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ABORIGINAL WOMEN'S SERVICES**



**Submission into the  
Monitoring the  
Family Violence  
Reforms  
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**CONTACTS**

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## ABOUT EMH

### WHO WE ARE:

Elizabeth Morgan House Aboriginal Women's Service Inc. (EMH) is an Aboriginal Community Controlled Organisation working with families who are affected by family violence. EMH is a Risk Assessment Entity and we work holistically with families. Our Intake Team responds to calls across Australia, the short term team work with people across the state and the long term case managers work with clients across 14 Local Government Areas in metro north and west Melbourne.

### WHAT WE DO WELL:

EMH are leaders in the sector of both supportive families that have been affected by family violence and also in culturally appropriate case management.

In addition to walking with families to assist them to achieve their goals we also have a strong agency focus on leading collaborative practise to mitigate risk by supporting victim/survivors and by keeping perpetrators in view.

EMH has a dedicated focus to capacity building regarding family violence and Aboriginal cultural learning. EMH has also demonstrated an ability to successfully implementing new provisions under the MARAM Framework and support external agencies to work towards best practice under the provisions.

EMH represents the family violence sector and the Aboriginal community at several forums and increasingly so since the Recommendations were released.

## 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?

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### IMPLEMENTATION OF MANY OF THE RECOMMENDATIONS

#### Orange Doors

EMH has found it beneficial to be able to liaise and build relationships with the smaller Aboriginal Teams within the Orange Doors. It has allowed EMH to exchange L17s and relevant risk and safety information quickly and has contributed to a faster, more individualised response for our families.

#### MARAM framework

- Enhanced/comprehensive risk assessments
- Enhanced Children's individual risk assessments to clearly understand, assess and manage the individual needs of each child (Recommendation # 21 – ensure refuge and crisis accommodation services can meet the needs of children)
- Enhanced training (Recommendation # 216 – Provide funding to develop comprehensive family violence learning and training)
- Rolling in of the FVISS (Recommendation #5 - Create a family violence information sharing scheme) and CISS
- Enhanced clarity around workers roles and responsibilities (Recommendation # 85 – Map roles and responsibilities of all organisations in contact with perpetrators)
- Additional funding leading to additional staffing (Recommendation # 11, 221)

The above enhancements to services capacity, information sharing and conducting risk assessments has been central in improving the response to families as well as to minimise and manage multiple agencies involvement.



**Increased media attention**

The increase in appropriate choice of language within media coverage as well the increase in media coverage itself of family violence and support services has possibly contributed to an increase in demand for family violence support by highlighting options and pathways to support. The change in the use of language has likely also contributed to how the public in general perceive family violence.

**Update to SHIP database to reflect MARAM framework responsibilities**

The SHIP database that many services use to record client work was lacking in its capacity to record and report on family violence. EMH has been advocating for some years now that SHIP be amended to be inclusive to the needs to the family violence sector.

EMH was consulted, provided input and participated in the pilot of a newly improved SHIP database. This new version will be more accommodating to those working with clients who are affected by family violence.

**Extending of the 10 Year Aboriginal Family Violence Plan**

*(Recommendation # 144 – Implement recommendations from the Indigenous Family Violence Ten Year Plan)*

The extension led to the implementation of Dhelk Dja to work across the 27 recommendations from the midterm evaluation of the Indigenous Family Violence Plan.

**Family Violence Flexible Support Packages**

*(Recommendation #17 – expand provision of Family Violence Flexible Support Packages)*

FVSPs have allowed support services including EMH to be flexible and timely in providing support and material aid to assist women to live free from violence.

**Housing Access Programs – such as “Moving On”**

EMH has seen a small number of our families be supported in to accommodation via the Moving On program (formally Family Violence Rapid Housing Assistance Program).

**Family Violence Transfers**

Family Violence Transfers within social housing, predominately the Office of Housing, has seen a surge in current tenants in unsafe housing be relocated to safer long term housing. This has been a fantastic solution for keeping these families and individuals safe.

The negative consequence of this has been that other eligible clients are not been allocated from the wait list resulting in lower turnover of clients in transitional properties. This then means that EMH are not able to assist our clients in need in to THMs or secure them long term housing as the current prioritisation is to shuffle people within social housing. The slowing of turnover within THM stock has also meant that families are residing in our high security refuge for longer periods of time as our exit options are reduced.

**Existing refuges moving to the refuge core cluster model.**

EMH operates a High Security Refuge for Aboriginal family violence victim survivors. It uses the core cluster model. EMH is pleased to see that the Shepparton and Warrnambool refuges are to be designed as a core cluster model also.



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

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Please share specific examples or case studies where possible. NB: Please ensure when you are providing case examples that individuals are not identified.

For many victim/survivors and children there is unfortunately limited ways in which they experience any changes as to how they access services.

In recent years we have seen families remain homeless due to lack of access to transitional and long term housing. There is still no crisis accommodation for women in the north that is not a Refuge. This is problematic as not all women need, want or are eligible for high security refuge.

Due to the difficulties EMH has in advocating for successful nominations into transitional housing families are forced to stay longer in our refuge which impedes our capacity to provide high security accommodation to people currently experiencing FV. Many of the families continue to reside in our high security refuge long after the risk has been significantly mitigated and high security refuge is no longer needed.

Consequently, EMH are hearing from Aboriginal families that are unable to access appropriate and safe accommodation return to unsafe homes or being exited in to homelessness when short term arranged crisis accommodation ends. This has been exacerbated during COVID 19.

*(Recommendation #18 – Give priority to victims gaining stable housing as quickly as possible)*

EMH has been able to use the Family Violence Support Packages and Family Violence Transfers to quickly assist families to be in accommodation where they are safe. This is achieved by making their current accommodation safe or by moving them in a timely fashion than was previous capable. This has meant that families were not required to experience the homelessness system and were prevented from experiencing serious upheaval.

This has meant that families are no longer assessed as having unsafe accommodation as a protective concern. EMH has seen reduced Child Protection involvement and children have remained in mums care or were reunified.

EMH cannot say that we have seen any improvement in our client's relationship/experiences with police or the Justice System. Police responses are still unacceptable (see case study 1) as is the Correctional System. EMH is not confident that mainstream services are culturally appropriate in their engagement of families and do not demonstrate on a service or individual level the system barriers that Aboriginal people face in trying to leave violence relationships. This is contributing to poor outcomes for our families which is well overdue to change.

*(Recommendation # 147 – Ensure that all Aboriginal family violence interventions are evaluated in a culturally appropriate manner)*



## 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?

#### **EMH receiving feedback and/or inclusion in RAMPs**

EMH looks forward to being embraced by the RAMPS when our clients are referred for clients for review. Presently we are not, even when requested via a FVISS, able to access risk concerns or actions identified at the RAMP or receive outcomes that RAMP achieves for women that are case managed by EMH. EMH believes that this does not demonstrate a willingness to collaborate or to actively engage or listen to the Aboriginal agency presently involved.

#### **More refuges. More crisis accommodation option**

Over the years EMH has seen the average length of time that families are in out refuge “blow out”. We are unable to respond to the need of the community as is the broader refuge system. Families remain at risk with perpetrators as they have no viable alternative options. Safe Steps only provides accommodation for a short period of time in hotel accommodation. If women are not accepted into refuge from Safe Steps they are referred on to an entry point where possibly another short term crisis arrangement is facilitated for them but often no case management support is facilitated.

### ARE THERE ANY PARTS OF THE FAMILY VIOLENCE REFORMS THAT HAVE NOT YET PROGRESSED ENOUGH AND REQUIRE MORE ATTENTION?

#### **Child Protection**

The MARAM framework provides for the family violence specialist workers to lead the risk assessment and the safety planning for families at risk. We continue to see today that Child Protection practitioners are unaware of this, or at worse ignore this, and direct women to undertake actions that directly undermine the safety plan that has been developed between the woman and her Family Violence Worker (see case study 1).

EMH also notes repeatedly that Child Protection workers are unaware of appropriate legislation and acts that would support families at risk therefore failing to assist families to use the broader support systems effectively. This has either placed families at ongoing risk and on multiple occasions has lead to the family becoming homeless. Further to this Child Protection workers have failed to work with family violence workers to complete Children’s Risk Assessments for children that DHHS CP have identified have an unacceptable risk of family violence.

Compounding all the above is that DHHS CP still engage in practices that are not culturally appropriate or responsive for Aboriginal people.

#### **Perpetrator in View and Collaborative Practice**

The provisions that the FVISS and CISS allow Risk Assessment Entities, such as Elizabeth Morgan House, allows our case workers to develop much more thorough and detailed risk assessments for our families. This has given us a greater understanding as to how they experience the family violence and what the risks are that need to be managed. What EMH looks forward to being able to facilitate and lead with greater ease in to the future are meeting with professionals where we discuss how we can keep the “perpetrator in view”. Presently this is particularly difficult to organise especially when the perpetrator is incarcerated, specifically when remanded. There have been a great many obstacles with EMH unable to organise meetings or receive back correspondence from the Department of Justice. This is concerning for EMH, as often the person using violence that we are trying to meet about is a violent offender with documented access to weapons.



## ARE THERE ANY IMPROVEMENTS THAT COULD BE MADE TO THE IMPLEMENTATION APPROACH OF THE FAMILY VIOLENCE REFORMS?

### Training

There has not been enough attendance capacity within the training that has been delivered (even prior to COVID).

Greater training and enforcement of best practice needs to be provided to Child Protection and Justice workers (Police, Parole Board etc)

## Impact of the COVID-19 pandemic

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### 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?

#### Service Provision Impact

- Vulnerable clients were no longer able to receive in-home help/supports from other organisations they were receiving support from.

One EMH client had end stage cancer. Her transport support to get to appointments ceased and she had to constantly contact services for cab vouchers to get to and from crucial appointments. Her home help also ceased. She died in early July worried about her home until the end.

- Rough sleepers were housed in the available crisis accommodation which meant there was very limited crisis accommodation available for FV emergencies leading to a lack of affordable accommodation. This resulted in more money being required to be spent on accommodation when middle range accommodation options were accessed. EMH has also had women be referred to our service by access points as they had been told that they had run out of HEF to accommodate them.
- EMH has been approached by several women, increasingly so during COVID, who have advised that due to the lack of refuge accommodation and other appropriate accommodation that they need to return home to make their current accommodation safe. For many, they have had to return without support and have reached out to EMH when the violence escalated further.
- EMH has received a greater number of referrals from ACCO and mainstream services that we have had limited engagement with before as the referring agencies were at reduced capacity.
- Front Door Services have been impossible for EMH and clients to access. This has placed additional pressure on our service being accessed by people who would normally be serviced by the Front Doors. Consequently, EMH has had to allocate more HEF to respond to intakes. EMH has also had to increase our HEF spending to respond to people in housing crisis.
- Home is not a safe place for many people and EMH has had escalated concerns for people living with the person who uses violence such as older people, women and children. As schools, child care centres and after school activities were cancelled there was no "eye on children" at risk.
- During restrictions the media message was strongly focused on "the four reasons you can leave your home". EMH believes that there were many women that felt that they could not leave home, even for their safety, and families felt that they were breaking the law if they took in family members that were fleeing an unsafe home.
- EMH has had a drastic increase in clients needing immediate access to material aid specifically food. This demand was primarily during lockdown when single mothers were at home with children and unable to effectively food shop with several children in tow.



- EMH has seen Men's Services cease providing Behaviour Change courses. This has been very problematic.
- EMH has seen our mothers be less involved in their own Children's Court matters as all the communication has moved to phone. Their lawyers contact them only with questions or to tell them the outcome. The parents that we work with are having difficulty complying with completing mandatory drug screens. DHHS workers are advising that due to working from home complications, it will take them up to a fortnight to have new screens posted out. Drug detoxes and rehabs have also closed. Many of our clients have been advised that they will not be able to be supported with an onsite service until 2021. This will mean that too many of our mothers will not be able to comply with Children's Court Orders leading to children remaining out of home unnecessarily extended periods of time.
- EMH was advised that there was a shortage of toiletries available to women in at DPFC. At one stage EMH was aware that there was no toilet paper. EMH responded by using donations to purchase a significant number of toiletries that was then provided to EMH to be made freely available to Aboriginal women incarcerated.
- Courts are closed. This portrays a sense of lack of transparency. Workers were unable to attend, and clients were being told they were not required to attend. Child Protection was giving direction they would not normally give and were being involved in decision making at unprecedented levels (Recommendation #26 – Strengthen guidelines around Child Protection in family violence matters)
- EMH also saw an increasing number of perpetrators being granted bail or parole when previously they would have remained incarcerated. This also led to additional pressures for EMH to try to arrange "perpetrator in view" meetings and create effective safety plans in very short time frames with limited external services available to work with.
- Some legal services had very restricted hours and this led to lack of access to assistance for clients.

### **Agency Impact**

- Aboriginal people are considered more highly vulnerable for COVID19. Many of the Aboriginal people who work in roles that were considered essential services also have high risk people living at home. EMH as well as many other Aboriginal Community Controlled Organisations had staff who were pregnant or had other medical conditions that limited their ability to undertake work outside of the home. As many staff also have children at home this was not an appropriate environment for staff to be completing family violence calls. This all created a very problematic situation for EMH to be able to safely manage our staff in terms of well being and support.
- With other services closed and EMH experiencing occasional staff shortages as carers were needed to stay at home with children, the remaining staff at EMH have been overwhelmed with client and agency demand. The increasing expectations for services including EMH to respond to HEART clients has been incredibly difficult for EMH to manage. Despite this, EMH has actively responded to the needs of HEART clients recognising that they are often the most "in need" or "vulnerable" people of our society.

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

- EMH staff have demonstrated a real willingness to be creative the way that they respond to the varying needs of the community and maintain best practice.
- The system is stretched to capacity. For greater change to be realisable more resources need to be committed in terms of housing and staffing.



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

- The increase in HEF allowance has been of great significance to those that were able to access it.
- The access points flexibility to agree to support clients without having to have a face-to-face.
- The lack of crisis accommodation for victim/survivors was exacerbated during the recent crisis

## GENERAL COMMENTS

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

EMH 's Aboriginal High security refuge is a unique offering in Victoria's response to family violence and to keep victim survivors safe.

Elizabeth Morgan house looks forward to the Office of the Family Violence Reform Implementation Monitor and Family Safety Victoria recognising the important work we do, even during COVID19 restrictions and their support to grow to continue to provide their current services and more. (Recommendation 15)

### Other recommendations we could refer to:

014	Increase the number and range of crisis and emergency accommodation	A safe home	In progress
146	Prioritise adequate funding for Aboriginal community controlled organisations	Aboriginal and Torres Strait Islander peoples	In progress

## CASE STUDY 1

1. Police were called to a family violence incident June 2019. Their assessment, as noted on the L17, recognises the non-Aboriginal mother as the victim/survivor and the Aboriginal father as the perpetrator. The L17 states that the lease is in the father's name (Office of Housing) and that he advises Police that he has no where to go. The Police issue a Safety Notice to the father but remove the mother and three children to the grandmother's home. Child Protection are notified by Police. The woman becomes actively engaged with a Family Violence Service and accepts case management. **The mother and children should never have been removed. The Police Officer should not have taken in to consideration whose name the lease was in.**

2. Police secure a full Intervention Order a couple of days later with the mother and children protected at the grandmother's home. The mother is not asked by Police if she wishes to return to the home. **The woman is still not involved with the decision making. She should have been consulted and have ownership in this situation.**

3. A couple of weeks later the mother requests assistance to return home. She is advised by Police that the home that she and the children have been living in with the perpetrator is not on the IO as their residence. No assistance is provided.

4. The mother and her children seek assistance from a Front Door Access Point and they are financed into an Aboriginal Hostel. The perpetrator is made aware of this by other residents of the Hostel within 48 hours. **As the perp is Aboriginal man, and the victim/survivor is non Aboriginal to place the family in to an Aboriginal Hostel is not appropriate and was detrimental their safety. They were also not advised of their rights under the Residential Tenancy Act (RTA) and recommended to seek legal advice.**



5. After several weeks at the Hostel the mother tells EMH that she felt unsafe from another residents, finds the accommodation unaffordable and also finds it unsuitable for her children. She decides to return home to the perpetrator. Child Protection become aware. They attend the residence and advise the woman and her children that they are to leave and the mother and children are put in to a one room hotel. **At this stage again the Police should have been contacted and the perpetrator removed, and the woman and children supported to remain.**
6. Child Protection then make an application to Children's Court for an Interim Order and advise the mother that she is not acting protectively. DHHS CP then request housing assistance from EMH.
7. EMH meets with the woman, the DHHS CP worker and the Family Violence worker. The woman has brought her three children with her to the appointment. EMH advises DHHS CP that it is not appropriate for the children to be present for the meeting. DHSH CP argue that it is fine as they already know too much. EMH refuses to proceed with the meeting with the children in the room and they are removed. The children are supervised separately by agency staff. **The fact that EMH needed to advise Child Protection workers that family violence conversations do not happen in front of children was quite concerning.**
8. EMH identifies that over the previous four months, separate risk assessment have been done by three services. **None of them have been shared with one another. None of the services that have engaged with the family have worked collaboratively with one another. The woman has had to repeat her story unnecessarily when under the Framework the Risk Assessments should have been shared. No services have informed the woman of her rights under the RTA and no legal referrals have been made or recommended.**
9. EMH advises DHHS CP and the Family Violence Service of the ability to change the locks at the home as this is her primary residence. Information about the Residential Tenancy Act is provided as are the details to the Tenancy Union and Darebin Legal Service for legal advice if uncertainty remains. EMH consults with the woman and a call is made to the Police for the perpetrator to be removed from the home as he has breached the IO. In this time, it is planned for the locks to be changed and for this to be facilitated by DHHS CP and the Family Violence Service. EMH also advises of the rights of the woman to apply to VCAT to have the lease put in to her name. the victim/survivor advises that both of the above are her preference and she requests support to proceed. EMH rings DHHS C two days later to see how it all went and they advised that they did not believe that EMH was correct with their advice and did not seek legal advice either. The woman continues to self-fund in a hotel. DHHS CP tell her that she is to secure appropriate accommodation to keep the children in her care. **Both services were completely out of line and their failure to be up to date with relevant legislation was significantly detrimental to the family. Their unwillingness to seek external legal advice and disregard for procedures to keep families safe demonstrated a lack of commitment to duty of care.**
10. The woman requests support from EMH. We apply to VCAT to have the lease placed in to her name. It is now Christmas and VCAT closes over Christmas. The matter is heard in at King St where an OoH staff member attends and states that they support the perpetrator remaining in the home. **This directly contradicts the OoH policy where they are to remain neutral with such cases.** The woman and EMH are successful and the family finally have a home.
11. The Family Violence Support agency that has been supporting the woman attends none of the care plan or professional meetings. They close without developing a safety plan with the woman.

