

Monitoring the Family Violence Reforms

Victorian Family Violence Reform Implementation Monitor

July 2020

About Berry Street

Berry Street believes children, young people and families should be safe, thriving and hopeful and for over 140 years we have been providing quality services to children, young people, and families to address the effects of violence, abuse, and neglect.

Berry Street does not accept social injustice, inequality, or system failure, meaning we are always questioning, inquiring, and advocating so children, young people and families have access to a better future.

While we are one of Victoria's largest out-of-home care providers, operating across the South East metropolitan, Gippsland, East (Hume), Western and Northern metropolitan regions of Victoria. We also provide family and parenting supports, trauma-informed education approaches, leaving care and youth homelessness services, therapeutic services, and family violence programs.

Introduction

As the Royal Commission into Family Violence (the Royal Commission) identified "*Family violence can cause terrible physical and psychological harm, particularly to women and children*".

Berry Street was very pleased to have provided a submission to the Royal Commission in 2015 and presented evidence at hearings. Our submission emphasised three priority areas for focus –

- Resourcing specialist family violence services commensurate with demand
- Responses for children and young people – specifically
 - Infants and children living at home with escalating family violence risk
 - Children and young people in Child Protection and out-of-home care (OOHC)
- Service and Practice Integration

In the four years since the Royal Commission, Berry Street has observed a range of improvements across these priority reform areas. Berry Street has contributed to these reforms and improvements in a range of ways, including

- Successful delivery of the Restoring Childhood service, which is a core component of the Therapeutic Family Violence offering in North East Melbourne, Hume Moreland, Mallee and Central Highlands
- Delivery of specialist family violence services through the Orange Door in the North East Melbourne Area and now Central Highlands
- The Family Violence Child Protection Partnership in northern Melbourne
- Membership of the Family Violence Risk Assessment and Management Panels (RAMPs) in Hume Moreland, North East Melbourne, and Central Highlands
- The Northern Region Multi Agency Triage – which delivers a collaborative approach with Child Protection and Child FIRST to assess risk to victim survivors and determine an appropriate service

response, underpinned by the evidence-informed Safe and Together™ Model which helps ensure perpetrators are held accountable

Nevertheless there are critical reforms to the family violence response that still need to occur or require more action.

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

Family violence is still destroying too many families and communities and having devastating impacts on too many infants, children and young people. There continues to be investment gaps and areas in need of reform, especially to –

- Invest in a strong families-focused targeted early intervention approach
- address the impact of family violence on infants and children,
- ensure victim survivors of family violence have a safe home
- strengthen the MARAM and family violence information-sharing systems to ensure the voices of children and young people are heard.

Recommendation 1 – Invest at least \$180 million each year evidence-informed targeted family-focused early intervention that supports families to stay safely together and recover from family violence

Recommendation 39 of the Royal Commission provided that the Victorian Government, on the basis of demand forecasting, should provide sufficient funds to specialist family violence services and Integrated Family Services to allow them to support people referred by a Support and Safety Hub (the Orange Door), maintain their safety and help them until their situation has stabilised and they have the support necessary to rebuild and recover from family violence.

Despite significant investment in family violence and child protection services over the 4 years since the Royal Commission there remains gaps in investment in evidence-informed intensive early intervention services that help families recover from family violence.

The number of children being removed from their families in Victoria is the worst in Australia and is growing. In 2018-19, entries to out-of-home care rose by 8.8 per cent to 4,543 up from 4,179 in 2017-18, and double that of NSW (ABS, 2020). Family violence continues to be one of a combination of factors that drive family separation and children entering care as a result of harm.

Intensive and practical family work is often required to preserve family relationships between the victim survivor parent and the children who are also victim survivors of family violence or to reunify the family quickly following separation.

Economic modelling undertaken in 2019 by Social Ventures Australia found that long-term investment in targeted early intervention to prevent children entering the out-of-home care system in Victoria would deliver net savings of \$1.6 billion over ten years and prevent 12,000 children from entering out of home care over 10 years.

Recommendation 2 – Grow investment in evidence-informed therapeutic family violence responses for infants and children, such as the Restoring Childhood service

Recommendation 23 of the Royal Commission provided that the Victorian Government give priority to funding therapeutic interventions and counselling— including age-appropriate group work—for children and young people who are victims of family violence. While the government has invested in Therapeutic

Family Violence Services the investment in therapeutic services for infants and children is still inadequate to meet express demand.

The number of family violence incidents reported to police continue to grow and children continue to be present at nearly one-third of these incidents. Notwithstanding, there continues to be a lack of focus on the impact of family violence on children in the absence of visible injuries, resulting in the trauma and mental health impact of the violence on children being left unaddressed until it manifests much later.

Berry Street's Restoring Childhood service is unique in delivering evidence-based and evidence-informed interventions that focus on trauma and attachment issues between parents and their infants and children. The model of care provides: (i) specialist assessment of family violence risk, identification of children's and parental therapeutic readiness, (ii) a brief parent-child therapeutic intervention consisting of 4 sessions to strengthen parents' skills and capacity to recognise and respond to their children's emotional and traumatic experiences, (iii) longer-term parent-child psychotherapy for parents and children with complex trauma, and (iv) referral to case management and other care options. Through interventions such as Child-Parent Psychotherapy (CPP) and Eye Movement Desensitization Reprocessing (EMDR) Therapy, the service has been able to intervene early in childhood to address childhood trauma as a result of family violence.

Currently, Restoring Childhood is only available in North East Melbourne, Hume Moreland, Central Highlands and Mallee. Since commencing as part of the Therapeutic Family Violence Services in January 2020 (Restoring Childhood was previously delivered as part of two demonstration projects), demand has quickly outstripped demand, even in the face of the COVID-19 pandemic leading to many infants and children being 'hidden' from view.

Recommendation 3 – Improve the MARAM and specialist family violence practice frameworks to give infants, children and young people a clear voice in risk assessment, safety planning and service delivery

Presently, there is a lack of clear direction in the MARAM framework on the 'how to' of including children/young people's voices in risk assessment and safety planning. This lack of attention to the needs of children and young people impacts the identification and delivery of service responses that meet their needs as individuals. There is also an absence of clear direction on particular ways to engage and assess very young children. As a result, children and young people are lost from view and not recognised as victim survivors of family violence in their own right.

Berry Street's Y-Change lived-experience consultants have, based on their personal experiences, emphasised the imperative for capturing the voice of children and young people as victim survivors of family violence. Our Restoring Childhood program has also sought to address this issue by undertaking a comprehensive assessment that captures information from a variety of sources, including the child, to identify the child's strengths, story and needs independent of the adult victim survivor (the child's parent/carer).

Recommendation 4 – The Victorian Government take a strong lead, and invest in supporting agencies, to integrate new information sharing and MARAM requirements and reporting changes across multiple information and reporting systems

Many large community services providers, delivering services across multiple service portfolios, have invested in sector Client Management Systems (CMS) that bring together client information management to allow data management across government services. This has been necessary in the absence of Government investing in client systems / platforms and helps drive efficiencies, minimise regulatory burden and allow practitioners to focus on direct service delivery.

There's an increasing gap between the complex client information management requirements and the capabilities of sector CMSs, and often have competing workflows, needs and logic. The challenges this raises have been exposed through the MARAM and family violence information sharing requirements. For example, there are numerous C&FS, Child Protection and OOHC information and reporting obligations that DHHS have yet to integrate with MARAM, that cascade and impact providers.

In any event, configuration changes for new information requirements and data collection is costly, time consuming and in some cases not able to be configured, sequenced and/or shared due to legacy CMS architecture or configuration. This has resulted in significant work arounds being required, increasing regulatory burden and working against the increasing service focus on joined up systems.

Recommendation 5 – Invest in an additional 50,000 social and public housing units over the next 20 years to assist in removing current blockages in refuge, crisis and transitional accommodation.

Recommendation 18 provided that the Victorian Government give priority to removing current blockages in refuge and crisis accommodation and transitional housing, so that victims of family violence can gain stable housing as quickly as possible.

Victoria's pool of 80,501 social housing properties (ABS 2019) is grossly inadequate to meet demand resulting in many of the most vulnerable victim survivors becoming homeless – or worse, remaining in a violence home. Victoria has the lowest ratio of households in social housing in Australia. In 2015-16, just 2.7 per cent of households in Victoria resided in public or community housing compared to an Australian average of 4.1 per cent of households (ABS, 2019b, tables GA.16 and GA.17).

Research conducted on behalf of the Family Violence Housing Assistance Implementation Taskforce (FVHAIT) found that 1,700 additional social housing units are required each year just to maintain a 3.5 per cent share of the housing market over the next 20 years (Yates, 2017). This analysis only focused on maintaining the existing share of the housing market and is now dated. Far more than the estimated 1,700 social housing units each year are now required.

In the absence of an adequate supply of social and affordable housing, Victoria continues to over rely on motels and rooming houses – often unsuitable and inadequate – spending around \$10 million per year. This is often the only option to accommodate families and victim survivors of family violence and is largely disconnected from support. Safe Steps has reported they arrange accommodation for around 60 women and 55 children each night in motels and community crisis accommodation as a result of family violence (Safe Steps, 2020).

New Zealand has recently committed to reducing use of emergency motel accommodation in order to focus attention on growing social and affordable housing (NZ HUD, 2020). Similar indicators that focus attention on stable housing supply and other appropriate options need to be considered in Victoria.

Impact of the COVID-19 pandemic

The COVID-19 pandemic has had a significant impact on the Victorian community – individually, socially, and economically. Much of the real social and economic impact of the COVID-19 pandemic is still months or years away from being experienced and predictions are the economic and social costs will be significant.

In line with the Monash University survey of 166 Victorian family violence practitioners, Berry Street's family violence services have observed an increase in the frequency and severity of family violence, and an increase in 'first-time family violence' reporting by victim survivors. COVID-19 has created a new threat

exploited by perpetrators to exercise control and coerce victim survivors. Stay at home directions have also created a more intense environment in which:

- victim survivors have less opportunities to access family violence supports.
- victim survivors have often lost avenues to manage or get respite from violence in the home (such as the respite that comes with going to work).
- children have more opportunity to witness or experience violence in the home.

The integrated family violence system has struggled to adapt adequately in response. For a system that has worked hard to develop integrated responses to family violence over the last 10 years, the component part of the integrated family violence response – including courts, justice, child protection, specialist family violence services, refuge and homelessness service – have adapted to the current public health crisis in a siloed manner. The result has been a compounding and adverse impact on families experiencing family violence. In particular –

- the significant reduction of face to face service delivery across most health, education and community services has adversely impacted the ability to identify family violence early
- the significant reduction of face to face service delivery across specialist family violence services and men's behaviour change has also had a significant and adverse impact on effectiveness of engagement and response.
- Access to court and justice responses have reduced as courts have grappled with moving to an online environment.
- significant reduction in face to face contact by Child Protection has also resulted in cessation of face to face contact visits with victim survivor's children in care and present new barriers for victim survivors working toward reunification with children in care.

The following two case studies highlight the challenges that have emerged as various systems have grappled with responding safely to the COVID-19 pandemic. The case studies highlight that the impact is most acutely felt by the victim survivors – families and children – who should be at the centre of the family violence response.

Alesha's story

Alesha is a young woman in her mid-20's who has experienced significant family violence Adnan, the father of her two young children. There is an Interim Accommodation Order for the children to reside with the paternal grandparents due to concerns about the continued family violence perpetrated by the children's father towards Alesha. Notwithstanding, the Interim Accommodation Order allows for Adnan to reside in the paternal grandparent's home with the children after he was bailed for family violence to that residence. The paternal grandparents supervise his time with the children.

Contact arrangements between Alesha and her children has been changed several times due to Adnan's persistent stalking behaviour, including using knowledge of the contact arrangement to stalk Alesha and obtain her address. Prior to the COVID-19 pandemic, Child Protection moved supervised access to a Child Protection office, which was already some distance from Alesha's home and was often cancelled due to no availability of Child Protection staff to supervise the contact.

When Child Protection ceased to supervise face to face contacts due to COVID 19, Alesha was left without any contact with her children at all for over two weeks, before Child Protection facilitated multiple one minute or less phone videos of the children recorded by the paternal grandparents, emailed to Child Protection who then sent the videos to the Alesha.

Contact is now being facilitated through a three-way Skype call between Child Protection, the children (facilitated by the paternal grandparents) and Alesha, on most days for around 30 minutes. However, Alesha reports the arrangement is significantly impacting the quality of her time with her children and is impacting progress toward reunification – the interaction is more difficult, she's concerned the perpetrator is monitoring the contact in the paternal grandparents home, and there is no indication when face to face contact will resume.

COVID 19 has also impacted the Children's Court proceedings, Alesha was not able to attend the most recent hearing and the matter adjourned for a further 12 weeks, which will have a significant impact on the reunification process for Alesha and the children.

Sobhana's story

Sobhana and Aarav's children are in Aravav's custody, despite Child Protection having substantiated that the three children (aged 16, 8 and 4 years) were witnesses to Aarav's violence against Sobhana for many years before she left. Child Protection left the children in Aravav's care after concerns that the two older children will perpetrate violence against Sobhana as a result of Aarav's coercive control of their children.

Since March 2020 Aarav has prevented Sobhana from having access with their youngest daughter despite an interim family law court order. Aarav has accused Sobhana of being infected by COVID-19, alleged she is living with 5 other people (which she is not) and Aarav has stopped taking Mahi to childcare to prevent change over.

As a result. Sobhana is having unpredictable and intermittent contact with the children by phone when Aarav permits it. Due to the impact of COVID-19 on the family law court system a return date is yet to be set, Sobhana is unlikely to have contact with the children until after the next hearing which is still yet to be scheduled as a result of the continued COVID-19 restrictions. Given Aarav's history of having used coercive control over the older children, the barriers to Sobhana's access to her youngest children is particularly concerning.