

Family Access Network Inc.

Calls for Submission: Monitoring the Family Violence Reforms

How has the family violence service system changed since the Royal Commission?

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?

Please share specific examples from your own sector or organisation. We welcome comment on changes to both your sector or your organisation's service delivery, as well as any broader system issues.

Family Access Network (FAN) is involved in the Pathways to Resilience (P2R) Partnership. The service is an integrated therapeutic response to support adults, young people (including LGBTIQ+ young people) and children who have experienced family violence. Services are provided in the outer Eastern metropolitan region through FAN, Uniting, Safe Futures Foundation, Australian Childhood Foundation and EACH.

As part of Pathways to Resilience, and as a result of the Royal Commission recommendations, FAN now provides Family Violence (FV) Therapeutic Group Work and individual support for LGBTIQ+ young people. LGBTIQ+ services and inclusion was recognised as gap in the Pathways to Resilience program (and family violence services more broadly), and changes were made to reflect this. FAN joined the P2R partnership in recognition of our experience in supporting LGBTIQ+ young people experiencing or at risk of homelessness, the majority of whom have also experienced family violence.

Since the Royal Commission we at FAN have incorporated the MARAM framework into our intake assessments both for our Homeless Support Services (HSS) and Pathways to Resilience programs.

FAN has also observed increased collaboration between Specialist Homelessness Services and family violence services, and an increase in different communities of practices. For example, FAN have improved on a collaboration with Kara House, and have joined the Eastern Regional Family Violence Partnership (auspiced by EDVOS), and the Queer Family Violence Network (auspiced by Rainbow Health).

Another major change FAN has seen since the Royal Commission was distributions of additional funding to support LGBTIQ+ inclusion. Some family violence services were funded to undertake Rainbow Tick accreditation, FAN was also involved in the Western metropolitan region's LGBTIQ+ Homelessness and Family Violence Project (funded by DHHS and auspiced by Wombat Housing) - family violence services involved in this project received extra funding.

At FAN we have also seen an increase in referral options for perpetrators and more behavioural change programs.

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

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

The primary change in accessing services and support for victim survivors has been the establishment of the Orange Door. However, while it has been established in a number of regions, there have been delays in establishing this service for people in the Outer East Metropolitan Region.

The collaboration between services in the Pathways to Resilience partnership has improved services for victim survivors and children, and young LGBTIQ+ people. Anecdotal feedback from clients has included feeling better supported and held, knowing they can access multiple services and supports via one intake, and a relief that there is LGBTIQ+ specific support.

Another positive change is that, prior to the Royal Commission, FAN's clients were unable to access family violence Flexible Support Packages. Whilst the process of accessing this support is not straightforward, it has been beneficial for our clients who have received it.

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?

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

An LGBTIQ+ response is a critical change that requires further progression. It has been historically missing from family violence services, and the experiences of LGBTIQ+ people continues to be largely absent from discussions around family violence. Services by default are still framed around heterosexual intimate partner violence, resulting in a lack of knowledge and attention around LGBTIQ+ partner and family violence. This has affected the sector's capacity to address and respond to family violence for LGBTIQ+ people despite it being identified as a gap by the Royal Commission.

In spite of the establishment of services and education portals such as w|respect, the societal assumption that rejection and dismissal of LGBTIQ+ identities by families of origin is 'normal', and the myth that LGBTIQ+ people do not perpetrate intimate partner violence against each other persists. This contributes to LGBTIQ+ victim survivors being unable to identify and seek help for FV.

Furthermore, LGBTIQ+ people, particularly trans and gender diverse people, are still discouraged from accessing mainstream, binary-gendered services. For example, as recently as last week, the manager of a sexual assault counselling hotline sought secondary consultation from FAN as to whether transwomen could be allowed in women's sexual assault services and accommodation, and reported that many of their staff believed that opening services to transwomen violated the safety of their cisgendered clients.

Further, while there has been an increase in behavioural change programs, most of these are aimed at cisgender men in heterosexual relationships. The few programs that do exist to support the LGBTIQ+ community, such as Thorne Harbour Health's behavioural change

program for gay, bisexual, trans and queer men, do not cover all LGBTIQ+ identities and experiences and are difficult to access for perpetrators in regional and rural areas.

While it is acknowledged that constructive attitudinal changes to address family violence will take some time, there is evidence that harmful ideas and attitudes continue to reverberate throughout all layers of society - from stories in our tabloid media that shift blame from the perpetrator to the victim, to echoing's of age-old assumptions from our nation's leaders, through to off the cuff comments that trivialise and minimise family violence being heard within our social circles. Community education and cultural change around identifying family violence, particularly in diverse communities, and believing and supporting victim survivors, still requires attention.

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

1. Improved service co-ordination.
FAN have noticed a lack of service co-ordination to date. For example, we have observed that some family violence services have been exiting clients into homelessness services. FAN identifies a need for a more integrated service response.
2. Improved LGBTIQ+ inclusivity.
As outlined above, greater support and inclusion for LGBTIQ+ people experiencing and perpetrating family violence is needed. While there have been steps towards this as part of the implementation, there is still a large gap in supports for this community. Owing to the long-term process of creating cultural change in established family violence services, one possible solution to address this gap in the short-term is increased funding and support for LGBTIQ+ services to provide family violence responses, and to partner with and support family violence services, as FAN has done in the Pathways to Resilience partnership.
3. Increased access points and service capacity for crisis responses.
FAN have observed that there are not enough services with capacity to respond to clients with immediate needs. While some services (e.g. Anglicare) have increased their capacity, there is still a lack of access points for people experiencing family violence. For example, one recent client experience raised at a network meeting involved a young woman attending a drug and alcohol service when fleeing a family violence situation and requiring crisis support. The organisation did not have the capability to meet the client's immediate needs or to provide a prompt referral. The client left the service, without supports in place, and though the service attempted to make contact later they were unable to make reach the client again.
4. Improved access to MARAM training.
Service workers and members of the public who want to undertake MARAM training are currently facing long waitlist times, although we understand that this may be in part due to priority given to Family Violence, Homelessness, Mental Health, and AOD services.

Impact of the COVID-19 pandemic

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?

The biggest impact of COVID-19 on FAN has been the barriers to meeting client needs via remote access. In conducting most client contact either by phone or online staff have experienced challenges with being able to suitably monitor and assess family violence. Staff have noted that victims – particularly those who are already in at-risk situations – are increasingly susceptible to family violence being isolated at home with the perpetrator. Staff have also identified difficulties with clients disclosing experiences of family violence while they are in the vicinity of the perpetrator. Further to this, our reporting has found that 100% of our current clients are experiencing difficulty with managing their mental health during COVID-19.

FAN's services have changed during COVID-19 by:

- Providing intake, assessment, and support by phone and online, which has had varying outcomes. For some clients this mode of delivery has enabled contact to occur more frequently.
- Our Life Skills programs, including a Young Mothers Group, Eastern Diversity Group, Peer Leadership Program & the LGBTIQ+ Family Violence Therapeutic Program, have all shifted from face to face to online delivery. These programs provide social, therapeutic and educational support for young people who may be experiencing social isolation, mental health issues, a lack of community support and family violence. Although FAN was able to quickly shift these programs to be delivered online, it did require additional work and funding to resource and reconfigure program schedules and ensure that all clients had the capability and technology to access and participate in the program. Our online delivery of group programs had early success, with participants being actively involved, however as the pandemic has gone on we have had challenges in sustaining participation numbers. According to client feedback this is largely due to the structure and characteristics of accessing online groups (for example, in the Young Mothers group not having a worker physically present to assist with child supervision makes it more difficult for the mothers to engage), and the physical, emotional and mental requirements of participating online (also known as “zoom fatigue”).
- LGBTIQ+ Capacity building training for family violence services, including with Kara House, and in partnership with Domestic Violence Victoria & EDVOS, has been postponed.

A large impact of COVID-19 on the sector more broadly has been a lack of immediate support for family violence workers who are required to work at home, particularly for workers who have direct experiences of family violence.

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

Strengths

- The sector has been able to successfully continue networks partnerships and meetings through online communication.
- Organisations have taken the opportunity to reflect on service delivery, and have responded quickly to the challenge to be more flexible in service access.

Weaknesses

- The pandemic has further exposed already existing gaps in the family violence service system, in particular a lack of access points, a shortage of crisis accommodation, and a lack of LGBTIQ+ support.
- The pandemic has exacerbated pre-existing problems for people experiencing family violence – victim survivors are confined to home isolation with the perpetrator, and services main focus is to exit victims from the home rather than the perpetrator.

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

- Continue to utilise quality hotels to support people experiencing homelessness, including those leaving family violence situations.
- Permanently raise the rate of Newstart and other social support services. This would greatly support victim survivors in re-establishing their lives after leaving situations of family violence. Many victim survivors have experienced financial abuse, and/or lose access to family finances after leaving. Having access to adequate financial support is paramount for rebuilding independent living.

General Comments

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

In a recent family violence snapshot undertaken at FAN 100% of our clients reported family violence either being the primary reason or one of the reasons they had become homeless.

There has been an increased identification of LGBTIQ+ young people presenting as a result of family violence and discrimination. At Family Access Network alone, the waitlist for LGBTIQ+ safe housing has more than doubled in the last 12 months.

Specialist Homelessness Services are already extremely limited in what support they are able to offer, due to a lack of accommodation and funding. For the LGBTIQ+ community this lack of services is compounded by a lack of *safe* services. LGBTIQ+ people seeking homelessness support continue to face discrimination, rejection and violence both from service workers, and from other service users in accommodation facilities. While more organisations are undertaking LGBTIQ+ inclusive practices, sometimes with the formal recognition of Rainbow Tick accreditation, the gap between community experiences and service provision is still far too wide.