

Family Violence Submission to the Monitor

Systems impacts, improvements, recommendations.

- (i) How the family violence service system, and users' experience of it, has changed since the Royal Commission.
- (ii) Looking forward, what is still required in the family violence reforms.

VincentCare - overview

VincentCare was established in 2003 to provide a range of professional accommodation and support services to people facing disadvantage and those that are ageing throughout metropolitan and regional Victoria.

Consulting with clients and working from a strong evidence base, including understanding the external operating environment and global trends, the Board developed an innovative model of care which is the centrepiece of our strategic directions.

We recognise that factors leading to homelessness are complex and that clients often present with a range of issues. Importantly, we recognise that trauma and homelessness are inextricably linked.

VincentCare's primary focus has always been to:

1. Provide quality services for people experiencing or at risk of homelessness, people with a disability, people experiencing or at risk of family and sexual violence, and men and women struggling with multi-layered needs including substance abuse and mental health issues.
2. Advocate for vulnerable and disadvantaged people, respect their dignity and rights and understand their needs so as to provide them with support and encouragement toward greater independence.

VincentCare has a deep organisational capability in intensive case management. We strengthen individuals and communities across Victoria through our funded and mission based activities, encouraging and supporting safety, resilience and improved life choices. We achieve this through actions and initiatives linked to place, space, support and inclusion. We value the strength, knowledge and richness of culture, family and community relationships, and we have the necessary depth of practice to be able to support people against a continuum of needs.

VincentCare's programs and services include the operation of two family violence refuges, Olive's Place – a high security refuge in the Southern Metropolitan Region of Melbourne, and Marian Community – a dispersed refuge model in Shepparton, regional Victoria and the *only* stand-alone dispersed model of refuge accommodation for women and children experiencing family violence in the Goulburn region.

VincentCare's Marian Community are identified as first responders, working alongside or immediately after police intervention. This service provides 24/7 specialist family violence support and covers a broad geographical coverage including Greater Shepparton, Moira and Strathbogie Shires with the after-hours coverage extending to Mitchell and Murrindindi Shires.

VincentCare - response

1. **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?**
 - Public awareness campaigns and promotion of avenues for support and safety for victim survivors.
 - Increased focus on family violence as a whole of community issue.



- Increased resources that are accessible and visible - reducing 'wrong door' approaches and potential for gaps in service accessibility and responses.
- Stronger focus and increased sector dialogue on perpetrator accountability.
- Increased accountability by services to consider referral pathways, wrap-around services and to share risk.
- Increased once-off funding to family violence services to support victim survivors, e.g. crisis and after hours services to assist women and children to escape family violence or remain safely in the home.
- Stronger support for vulnerable communities with an enhanced focus on intersectionality in the MARAM.

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

- Greater focus on providing services to children.
- Acknowledging children as clients in their own right.
- Greater emphasis on other sectors to expand their knowledge and understanding of family violence (homelessness, AOD, MH, child specific advocates), which has led to employment of specialist roles within family violence services and sector agencies.
- Greater awareness of the different forms of family violence from community and media, e.g. elder abuse, financial abuse, adolescent and young adult violence.
- Reports by clients that the purpose of Orange Door is confusing when viewed alongside of existing (and more familiar) sector supports, with experience of delays in services.

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

- Sustained and long term recovery and crisis interventions for women and children.
- Line of sight on children directly impacted by family violence and targeted age appropriate responses that sit outside of child protection.
- Longer term interventions that support a broader range of perpetrator interventions.
- Better coordination of communication between family violence services, funding bodies and peak advocacy agencies, which facilitates a more consistent service response.
- More collaborative service integration and clearer referral pathways that enable continuity of supports.

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

- Long-term stable, safe and affordable transitional and/or long term accommodation is still not readily available for victim survivors which continues to contribute to barriers, particularly for crisis accommodation, e.g. refuge.
- PSI program causes delays for crisis clients requiring immediate assistance, e.g. issue of personal safety devices.
- Shared analysis of mobility of perpetrators who have charges of offending against multiple victim survivors to be considered in data tracking.
- MARAM tool training roll out to non-DHHS funded services.





- Access to appropriate housing exits can be compromised by other emerging needs, such as natural disasters (including COVID-19 and bushfires).
- Police understanding of family violence impacts, trauma and victim survivors fears of disclosure, e.g. requesting that women come into the station to report.
- Lack of understanding of mental health and the impacts on decision making, e.g. confidence and clarity when safety planning.
- Family Court continues to be used as a perpetrator tactic to exert control over victim survivors and children (vexatious litigation).

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

- Service barriers to accessing immediate assistance for AOD and mental health issues for victim survivors presenting for family violence supports.
- Informing the strategic commonalities between distinct service providers, e.g. specialist family violence service providers, Orange Door, perpetrator programs.
- Perpetrator interventions, e.g. lack of responses outside of Men's Behaviour Change Programs which are not appropriate for all perpetrators (one size does not fit all).
- MARAM tool training for non-DHHS funded services must include guidance around working with perpetrators.
- Access to dedicated refuge and crisis accommodation for LGBTI victim survivors.
- More process and planning required for reform, e.g. refuge redevelopments, MARAM, Orange Door.
- Lengthy Intervention Order court process with increased number of hearings due to perpetrator contesting (3-4 hearings) and emphasis on women to accept an 'undertaking' rather than continuing to pursue an Order.
- Community awareness and understanding requires a more dedicated focus, e.g. primary and secondary schools, medical practitioners, where there is potential for lack of sight on, or identification of, family violence 'red flags' and not asking the right questions.
- Gaps in the system to provide support to non-resident victim survivors, particularly victim survivors without residency and no income.
- Clearer understanding of identifying victim survivors within a relationship. Police as first responders must be able to recognise a victim survivor (and not the individual as a potential perpetrator). Anything less will significantly impact self-reporting and possibly the only opportunity for a victim survivor to seek support.

6. What has been the biggest impact of the COVID-19 pandemic on your organisation or sector?

- Reduced face-to-face work with families.
- Reduced line of sight on children and limited options/avenues for victim survivors to reach out for support, e.g. schools.
- Complexity and seriousness of family violence has increased with a noticeable increase in family violence disclosures as restrictions lift.
- Increase in victim survivors advising they cannot leave due to the added stress of the pandemic.
- Victim survivors are not aware they can leave during lockdown periods, particularly non-English speaking clients.





- Lack of clarity and knowledge on processes for exiting victim survivors by support services, e.g. victim survivors are presenting directly to police stations due to not being aware of response services still operating in lockdown.
- Increase of victim survivors returning to the perpetrator due to stress of isolation, financial dependency and anxiety over the pandemic.
- Family violence specialists and refuge workers have become stand-in workers for other organisations such as child protection and public housing.

7. How have the services that your organisation or sector provides had to change?

- Modified work instructions underpinning business as usual to meet client needs, including organisation wide risk identification and assessment with limited (or no) face-to-face case management/intensive case management, enhanced after hours supports, supporting victim survivors in refuge, court supports, etc.
- The use of IT and virtual platforms to connect with families has been a positive as has flexible working hours due to working from home.
- Phone interventions focus on immediate risk of victim survivors with perpetrators with same attention to safety planning and interventions for victim survivors.

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

- Strengths: Flexibility and adaptability of staff to continue to provide responsive supports and interventions; increased access to criminal justice services for victim survivors living in remote geographical regions; very little disruption to participation in interagency meetings; limited travel; reinforced and established necessity for regular operational and professional supervision.
- Weaknesses: Increased vicarious trauma for direct line staff operating at home; sharing home/work environment; reduced access to debriefing with colleagues; victim survivors reporting it was difficult to be able to get away from partners, limiting avenues to self-report and seek support; victim survivors report being turned away from police stations in lock-down with comments that 'statements are not an essential need' intensifying victim survivors' feeling that they have no option other than to return to an unsafe relationship.

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

- Continue and/or increase: remote options for interagency meetings; support systems for clients accessing the criminal justice system; capacity to respond to family violence needs, e.g. emergency accommodation and material aid with increased brokerage; once-off funding to family violence services, extend or consider recurrent; on-line training aligned to the MARAM and information sharing reforms.
- Greater focus on scope to secure safe, affordable long term accommodation, in particular transition from refuge.

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