delivery may not be the most suitable for these groups, nor will some of the responses recommended be the most appropriate for their particular needs.

The model could incorporate more of the diversity of domestic violence service delivery by being broadened to include other programs such as the Domestic Violence Advocacy and Referral Services and the Women's Refuges.

The model may have some unrecognised or unintentional resource implications that have not been adequately explored or addressed.

The model is repetitious in some sections however, the consulting group as mentioned earlier were concerned that if people picked up the model and only read certain sections (rather than from cover to cover!) then key elements could be lost if they weren't repeated in each section. It could also be questioned whether 'Best Practice' is the most appropriate term as some expressed the view that 'Good Practice' was a more appropriate, acceptable and realistic term.

The evaluation outcomes have provided opportunity for further reflection on the relevance and applicability of the model to service delivery, as well as an opportunity to review the content of the document. It was pleasing that the evaluation of the model and its implementation was viewed in a positive light by those in the sector that were consulted. The evaluation also assisted to highlight areas where the monitoring of best practice could be improved.

Bibliography

Gelles, R., & Loseke, D., (1993) *"Current Controversies on Family Violence",* Sage Publications, Newbury Park.

Copies of the Victim Services and Perpetrator Programs Best Practice Models can be obtained from:

Domestic Violence Prevention Unit
Women's Policy Office
Level 1, Hartley Poynton Building
141 St George's Terrace
Perth WA 6000
Phone: 08 9264 1920
Facsimile: 08 9264 1924
Email: louisela@fcs.wa.gov.au