

Response to the Family Violence Reform Implementation Monitor's Call for Submissions: Monitoring the Family Violence Reforms – July 2020

Submission #098 – Organisation – Annie North Inc

Q1. 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?

'Core and cluster' Secure Women's Refuge Facilities.

Annie North Inc. was one of the refuge providers which was funded by the Victorian government to purpose build a new 'core and cluster' Secure Women's Refuge Facility. Mid-build the Royal Commission recommended that 24 hour 'core and cluster' Secure Women's Refuge Facilities be built across the state. We were allocated additional funds to become 24 hour, which meant the incorporation of a bedroom and ensuite for overnight staff. We have a fantastic facility and one of the best things was the recommendation to build 'core and cluster' refuges across the state as they enhance dignity, hope and empowerment for the women and children affected. However, since ours was built, we still have some unfinished work where the architect and builder botched our one-way observational window. Due to poor project management by DHHS this fault has never been rectified and remains not fit for purpose. After completion, we also found that the disability access was through the back storeroom that is also against good practice.

After our build, DHHS began to develop minimum standards for these new core and cluster women's refuges, they were agreed by our sector but never adopted by government. Consequently, the new 'core and cluster' refuges have major faults in them that will form barriers to good outcomes because there were no standards, and because DHHS did not consult properly with the refuge providers they were building for. The current refuges being built have elements that are not fit for purpose to providing good amenity for women and children in crisis. The introduction of the new 'core and cluster' refuges is an excellent decision, but their full potential is now hindered by shortcuts and lack of consultation and communication by DHHS with the service providers. DVVic is preparing a paper on the faults and problems.

MARAM

Some of the major changes include changes to risk assessment process, for example the use of the MARAM. Workers at Annie North now use the MARAM framework and associated tools when assessing risk, which is more detailed than the previous CRAF and takes into account intersectionality when assessing risk.

Information Sharing.

This in our view is the jewel in the crown of the Royal Commission Recommendations.

There have been substantial changes to information sharing process around family violence and risk to children. There are now official channels to seek relevant information to assist in assessing and managing risk and organisations and professionals are more likely to share information.

The information sharing schemes and implementation of MARAM has been a huge shift in the practice of many different types of agencies in the human services sector. It has allowed more professionals to gain knowledge and skill in identifying and responding to family violence and created a shared language around family violence risk, safety and perpetrator accountability. This has led to more effective case coordination in our region, where family violence specialist workers are able to lead a coordinated response to women and children's safety. Specifically at Annie North refuge, our client services staff have significantly increased coordinated interventions for women

and children residing at our Core and Cluster facility, linking them with local supports that enhance their safety and wellbeing.

Case Study 1.

A woman and children residing in refuge are fearful of former partner/father and unsure of his whereabouts, what he is thinking and his intentions to look for them and harm them. The perpetrator's IVO conditions state he must reside with his parents in a regional city and not leave that city. That regional city is an hour and a half away from the refuge. The case manager contacts Victoria Police requesting information. Police then visit the perpetrator's parents address and engage in a conversation with the perpetrator. Police advise the woman's (victim/survivor's) case manager the man is where he is court ordered to be, that there is no evidence that he has left that city at any time, and they are comfortable he will remain there. They report that he is remorseful, intends to obey the court order and accepts that he has done the wrong thing and that his family has left him. The woman and children feel safe to have a day out in another regional city in a different direction, knowing the perpetrator is not watching or following them. The woman expresses that she can now plan for the future of herself and her children. The woman also expressed that she felt safer knowing that the safety of her and her children was taken seriously by the different organisations collaborating and sharing information aimed to keep them safe and hold him accountable. She said that that was really empowering to know that the system was working together for her and her children.

Strengthening mental health and AOD support.

The establishment of specialist Family Violence advisors in Mental Health and AOD (Alcohol and Other Drugs) agencies has also led to increased knowledge and cooperation of these professionals with specialist Family Violence services.

In this way, the Family Violence service system has been enlarged and strengthened, with more players involved. The changes also highlight the specialist skills and knowledge of dedicated Family Violence workers who have been allowed to share their expertise with other professionals in a way that is more accepted and welcomed by other sectors than ever before.

RAMP

The implementation of RAMP has been a major change and specifically for practitioners working with women and children at the highest level of risk, has provided a much-needed avenue for perpetrator monitoring and accountability. The strict confidentiality of the RAMP also provides an important method of intervention when women who are at immediate risk of harm are not engaging with support services or able to take measures to enhance their own safety.

Case Study 2.

The example of a woman with an ABI (Acquired Brain Injury) comes to mind, where a RAMP referral without consent was put in place. This was due to the victim survivor having intermittent contact with services only at the point of serious harm when she was in crisis and a pattern of her then disclosing to the perpetrator whenever police were about to arrest him. RAMP was able to ensure the perpetrator was located and subsequently incarcerated for other charges related to traffic and drug offences rather than family violence charges that relied on the woman's cooperation with police. This woman was then able to engage more freely with the specialist Family Violence system enabling her to relocate and receive support.

Case Study 3.

Another example involved a perpetrator who was consistently breaching a Family Violence Intervention Order from prison and was able to have his sentence lengthened due to the information sharing and creativity of the RAMP members. Additionally the binding nature of their action plans ensures that required tasks are completed. This allowed time for the victim survivor to safely give birth to her child who was the subject of very serious threats, and for her teenage son to

receive intensive, targeted support without the interference of his father who was behind bars.

Enhancing Pathways to Family Violence Work.

Another change that is impacting on the service system is the commitment to increase the number of students and new workers trained in Family Violence. Annie North has had the opportunity to host a greatly increased number of students in the past two years. This has meant that students graduating from a range of courses with a basic knowledge and exposure to the family violence service system.

Q2. How has the experience of accessing services and support changed since the Royal Commission for victim survivors, including children, and perpetrators of family violence?

One of the biggest changes is being able to access information about perpetrators or children at risk far quicker and easier improving the ability to assess and manage risk. Another is the response from professionals regarding family violence indicating increased knowledge and a shift in attitudes. Case Studies above.

Q3. What are the most critical changes to the family violence service system that still need to occur?

While we have made progress in our family violence reforms, a huge amount of reform is still needed. We still work in what is often a very fragmented, constrained and massively under-resourced system. We still see mothers blamed for their children being exposed to violence instead of holding the perpetrator properly accountable. Perpetrators are still allowed to conduct horrific violence and continually breach IVO's with often very little response from the justice system.

One major concern that we have as professionals is the intersection between the Family Court and the family violence system. The Family Court itself recognises that is not designed or equipped to evaluate or address risk. However, the interactions between the family violence service and the Family Court are at the best strained and at times actively work against each other.

We have seen recommendations made by Family consultants appointed by the court that suggest a women should attend family counselling with the perpetrator, with rare allowances that this should be delayed, for example, until his court case for raping her had concluded.

Another case involved a mother desperately worried about her son, who the father was using to continue to perpetrator ongoing violence. He kept turning up with the child at her house in breach of the IVO with the child, or telling the child to ask Mum to drop the IVO and proceedings. When family violence workers attempted to advocate on behalf of mother and child they were often told to leave it to the Family Court or told it was common for these sort of allegations to be brought up in a Family Court matter.

We still need improvements to the way that Child Protection and Family Courts interact with women and children who have experienced family violence.

We need upgrades to the safety of regional Magistrates courts.

We need tougher sentencing for high risk perpetrators and persistent breaches of Family Violence Intervention Orders, more in line with community expectations and to create a stronger deterrent and support the work of Victorian Police. Perpetrators should not be let out of remand because of COVID-19.

Case Study 4.

We are aware of a case this week where a perpetrator has been in remand for 12 months on a

\$200,000 bond he couldn't afford to pay. He has not had a trial. The victim-survivor's solicitor advised her that he was released. She immediately sought help from the specialist family violence sector after he contacted her on google hangout despite an IVO ordering that he could not contact her. Local police when contacted said this was happening all of the time and they didn't have the resources to track down victim/survivors to let them know. The same police officer said he didn't think she would be at risk. A nearby police station was contacted (DV Unit) who took the risk very seriously and proceeded to gather evidence regarding his contact via google hangout to start proceedings to charge him with breaching the IVO.

DHHS and Family Safety Victoria still do not understand what refuges do. For example, they do not understand that refuges provide intensive case management to complex high risk families. FSV originally left refuges out of scope in the recent review of case management. The Victorian government announced a COVID-19 funding package which included increased funding for case management due to the expected increase in demand. Initially refuges were told they were in scope to get this funding but no refuge received any of this new case management money. The increased case management money only went to the domestic violence outreach services that receive the L17 forms from police.

Refuges should be adequately funded to become a sustainable high functioning model of response. DHHS still funds refuges assuming that the only staff we need to employ are social workers to work with clients. We need funding to appropriately employ and remunerate a CEO, finance staff, client services, HR and operations managers, team leaders, therapeutic staff, mental health workers, alcohol and other drugs workers, tutors for children who can't attend school due to risk, quality improvement coordinators, communications and marketing people and grant writers as government funding is shrinking.

Q4. Are there any parts of the family violence reforms that have not yet progressed enough and require more attention?

see above

Plus The Orange Door role out is problematic. We endorse the submission from the Centre for Non Violence which elaborates in this area.

Q5. Are there any improvements that could be made to the implementation approach of the family violence reforms?

see above

Q6. 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?

When COVID-19 first hit, we quickly wrote a pandemic action plan, policies and procedures and undertook a risk assessment and treatment plan. We identified mission critical staff who had to stay on site and moved all other staff home to work remotely. We monitored this very carefully. This did not work well for any stakeholder.

Clients

Clients felt unsupported. As well as dealing with their recent trauma they were experiencing high levels of anxiety and isolation due to the pandemic. Our staff attempted to engage with them via phone or video but comments we heard were:

"I don't want to talk to someone I can't see and I've never met"

"I don't want to talk about my personal stuff over a phone or video".

Clients became hard to engage and monitor. It was even harder to monitor children and high risk infants.

Staff working remotely.

Staff working remotely felt they were not doing anything well. They expressed that they felt they were letting their clients down, that they were letting their on-site co-workers down, and they were letting their children who were at home and their family members down as they were torn between work and family life.

Staff working on site.

Staff working on site felt that staff working from home were unreliable because they also had to juggle children and home schooling. These staff were dealing with too many clients and became exhausted.

Staff from other agencies.

Staff from other agencies ceased face-to-face site visits for our clients. This had detrimental impacts on the clients and on our staff who had to carry the brunt of the case management and therapeutic response rather than sharing this with other agencies. Examples are that the local Indigenous agencies ceased visiting so our Indigenous clients felt unsupported and culturally disconnected. Child Protection ceased face-to-face visits providing support and only intervened for punitive reasons.

We made a decision to return all direct client support staff to work onsite using social distancing and Personal Protective Equipment (PPE). This was achieved at the beginning of June. This has meant that some administration staff cannot work on site, as they had to give up their offices or work stations to allow for social distancing. We need government to resource additional office space and counselling/interview room space so that we can return all staff to work and have more rooms to undertake face to face support.

We introduced Perspex sneeze guards for tables so that staff could meet with clients face to face and this has improved client engagement and well-being. However, we still do not do some things we would have done before. We see clients in our interview and counselling room and on a table outdoors as we can control the environment such as hygiene, social distancing and PPE. We still do not enter motel rooms, client units or transport clients in vehicles due to close contact issues and uncontrolled environments.

We developed an eligibility checklist to identify which clients needed face to face support, and all of the women in the secure women's refuge facility were eligible due to their complex needs, recent trauma and deteriorating mental health.

As an organisation much of our work with clients was face to face. We now face day-to-day difficulties in how to support all of our clients in vastly different and limited ways. As stated many clients struggle to talk about their traumatic experiences over the phone and for CALD clients who do not speak English or who have limited English are struggling, as we can no longer attend appointments with them in their homes to provide advocacy and support. Many of these women are in transitional housing waiting on residency status to be granted.

COVID-19 has also dramatically impacted our performance regarding after-hours work. On-call workers have been unable to transport after-hours regional response clients or enter their motel rooms. This has meant many clients have not been provided with the emotional support they really need. Many clients do not like talking over the phone to the after-hours worker. It cannot replace the time spent informally chatting in the car whilst driving or in the motel about their experience that is vital for processing the traumatic event which has just taken place. Dropping essential material aid off at a motel, after an Uber or cab has driven a family there, is not the same as a professional family violence worker picking them up at the police station and driving them to the motel or refuge and settling them into the motel with discussions about what will happen the next day. It is just not the same over the phone for these women.

COVID-19 has also impacted on the ways children are supported. Informally playing in the playground, doing some gardening, doing art or playing with toys with them in their unit provides an informal way to hearing more about their experiences and safety planning with them. Children will not tell you about their experiences in a formal way over the phone.

COVID-19 has effected women who are involved with Child Protection. Two clients asked for assistance from Annie North because Child Protection was asking them to leave their perpetrators and reduce drug intake so that they could have access with their children. Due to COVID-19, Child Protection then halted all supervised access with their children for these particular clients for up to twelve weeks. The clients both chose to disengage with Family Violence support, feeling like there was no motivation to continue with their support, because seeing their children was no longer an option for at least 12 weeks. They both returned to the perpetrators and began to use drugs again as they were extremely lonely and felt unsupported. One client was scheduled for art therapy and group sessions etc. that were then suspended due to the introduction of working remotely.

Q7. Has the COVID-19 pandemic highlighted any strengths or weaknesses in the family violence service system?

Family Violence support is better undertaken by specialist family violence services and face-to-face. Other services stopped doing face to face leaving the brunt of the emotional and other support to the family violence sector to provide. Indigenous women became more isolated and culturally disconnected. Police showed good initiative with Operation Ribbon.
Also see above.

Q8. Are there any changes resulting from the COVID-19 pandemic that you think should be continued?

No answer

Q9. The Monitor invites you to make any final general comments around the family violence service system reform.

The role of the Independent Monitor should continue.

There is little acknowledgement that the family violence sector focuses on both women and on children.

Refuge staffing should be strengthened as stated earlier.

Family Safety Victoria and DHHS do not respect the experience and knowledge of the specialist family violence sector.

Government must make it clear in its messaging that specialist family violence workers are essential workers and that their children must be allowed to go to school. Some schools have allowed this but others are reluctant to see the women's refuge staff are Essential Workers.

Victoria lacks affordable social housing.

Recognise the primary prevention work that specialist family violence services undertake in their local communities.