

**Response to the Family Violence Reform Implementation Monitor's Call for Submissions:
Monitoring the Family Violence Reforms – July 2020**

Submission #015 – Individual practitioner – Mornington Peninsula Shire

Q1. What are the major changes you have seen in the family violence service system since the Royal Commission into Family Violence made its final report and recommendations in 2016?

- Opening of Orange Door
- Reduced access to specialist Family Violence Services for women and children
- Victim Survivors being referred for parenting support rather than specialist family violence support
- Disjointed MARAM framework training initially delivered, however there has been a lengthy delay in training for use in specific services and access to tools is only now beginning to be available
- Reduced partnership/relationships with local agencies- prior to Orange Door there were strong ongoing relationships between Child First Intake workers and FV specialist services and MCH service- this is no longer the case.
- Introduction of the Information Sharing Scheme

Q2. How has the experience of accessing services and support changed since the Royal Commission for victim survivors, including children, and perpetrators of family violence?

The theory behind Orange Door – a place to access support for adults and children experiencing family violence – promises a seamless approach to supporting families however is often incongruent with the reported experience of victim survivors and referring agencies.

Parenting support referrals

- Multiple clients have been referred to Orange Door for specialist family violence support by practitioners who have completed risk assessments and developed a strong working relationship with the victim survivors- Orange Door have primarily directed these victim survivors for parenting support.
- Victim survivors have reported that they have felt stigmatised and judged by this
- Where perpetrators have become aware of the referral for parenting support, this has been used by them and their legal teams to further undermine the victim survivor
- When victim survivors identify and request help with family violence but are referred for parenting support the responsibility for the perpetrator's behaviour is laid at their feet, as the emphasis is then placed on her parenting
- Referral on to a parenting support further undermines the victim survivor's confidence and self-esteem.
- Victim survivors report that the focus of the parenting support is establishing routines, sleep etc, joining supported playgroups- these are generally not areas of concern for the families
- Victim survivors will regularly withdraw from parenting support programs and are often reluctant to accept a referral back to Orange Door for further support.
- Referral for parenting support can undermine the relationship the client has with the referrer- when an Enhanced MCH team member works with a client and an agreed goal is referral to Orange Door for Family Violence support- that is the client expectation- when she is then referred for parenting support this can challenge the work that has been done and the client trust in the practitioner.
- The MCH service spends time with clients assisting them to recognise that what is happening within their relationship is Family Violence- this can be a lengthy process- when victim survivors then attempt to access Family Violence support but they are advised that they are not eligible and they

will be referred for parenting support this can undermine their understanding of the situation and often minimises the risk in their eyes.

- Skilled practitioners have made an assessment of need, MCH have always made an assessment of parenting capacity if they believe parenting support is required, they would make a referral for this. If practitioners refer for Family Violence support it is because that has been assessed as the priority risk factor/challenge.

- This experience challenges practitioner integrity - there have been internal service conversations regarding practitioners' reluctance to refer to Orange Door for Family Violence support due to client feedback about being referred on for parenting support.

- As services we have had to develop alternative routes to accessing specialist Family Violence support and advice

Lack of specialist Family Violence service support to women who are still in the relationship

- Currently women and children living with the perpetrator of Family Violence are unable to access specialist FV support.

- There are a multitude of reasons that make it unsafe for these women and children to leave and the denial of specialist support makes it much more difficult to plan for and maintain their safety.

- Supporting these families is often left to universal services such as MCH- who are not skilled FV practitioners- this has a negative impact on those workers and can impact on the advice and support that the victim survivors are exposed to/assisted to access.

Referral process within Orange Door

- Referring to Orange Door is challenging- since opening we have received confusing and contradictory messages about making referrals

- We have been advised by Managers/Team Leaders that we could make telephone referrals- practitioners taking referrals have regularly refused to accept them insisting on written referrals only.

- We have received contradictory advice on who should be making the referral- initially practitioners should complete it, then we were advised that because of extended waiting times families would be given priority if they referred themselves. Recently we have been advised that it is best practice to encourage the client to self-refer and then for us to also provide a professional referral.

- We receive minimal feedback regarding referrals

Presenting at Orange Door

- We have worked with a number of clients who have presented directly to Orange Door and who have reported a less than satisfactory experience.

- Clients have reported feeling rushed, and at times as though they are adding to the burden of busy staff

Risk

- A number of clients have advised us that they have contacted Orange Door for Family Violence support but have been advised that they "are not high risk enough" and therefore have not been referred for ongoing support.

- One client reported contacting Orange Door for family violence support- she advised that she disclosed that her ex-partner had put his hands around her neck, he was turning up at her property unannounced and was being verbally abusive, his parents were often accompanying him and were also being abusive- Orange Door advised that this was no high risk enough to warrant a Family Violence response.

Reporting Breaches of IVOs

A number of clients report negative response from their local police station when reporting Family Violence, which deters them from reporting in the future, thus increasing their risk.

Clients are reporting varied experiences of attending local Police Stations (Mornington Peninsula) to report breaches of IVOs

- May 2020- a client reported attended a local police station in March 2020 and May 2020 to report breaches of IVO
- Both experiences were poor.
- In May the Police officer asked her for an account of the incident so they could 'see if it was worth reporting' and followed this up with the comment of 'you sound very bitter'.
- The client reported that she was very distressed by this and asked to speak with the officer's supervisor who commented that "she appeared upset".
- She felt that she was not taken seriously and is not sure if the Breaches will proceed to court.
- She reported that it took her over a week to recover from how she felt after attending the police station.
- This is not an isolated report to our service

Court Process

Clients often report that their experience going through the courts especially relating to custody, enables their x-partner /father of their children to continue to perpetrate.

Clients report mediation requirements often place them in a position where they feel vulnerable and powerless to advocate for themselves and their children due the ongoing impact of FV.

Case study

May 2019 A member of our team attended Orange Door with a client to access Family Violence support, and provided the following feedback:

- Client had a black eye- this was not addressed
- The client felt as though she had caused additional work to the orange Door Practitioner
- Client was asked if she was in immediate danger or if she was planning to leave the relationship today- client answered "No" and was advised that, therefore, she was not eligible for Family Violence case management.
- Client advised Orange Door worker about- partner's threats to take the children if she leaves, ongoing emotional abuse, control, manipulation, financial, psychological and physical abuse. In 2018, whilst pregnant, her partner had grabbed her by the throat and pinned her against the wall.
- Financially tied to her partner which makes it difficult to leave the relationship.
- Partner's threat to take the children if she leaves has had a negative impact on her anxiety
- Daughter exhibiting anxiety when taken to childcare.
- Client reported feeling frustrated with her GP- telling client to "just leave"
- On multiple occasions during the appointment, the client disclosed her experience of Family Violence and the impact that it was having on her children, The Orange Door worker was reported to quickly transition to another question and did not seek further information
- Client was advised that the best support would be a Family Services referral- Specifically to reduce

social isolation

- Client was provided with a fuel voucher- she had disclosed that she was unable to afford food and had been borrowing money from her mother and grandmother- and was told that Orange Door would not be able to provide any other immediate assistance, that she would need to engage with local community organisations for that.
- No information was provided regarding the process or timelines from the point of assessment.
- Following the appointment- client was distressed, “collapsed” body language- hunched shoulders, dropped head, poor eye contact. She reported that she had “just told her story to another person” with no apparent benefit
- Client reported that she left the appointment feeling that she had not been heard, and when the Orange Door worker told her to link into groups for her children to play with other children she realised that she was not going to get the support she needed with family violence.

2 days later and email was received by our service from Orange Door advising that:

Transition through Orange Door had been completed with a referral to Anglicare for Family Support Case Management for support with:

- Connecting with community and overcome isolation
- Better manage day to day / routine for children.
- To have a better understanding of the impact of trauma on the children.
- To monitor, review and further undertake Safety Planning.
- To make other referrals as appropriate.
- To link the family into family violence and mental health support services.
- We will keep mum 'on active-hold' for the purpose of any information, support and advice required until allocation received by preferred service, and then close this case.
- This information was not provided to the client by Orange Door

Our worker emailed Orange Door to advise that:

- It had taken a lot of courage and many attempts to attend Orange Door to request Family Violence assistance
- Enhanced MCH service had absolutely no concerns about parenting capacity, she was meeting her children’s needs and had managed to attend to them with no support.
- Any parenting support needs stem from her experience of family violence, and if Family Violence Support was offered there were no service concerns regarding her capacity to manage.

The response received from Orange Door stated

- Client is not eligible for short term Family Violence
- The referral focussed on the Family Violence perpetrated towards mum and concerns for the family
- Legal Aid may be an option for the client.

The client did not engage with Family Support Services as she felt the main focus of the worker was on joining Supported Playgroups

The client has had 2 further referrals back to Enhanced MCH for support- she has declined a referral back to Orange Door for Family Violence support as the previous referral was “not helpful”.

Q3. What are the most critical changes to the family violence service system that still need to occur?

- Access to specialist Family Violence support/advice for women and children who are unable to leave the violent relationship.
- Specialist Family Violence secondary consult opportunities with universal service providers.
- Creation of a safe environment for women to report breaches of IVOs- use of community settings other than the police station

- Multi-agency communication and cooperation.
- Implementation of MARAM
- Information from the criminal, children's and family court could be shared freely amongst all areas involving families so the magistrate has a full understanding. Having courts work in silos is allowing the perpetrator of FV to continue within a legal framework and another way the victim is being victimised.

Q4. Are there any parts of the family violence reforms that have not yet progressed enough and require more attention?

MARAM

The implementation of the Information Sharing Legislation has been a very positive step forward- however clearer statewide MCH service direction is required regarding the finer details- where and how the information should be processed and stored for example.

Q5. Are there any improvements that could be made to the implementation approach of the family violence reforms?

The opening of Bayside Peninsula Orange Door felt extremely rushed, it did not and still does not feel as though the Orange Door has fully integrated teams with and a consistent approach to referrals.

Perhaps this could be used to guide to the formation and opening of future Orange Door sites. Closer partnership between MCH and Orange Door- ?MCH practitioner in situ

Q6. What has been the biggest impact of the COVID-19 pandemic on your organisation or sector? How have the services that your organisation or sector provides had to change?

Restrictions were placed on face to face contact with clients Mar-June- majority of consults were conducted via telehealth, with home visits to those clients assessed as most high risk only. Face to face contact was limited to 15 mins.

Telehealth placed limitations on issues that could be safely discussed as we were unaware if anyone else was in the home listening to consultations- Opportunities to ask the routine Family Violence screening questions were limited if there was no face to face contact.

Lockdown has meant that known perpetrators of Family Violence have been spending prolonged periods within the home increasing the risk of FV and also limiting access to support services.

We do not currently know what we do not know regarding the level of Family Violence that is being/has been perpetrated during the pandemic. It is anticipated that once it is biologically safe for women to disclose, we will see an increased demand on services.

Communication between MCH and Child Protection, and other services has improved- as we have all been operating under COVID restrictions we have better utilised our partner agencies to hold Care Team meetings, discuss concerns and case plan

Q7. Has the COVID-19 pandemic highlighted any strengths or weaknesses in the family violence service system?

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Q8. Are there any changes resulting from the COVID-19 pandemic that you think should be continued?

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Q9. The Monitor invites you to make any final general comments around the family violence service system reform.

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