

# Western Integrated Family Violence Committee – Submission to the Family Violence Reform Implementation Monitor

July 2020

We thank the Family Violence Reform Implementation Monitor (Monitor) for the opportunity to contribute towards the office's final report to be tabled in Parliament.

The Monitor's role has been a vital component of the success of the family violence reform implementation to date, as both a critical ally to government, and enabling services' experiences of reform implementation to be heard and responded to by government as the system collectively undertakes unprecedented change to improve responses to family violence.

On behalf of the Western Integrated Family Violence Committee (WIFVC), we submit the following information in response to the questions posed within the call for submissions. This submission builds on the WIFVC consultation with the Monitor on 25<sup>th</sup> June 2020 and the [briefing paper](#) on the progress of family violence reform implementation across the western metropolitan region provided to the Monitor's office in March 2020. As this is the Monitor's last report, we take the opportunity to provide comment on what we consider to be the enablers of successful reform implementation going forward.

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

### 1.1 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?

WIFVC commends the Victorian Government, relevant Departments (such as Family Safety Victoria), and funded agencies on the commitment to implement all 227 recommendations of the Royal Commission into Family Violence (RCFV) and the significant work undertaken to date. As a Family Violence Regional Integration Committee (FVRIC), we directly support family violence reform implementation across the system and witness the willingness and dedication of organisations to work towards improved family violence responses as envisaged by the RCFV. A more detailed response regarding major changes we have observed since the RCFV is referred to in the WIFVC [briefing paper](#) on the progress of family violence reform implementation across the western metropolitan region provided to the Monitor's office in March 2020.

## 2. Looking forward – what is still required in the family violence system?

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

The significance of the family violence reforms cannot be underestimated. As acknowledged in our Committee's recent consultation with the Monitor, the nature of the reforms mean it will take a decade or more to start to see the system changes fully come to fruition. Therefore, the next 6 years are crucial to the success of the reform agenda and the next Rolling Action Plan for *Free From Violence: Victoria's Strategy To Prevent Family Violence And All Forms Of Violence Against Women* needs to adequately reflect the actions required to keep all stakeholders accountable to the significant work required ahead. WIFVC note that the following are enablers for the system to fully realise the family violence reform intentions.

#### *Sustained political will and financial investment*

- Strong political leadership for family violence reform implementation is responsible for the significant achievements with the reform agenda to date. Given the complexity and broad

application of reforms across government, service systems and communities, it is essential that strong political will for these reforms remains front and centre.

- Furthermore, the RCFV noted that the specialist family violence sector was struggling to respond to significant demand in a chronically underfunded sector. Despite significant investment by the Victorian Government post the RCFV, continuously escalating demand, coupled with significant new unfunded compliance regimes arising from recommendations, means that this problem remains. Without continued investment in the family violence reform implementation, we will not be equipped to embed the intention of the family violence reform agenda across the service system.

#### *Robust Governance*

- With a formal governance review process underway, it is crucial that the Victorian Government develop and maintain a robust governance structure for the implementation of the family violence reform agenda that is well equipped to maintain momentum and the accountability needed to fully realise the intention of the family violence reform agenda.
- As envisaged by RCFV [Recommendation 193](#), FVRICs need to be embedded within this statewide governance structure as they play a critical role in supporting implementation of the family violence reforms within regional service systems. The expertise and knowledge of the FVRICs was not drawn upon for the acquittal for Recommendation 193 regarding governance structures for the family violence reforms. However, the Statewide Family Violence Integration Advisory Committee, made up of FVRICs across the state, contributes to the achievement of reform objectives through routine engagement with FSV and participation on the Family Violence Advisory Group (formerly the Family Violence Steering Committee). The future governance structure will need to enable the vertical integration of FVRICs through clear communication pathways, meaningful opportunities for consultation, and participation on relevant committees.

#### *Embedding the voices of victim survivors*

- The Royal Commission recommended that the voices of victim survivors need to be elevated and inform both policy development and service planning to improve system responses. The establishment of the Victim Survivor Advisory Council is an important step towards this goal. However, we have a long way to go to adequately enable and centre victim survivor voices within the system in a way that honours the diverse and intersectional experiences of victim survivors. More comprehensive, timely efforts to embed lived experience in policy development and service planning is needed at all levels; within government, peak bodies, regional governance structures and funded service providers to ensure reform implementation (and service responses going forward) occurs in a manner which identifies, respects and responds to lived experience.

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

The family violence reforms in the following areas have not yet progressed enough across the western metropolitan region and require more immediate attention going forward.

#### *MARAM and the Information Sharing Schemes*

MARAM and the Information Sharing Schemes form a crucial part of the foundation of the family violence reform agenda. WIFVC commend the government's efforts and achievements to date in developing a framework of the size and complexity as MARAM. The successful implementation of these reforms requires robust planning, clear communication and accountability for prescribed services. Unfortunately, components of the rollout of MARAM have not featured these requirements and have created significant difficulties for alignment efforts of prescribed organisations, as outlined below:

- Lack of, or unclear, communication to peak bodies, regional governance structures and prescribed services on expectations, available resources, and training associated with MARAM alignment has created confusion, made resources and training challenging to access, and made it difficult to maintain momentum with MARAM implementation activities.

- A lack of accountability with MARAM alignment and expectations on progress by prescribed organisations. The approach to MARAM rollout is via a maturity model for prescribed organisations. Whilst this model acknowledges the significant work required of prescribed organisations to align, without clear guidance or expectations on timing of the achievement of alignment milestones, it hampers efforts for prescribed services to collaborate on service responses. For example, if prescribed organisations are at vastly different stages of the alignment continuum, it impacts attempts to utilise the Information Sharing Schemes, contribute to collective risk management, and coordinate service responses for victim survivors. The MARAM Organisational Embedding Guide was an opportunity to enhance accountability for MARAM alignment activities, however the guide did not take the opportunity to clarify and strengthen expectations, timing and milestones for alignment.
- The staggered rollout of MARAM resources has made alignment efforts for prescribed organisations difficult and risks a lapse in commitment and momentum to undertake alignment. Examples include:
  - The release of the MARAM Organisational Embedding Guide over two years after tranche 1 organisations were prescribed under MARAM.
  - The momentum of MARAM alignment efforts being hampered without access to the MARAM Perpetrator Practice Guide and associated training. In the western metropolitan region this is being acutely felt by those services that have direct contact with perpetrators but not in relation to their use of violence (such as Mental Health, AOD services). This particularly inhibits the effectiveness of other reforms such as the Specialist Family Violence Capacity Building Advisor roles for Mental Health and AOD as valuable, embedded resources for supporting MARAM alignment.
- MARAM implementation requires more robust, long term planning for implementation. Including:
  - A plan for MARAM training for prescribed workforces, now and into the future
  - Addressing barriers to secondary consultation as a key component of the MARAM framework
  - Sufficient tailoring of required alignment activities to distinct workforces to ensure practice is embedded
  - Prescribed services require adequate resourcing to undertake MARAM implementation activities.

#### *Housing - both crisis and affordable ongoing*

Progressing the RCFV housing and homelessness recommendations is essential and requires immediate attention. The success of other family violence reform implementation relies on the foundation created by successful implementation of housing and homelessness recommendations.

- There is a severe lack of public housing.
- There is a lack of service continuity between Safe Steps' response and Local Access Points. This includes cold referrals, gaps in service response and the impact of rigid eligibility criteria and duration of support periods. In addition to the MOU between Safe Steps and The Orange Door, service continuity would partly be addressed through formal MOUs between Safe Steps and Local Access Points.
- A lack of affordable long-term housing creates a back log in crisis (refuges, hotels) and transitional accommodation, meaning victim survivors get stuck in short term accommodation options and there is not enough space for new clients.
- Although intended to support feasible housing options, in the western metropolitan region the Rapid Rehousing Program is not a viable option for those experiencing family violence as victim survivors are not able to sustain tenancy once the required rental contribution surpasses 50% of the rent.
- There are no affordable housing options across the western metropolitan region for single women, single women with one child, or a large family (of more than 5 children) which means

that victim survivors are unable to access housing through programs such as the private rental access program.

- There needs to be a greater focus and investment in safe at home initiatives. The introduction of the Flexible Support Packages Portal in early 2021 should provide capacity to draw on data from the Personal Safety Initiative Program and an opportunity to evaluate impact of such responses.
- More funding is needed for the support housing assistance program to help clients engage and participate in the broader community after experiencing family violence.

#### *Underserved client cohorts*

The western metropolitan region is currently ill-equipped to service important client cohorts, relevant programs need to be made available and further support to develop the necessary skillsets to enable appropriate system responses. Targeted funding is required if existing services are to meet the needs of new client cohorts. It is not reasonable to add, via wording changes to funding streams and/or FASAs by FSV/DHHS, an expectation of servicing new clients without concomitant funding, given services are already struggling to meet demand with existing cohorts. Some examples of these include; adolescents who use family violence, elder abuse, LGBTQI experiences of family violence, service responses for people with a disability, culturally appropriate responses for Aboriginal and Torres Strait Islander people, children as victim survivors in their own right, women exiting prison who face re-entering high risk relationships and the intersection of mental health and family violence.

- Specifically, as it relates to Adolescent Family Violence in the Home (AFVITH)
  - There is no state funding for specific AFVITH responses in the western metropolitan region.
  - There is a need for dedicated funding for specialist early intervention programs as well as specific AFVITH response programs across the western metropolitan region.
  - Specific practice guidance and training is needed to improve responses to AFVITH under MARAM (currently still in development).
  - As identified in the ANROWS Positive Interventions for Perpetrators of Adolescent Violence report, there is a need for youth specific justice responses as opposed to the application of adult responses to family violence such as those in instances of Intimate Partner Violence.
  - The need for integrated service models and whole of family approaches to AFVITH.
  - AFVITH will become more visible and in need of appropriate system responses when schools are prescribed under MARAM in early 2021.

#### *Service Integration*

- An integrated system response to family violence requires the successful implementation of The Orange Door (TOD). The western metropolitan region does not yet have TOD and it is crucial that the issues identified in the Victorian Auditor-General's Office *Managing Support and Safety Hubs* report are meaningfully addressed prior to the rollout of future sites. Furthermore, additional funding is required in the interim for specialist family violence services in regions without TODs, as these services are being treated as though they are TOD model by other agencies but without the level of funding attached to TODs to support this response.
- There should be an increased focus on additional integrated service models such as the Multi-Disciplinary Centre (MDC). MDCs co-locate a range of agencies in the one building to provide a victim-centred, integrated and holistic response to victims of sexual crime and child abuse. Some sites, such as the MDC within the western metropolitan region, have also introduced the Family Violence Investigation Unit (FVIU) for Victoria Police and relevant specialist family violence support services. This co-location has enabled the increased coordination of specialist services which improves responses and outcomes for victims. Victoria Police Family Violence Command are currently leading the evaluation *Integration of Family Violence Responses in MDCs* which will be finalised in December 2020, the findings of which will inform the adoption of FVIU and

specialist family violence support services within the MDC model across the state. Furthermore, additional focus is needed to consider how TODs and MDCs coexist within the service system.

- Increased data capacity at a regional level would improve local service integration. Investment in data collation and analysis at a regional level is paramount to monitoring and responding to the progress of family violence reform implementation. [The Strengthening Family Violence Regional Integration – A Monitoring, Research and Evaluation Framework for Family Violence Regional Integration Committees report](#) was developed by The University of Melbourne in collaboration with the 14 FVRICs through a philanthropically funded project named RICKIE (Regional Integration Committee Key Information and Evidence) during 2019-20, with support from Domestic Violence Victoria, the peak body for specialist family violence services in Victoria. The value of FVRICs was recognised by the Royal Commission into Family Violence [Recommendation 193] as an important part of the governance structure for implementing the reforms. This initiative was designed to increase evidence-informed decision making by the 14 FVRIC across Victoria, leading to more coordinated responses to family violence, improved safety for victim survivors and increased perpetrator accountability. The Strengthening Family Violence Regional Integration report acknowledges that dedicated resources are needed to build data capacity within FVRICs and provides a clear framework in which this could be progressed if resourced.

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

#### *Financial sustainability and system demand*

- Increased funding is required for prescribed services to respond to demand. In the first stages of reform implementation, a primary focus has been on improving identification of family violence. Services still require increased funding to respond to the resulting demand on the system.
- Secondary consultation, as outlined in the MARAM framework, needs to be sufficiently resourced and be captured and recognised in service delivery targets. Secondary consultation is a vital component of the collaborative practice outlined under MARAM, however there are substantial barriers to accessing secondary consultation within the western metropolitan region. Organisations prescribed under MARAM require access to secondary consultation to assist in navigating appropriate and safe family violence responses (more acutely so in initial stages of MARAM alignment when developing family violence literacy), however Specialist Family Violence Services are responding to high service demand and are unable to service this function. Going forward, the demand for secondary consultation will only increase when phase 2 organisations are prescribed under MARAM and the Information Sharing Schemes.

Without redressing resourcing for secondary consultation, risks include:

- Stunted MARAM alignment efforts by non-specialist prescribed organisations.
- Clients experiences of poor family violence responses from prescribed organisations that are unable to access secondary consultation.
- Overwhelmed specialist family violence services.
- Non-collegiate relationships between specialist and non-specialist workforces instead of strong collaborative system responses.
- Funding for the administration of flexible support packages is necessary as the lack of funding for the significant administrative component of this program (effectively a small grants program) takes funds away from the delivery of frontline services.
- Specific funding for key workforces:
  - Specialist Family Violence Services – addressing the funding model that inhibits specialist family violence services from being able to competitively recruit and retain qualified staff in a way that appropriately acknowledges the complexity of the work. This requires equity in funding provided to other related sectors (e.g. child and family services, sexual assault services) and even within the family violence sector (The Orange Doors).
  - Sexual Assault Services – In the western metropolitan region 56% of the clients accessing sexual assault services have experienced both family violence and sexual assault,

however the sexual assault service receives no dedicated family violence funding. This makes it necessary to refer clients out to supports such as family violence counselling. As family violence counselling is significantly under resourced in the western metropolitan region, this creates difficulties with continuity of care when these external supports are not available in a timely manner due to high demand, putting further stress on already stretched sexual assault services applying a trauma informed lens continuing to work with the clients. The work on recommendations to enhance collaboration between specialist family violence services and sexual assault services, and the exploration of whether these services should be unified, needs to be progressed with urgency to enable these issues to be addressed, and equip sexual assault services to respond to presenting client needs.

- Family violence counselling is significantly underfunded in the western metropolitan region. This causes victim survivors to be on long waiting lists and hampers the effectiveness of other recovery efforts. This relates to counselling for adults, children and young people.
- The need for an increased and consistent funding model for FVRICs across the state. This is essential to enhance equity and consistency of capacity across the state to undertake the work of regional integration, to facilitate increased and improved vertical integration at a statewide level, to realise the potential for service integration through increased data capacity and to achieve the current expectations of FVRICs regarding supporting family violence reform implementation.
- Funding requirements for funded agencies continue to create barriers to fully realising an integrated, responsive system. Rigid funding requirements inform program criteria that create gaps in service response that cause victim survivors to slip through the cracks. Rigid funding requirements impacts organisations' ability to be flexible and adapt service provision to clients' needs, and also inhibits the ability to collaborate and coordinate a service response with other funded services.
- Further efforts are needed to streamline the intentions of the *National Plan to Reduce Violence Against Women and Children* and *Free From Violence: Victoria's Strategy To Prevent Family Violence And All Forms Of Violence Against Women* so that the complexities between Commonwealth and Victorian Government funding and initiatives are not left to service providers to navigate in attempting to provide meaningful service responses to clients.

### 3. Impact of the COVID-19 pandemic

WIFVC conducted a series of communities of practice (COPs) throughout May/June 2020 to support service continuity for family violence responses in the western metropolitan region. These cross-sector COPs were attended by 126 professionals (46 leaders and 80 practitioners) and identified the below experiences across the service system.

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

Service providers across the western region reported:

- An increase in more intensive support required for case management.
- Increased demand on client brokerage.
- Greater difficulty and complexity in assessing and managing risk.
- An increase in first time contact or disclosures with services from victim survivors, and difficulty building rapport with new clients when unable to meet face to face.
- Clients having limited access to technology
- Concerns about staff mental health and trauma processing due to the isolation of working from home, the presence of work-related triggers in the home, and the loss of debrief/supervision strategies reliant on the interactive nature of workplaces
- There were some early reports of victim survivors disengaging with specialist family violence services out of fear of it not being safe to be in touch with the service.

- Some services reported difficulty with closing cases due to practitioners being a primary contact to community for some clients and anxiety about changes to risk during periods of lockdown.

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

- Although there were fears that remote working and changes to service delivery would result in non-specialist services reverting to niche service responses and working in siloes, this did not occur in the western metropolitan region. Dedication to applying a family violence lens to service responses and cross sector collaboration was evident, as demonstrated in the large number of professionals that participated in WIFVC COPs to support service continuity for family violence responses across the region.
- Specialist perpetrator intervention services reported higher engagement from perpetrators with more individualized “case management” style support.
- Some clients have more readily taken up trauma-informed, body-based therapies online.
- The speedy development and distribution of best practice guidance for family violence within the context of COVID-19, including in-language guides. These resources were promptly developed by service providers, peak bodies, regional governance structures and government, and were shared and utilised broadly.
- There is a need to increase literacy of tech related abuse and increase staff knowledge of safe practices for online communications with clients.
- Organisations not having the ICT infrastructure to adequately support remote working
- The inadequacy of financial support for women on temporary visas experiencing family violence. In response the Victorian Government provided additional funding in recognition of the gap in necessary supports exacerbated by COVID-19.

### 3.3 Are there any changes resulting from the COVID-10 pandemic that you think should be continued?

- Proactive responses to family violence, such as that seen with Victoria Police’s Operation Ribbon. Preliminary indications are that the operation has been significantly impactful in the western metropolitan region and proactive, cross sector initiatives should remain in some format going forward.
- Ongoing access to online versions of training, professional development opportunities and collaborative platforms for practitioners to increase access to family violence expertise and cross sector connections.
- Ongoing, increased financial support for women on temporary visas experiencing family violence.
- Further investment for specialist perpetrator intervention services to provide individualised supports for perpetrators and enable flexible, tailored responses that enhances perpetrator engagement with specialist programs.

## 4. General Comments

With the conclusion of the Monitor’s role and function in supporting family violence reform implementation, WIFVC poses the following questions on the progression of the reform agenda going forward:

- How will the voices and experiences of reform implementation within the service system be heard and considered by government on an ongoing basis? Reform implementation occurs on a continuum from policy development right through to embedding practice in service responses and it is important that government continue to facilitate a feedback mechanism on the progress of reform implementation.
- How do we maintain a continuous reflective practice approach for the reform agenda beyond the Monitor role concluding? It is essential that reflective practice within government and the service system, which has been enabled by the Monitor’s role to date, is retained.

- There is still a long way to go before the family violence reforms are fully realised, so how do we balance maintaining momentum of the reform implementation whilst allowing for the interdependencies between reforms?

## 5. About the Western Integrated Family Violence Committee

The Western Integrated Family Violence Committee is one of 13 Family Violence Regional Integration Committees (FVRICs) across the state that:

- provides regional leadership on formulating and achieving local goals and objectives to improve family violence responses at a system level;
- enables collaborative practice across the service system and supports non-specialist services to orientate to their roles and responsibilities in responding to family violence; and
- aligns local area workforce priorities with statewide workforce reform initiatives to support capacity and capability building across the service system.

The WIFVC is made up of 65 specialist and non-specialist service providers and other stakeholders that respond to family violence in the western metropolitan region. The WIFVC is supported by an Independent Chair and Principal Strategic Advisor auspiced by Women's Health West. The WIFVC meet bimonthly to identify and respond to regional strategic priorities and is overseen by an elected Governance Group.