

Submission to the Implementation Monitor

The Gippsland Family Violence Alliance (GFVA) is Gippsland's Regional Integration Committee, representing 36 separate organisations who work to respond to family violence victim/survivors and perpetrators/those who use violence.

Gippsland is made up of six Local Government Areas and is the largest geographical area in the state, which consists of regional, rural and remote areas. East Gippsland and Latrobe City have consistently had some of the highest per-capita police call outs for family violence in the state. The GFVA is made up of two DHHS areas Inner Gippsland and Outer Gippsland, who to date have experienced the roll out of the reforms very differently.

The GFVA wishes to provide the following feedback to the implementation monitor regarding the Royal Commission into family violence reform.

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?

The major changes to the family violence service system is most visible at the moment in the Tier One Specialist Sector, however we are seeing slower impact on our Tier Two and Three Sector as well.

The MARAM Framework and the Information Sharing Schemes have made a remarkable difference in the sector. However, we acknowledge there is still improvements which can be made and that the processes are still too bureaucratic, with practitioners limited in their ability to provide assistance based on poorly thought out funding models and brokerage restrictions.

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 formation of Specialist Family Violence Units in Victoria Police, has had a huge impact on the response women receive at what may be first contact and combined with the MARAM Framework and Information Sharing Schemes has allowed practitioners to complete more thorough risk and safety assessment. Victoria Police data collection has greatly improved and it is becoming easier to track increases in family violence. However, there are still a large number of Invalid L17's coming through the Inner Gippsland Orange Door, which slows down or prevents contact with perpetrators, missing the opportunity to engage them early in programs.

We are seeing much clearer referral pathways achieved for victim/survivors coming out of the Inner Gippsland Orange Door.

Looking forward – what is still required in the family violence reforms

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

The two main critical areas where the Gippsland Family Violence Alliance would like to see the most change are:

1. **Recommendation 037-040** surrounding Safety Hubs. We currently have inequitable access to The Orange Door. Inner Gippsland does have one Orange Door, covering four Local Government Areas and we have an Access Point schedule to open very soon. However,

Outer Gippsland does not have an Orange Door, nor are there firm timelines for this to occur. The model for Outer Gippsland will need to be considerably different than what we have in Inner Gippsland. There is no public transport and the distance it will need to cover will require multiple Access Points. It is the GFVA's priority to have input into this system and to have a system which suits our rural and remote needs. Unfortunately there has been little opportunity for us to provide input into the Outer Gippsland Orange Door process. We would encourage the Implementation Monitor to not only examine integration at existing Orange Doors, but to look at the lack of integration with the rest of the service system that is occurring in areas which are awaiting an Orange Door. Outer Gippsland is not the only area across the state awaiting for an Orange Door. Without the full implementation of the Orange Door we won't see the impact of a joint service delivery model on client outcomes.

2. **Recommendations 014, 015, 016, 017, 018, 019,-20, 024, 124, 169, 176, 177:** Surrounding accommodation/housing for both perpetrators/those who use violence and victim/survivors. Gippsland has seen very little improvement in this area and what has occurred is largely due to the agency initiative not government reform. The GFVA would like to see as a minimum the Housing Register changed so that we can give victim/survivors priority housing. However, this speaks to larger issues around the lack of public housing and short term accommodation options which affect the whole community and social housing sector. The GFVA are concerned that there appears to be little insight into how few accommodation options there are in rural and remote communities, and so far no sustainable solutions have been provided. At one point Family Safety Victoria suggested the Principal Strategic Advisors should negotiate with agencies to ensure that victim/survivors are not housed in the same hotels and caravan parks. This is a workable solution in regional and metropolitan areas. In rural and remote settings however, you are sometimes lucky if one hotel exists in town, let alone will accept clients. From the GFVA perspective all of the recommendations surrounding housing needs more attention.

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

The main two areas where the Gippsland Family Violence Alliance would like to see further progression are:

1. **Recommendation 060** The Victorian Government ensure that all Magistrates' Court of Victoria headquarter courts and specialist family violence courts have the functions of Family Violence Court Division courts. In Gippsland we are yet to gain this function, which means we have seen no impact of this recommendation. The closest court with this function is a minimum two hour drive from Baw Baw or a nine hour drive from East Gippsland. We would like to see the planning around this recommendation for the regions.
2. **Recommendations 087, 088, 089, 090, 091, 092** surrounding services for male perpetrators. These recommendations are integral to making a difference for victim/survivors and ensuring their safety. We would like to see a greater focus, particularly on innovation and research in this area.
3. **Recommendations 023** Prioritise funding for therapeutic interventions and counselling for children and young people. According to Family Safety Victoria this recommendation has been acquitted however, in practice only two programs have been funded, each with limited reach, has occurred under this recommendation. Children need greater options for therapeutic supports, as each child will need a different set of interventions, based on their

experiences and resources. Significant investment is needed to ensure that children and young people get services which suit their specific and varying needs, instead of the one size fits all approach which is currently funded.

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

Concerns relating to ability of agencies and regional bodies to provide feedback

The roll out of the Reforms have been confusing for both agencies and practitioners. There is very little solid communication about timelines of implementation of particular reforms or what is on the horizon for agencies to budget and prepare for. There are limited avenues to provide input into the roll out or implementation of reforms, and consultation is often undertaken not by industry experts at FSV, but given to private consultants with limited practice knowledge or to the Peak Bodies who have little knowledge of rural and remote differences. There are also concerning practices around who is and isn't allowed to provide feedback when private consultants are engaged.

When The Inner Gippsland Orange Door was audited, the first round of the evaluations were completed by KPG however, for Inner Gippsland it was Family Safety Victoria who did the evaluation. It was then left to Family Safety Victoria, who is also the funder of the program to decide what was and what wasn't shared with KPG. When the auditor did attend the Inner Gippsland Orange Door, Family Safety Victoria handpicked the practitioners who were allowed to attend the focus groups. There are inequitable funding models within The Orange Door, with very limited EFT for Aboriginal Practitioners and no Practice Leader for men's services. This information wasn't picked up in the external evaluation.

We also have seen several evaluations be completed on trial programs, but not shared with the sector, in particular the Personal Safety Initiative Evaluation. Without Industry being able to view and build on the learnings from the evaluation, it makes it very difficult to monitor the success of the program.

Concerns relating to the metro centric focus of how the reforms are being implemented.

Victoria is a large and diverse state. But how these reforms have rolled out has been extremely metro-centric, with no place-based approach truly given consideration. The majority of consultation occurs in the city, even when it does come to the regions, it is often regional centres such as Latrobe City or Geelong. These areas are very different to rural and remote communities of East Gippsland or South Gippsland.

An example would be how the currently available MARAM training has rolled out. There were three different sets of training released MARAM Comprehensive, which covered practice guides 7 and 8. MARAM Collaborative Practice, which covered practice guides 1,2,5,6,9,10 and MARAM Brief and Intermediate which covered practice guides 3 and 4. Contracts for each training blocks were contracted to three different agencies, they were largely not aware of each other, which led to overlap in content but also practitioners completing inappropriate training. There was an unequal roll out of the training particularly in rural areas with South Gippsland Shire, Bass Coast Shire and Wellington Shire having no access to the Brief and Intermediate training sessions, while Latrobe City was saturated with options. This has largely occurred because there isn't additional funding for travel or accommodation considerations given to regional areas and Gippsland is a 7 hour drive to travel across which has led to inequitable funding as the training contract holders are reluctant to go beyond where the train-line ends. Funding for this training to continue is also haphazard and not

continuous with current funding models due to end in October, with no indication what options will be available to ensure practitioners understand and can use the MARAM Framework beyond October.

This has been indicative of how many reforms have been implemented. Specialised programs and trials are occurring in either regional centres or metro areas, which doesn't accurately capture the complexities which implementing a program in rural or remote areas will bring. What we would like to see is the responsibility for how training and other initiatives are implemented in the regions be given to Regional Integration Committees so that a true place-based approach can be undertaken.

Concerns about the oversight into how FSV can acquit recommendations

Currently Family Safety Victoria has the authority to acquit Reforms Recommendations, even when those who are affected by the Reform guidelines disagree with whether the acquittal has made an accurate and measurable difference. Acquitting reform actions, without solid timelines for the review of the effectiveness of those reforms, will lead us to a system where reforms may be implemented, but without on-going funding or checks to ensure they are actually making a difference on the lives of victim/survivors.

One concerning example is implementation of **Recommendation 189**: Mandate the Introduction of Respectful Relationships Education into every Victorian School. This recommendation has a team of dedicated workers across the Department of Education working with schools to implement this program. However, many schools are yet to implement, or fully implement the program. Funding for these workers is due to end at the end of September 2020. There are questions surrounding how this recommendation can be acquitted by March 2021 when the support surrounding the initiative is being removed. Acquitting a recommendation should require a demonstration not just that the actions have been performed, but that it has made a measurable and sustainable difference. We would like more transparency surrounding what the requirements for a recommendation to be acquitted actually are and an independent dispute process, because right now Family Safety Victoria can acquit with little oversight.

We also have seen this with **Recommendation 98**. We have seen specialist advisors appointed to the regions and auspiced to agencies. However, while these workers have been appointed, there is no oversight of the program, the workers have no ability to feed information to Family Safety Victoria about what is and what isn't working. Nor is there any oversight that the workers are actually undertaking the tasks of the roll and not being used by the auspice agency for other tasks. There is one worker who is personally managing the agencies Information Sharing requests, up to 160 per month, which isn't indicative of building capacity of the Alcohol and Drug or Mental Health sector to align with MARAM. According to Family Safety Victoria these recommendations have been acquitted, even though there is no requirement or oversight to ensure these workers are actually achieving the outcomes of the role as intended.

Concerns about funding implications for agencies.

Funding models have not been sufficient for the roll out of these recommendations, with many agencies taking on a large part of the burden. Agencies have not been funded to undertake programs such as to achieve the Rainbow Tick Accreditation, with agencies expected to spend \$40,000-\$100,000 depending on size to meet this recommendation.

Funding for service delivery is still largely based on number of population, however we do understand that we are moving towards a funding model that is related to complexity. There are

concerns that this approach still won't accurately capture the extra costs associated with travel and accommodation. The sole family violence specialist at Orbost Regional Health can spend three hours in the car-one way to see one client. There is not the option of public transport in many of our locations which also means additional travel expenditure for agencies and quickly eats up the brokerage that agencies have for clients.

The implementation approach cannot simply be mandating agencies to comply, it needs to come with adequate resourcing otherwise we cannot guarantee that what agencies have the ability or resourcing to implement will truly make an improvement on the outcomes of victim/survivors.

This is also true of the MARAM training packages. There hasn't been any financial support for agencies who need to take workers away from direct service to attend training, and this is putting a financial strain in particular on smaller agencies with lower EFT.

Concluding remarks

Family Safety Victoria has been tasked with creating a system, and while the roll out of this system has been anything but smooth...the system itself does have great promise to improve the lives of victim/survivors. However, from the GFVA perspective, Family Safety Victoria hasn't created system a strong, robust and continuous improvement or evaluation of the system they are implementing.

The Gippsland Family Violence Alliance would like to clearly express our concerns that the reform process may be hindered or even backtrack if the role of the Implementation Monitor, or a similar independent evaluation process does not remain past 2020.

Thank you for providing us with the opportunity to provide feedback.

This submission was undertaken by the Gippsland Family Violence Alliance and represents the following partners:

Victoria Police

Quantum Support Services

Uniting

Gippsland Women's Health

Department Health and Human Services

Department Justice and Community Safety

Gippsland Centre against Sexual Assault

Salvation Army

Windermere

Anglicare

Bass Coast Health

Orbost Regional Health

Victorian Aboriginal Child Care Agency (VACCA)

Family Safety Victoria



**Gippsland
Family Violence
Alliance**

Gippsland East Gippsland aboriginal cooperation (GEGAC)

Gippsland Lakes Complete Health

Latrobe Community Health Service

Relationships Australia

Better Place Australia

Bass Coast Shire

Latrobe Regional Hospital

Magistrates Court Victoria

Yoowinna Wurnalung Healing Service

Within Australia

Federation University

TAFE Gippsland

Department Education and Training

Victoria Legal Aid

Community Housing