EACH Submission
Monitoring the Family Violence Reforms
Family Violence Reform Implementation Monitor

July 2020

We would like to thank you for the opportunity to provide the following submission towards the Family Violence Reform Implementation Monitor annual report to Parliament. EACH is heartened to provide input into a review of changes in the service system since the Royal Commission and to consider what changes are still required.

As a community health organisation, EACH provides an integrated range of counselling, health, disability and mental health services for children, young people, adults and older adults across Australia. Our services are underpinned by the social model of health and, as such, we recognise that health and wellbeing is significantly and negatively impacted by factors such as intergenerational disadvantage, unemployment, homelessness, financial difficulties, significant life transitions, social exclusion and addiction. We offer a wide range of supports to assist members of our community to lead happier and healthier lives. By understanding and addressing intersectional issues and the resultant compounded risk and amplified service barriers, we more effectively work towards building inclusive communities free from violence.

EACH has numerous MARAM prescribed services including specialist family violence, integrated family services, victim's assistance program, alcohol and other drugs (AOD), financial counselling and homelessness. Phase 2 services will include community health and early childhood. EACH also has a strong focus on promoting population health including an emphasis in our prevention work on promoting gender equity as part of addressing the gendered drivers of violence against women.

EACH has selected seven aspects to highlight for consideration: Access to counselling; Collaborative practice; Lived experience; Cultural safety; MARAM Implementation; Prevention/Education; and COVID-19.

Access to Counselling

The Victorian Government's commitment to accessible and timely individual and group-based counselling is evident, driven by Recommendation 104. EACH has been engaged in partnerships since inception of the therapeutic counselling pilots and continues to provide services across two metropolitan regions in Pathways to Resilience programs to support long term recovery so people are able to rebuild their lives and thrive. Notably the funding has provided access to a more diverse group of people experiencing family violence, including children and young people, and people from LGBTIQ communities who have previously had difficulty accessing therapeutic supports.

The funding provided, however, does not meet the exponential demand. EACH has continued to receive increased referrals from specialist family violence agencies, MARAM prescribed services, broad internal and external services and self-referrals resulting in delays in accessing services. Additional resourcing is also required for the ongoing risk assessment of clients on waitlists to monitor any escalation of violence, including the independent and collective risk posed to children and young people, which further compounds pressure on caseloads and waitlists.

EACH manages demand by providing family violence counselling through other funding models, including community health. This displaces and masks the actual resources dedicated to family violence counselling. Practitioners who were employed as generalist counsellors are required to

rapidly acquire specialist family violence skills, initially out of scope of their roles. Risk of vicarious trauma is increased for those staff where caseloads are not able to be managed adequately given the increasing complexity of cases. In addition, access to community health counselling for people presenting with issues including anxiety, stress and grief, are forced to wait for prolonged periods due to the lower priority and risk.

It is recommended that ongoing and increased therapeutic family violence funding is critical to redress the current imbalance.

Collaborative Practice

Reforms have centralised family violence as a co-occurring need for many clients who intersect across multiple non-specialist family violence service types. The MARAM framework clearly stipulates the need for collaborative practice and is necessary across a wide service sector context to adequately assess and manage risk. Secondary consultations are expected across workforces and particularly pertinent for non-specialists during both initial and ongoing risk assessment.

This change in practice has however significantly increased demand for consultations from specialists. With internal specialist family violence resourcing inadequate to meet requests, workers are advised to seek this support from the regional specialist family violence agencies. To illustrate the increased demand and necessary shift from internal to external consultations, in one region secondary consultation requests from EACH to the regional specialist agency increased from 30 during the 2018/2019 financial year, to over 130 requests in the 2019/2020 financial year. This five-fold increase evidences the urgency for sustainable funding to specifically respond to secondary consultations for all organisations providing family violence services.

EACH auspice two specialist AOD family violence advisors who promote collaborative practice and shared casework as per Recommendation 98 and 99. These roles have provided significant capacity building across the workforce. EACH contends the regional DHHS Area Based Implementation Committee (ABIC) structures supporting the roles could be more adequately informed and resourced, as part of an intentional regional 'authorising' governance body, with feedback loops to DHHS and Family Safety Victoria (FSV). Working closely with the Principle Strategic Advisors (PSA), this would assist in guiding and supporting operational programs to progress the reform agenda.

It is recommended that ongoing funding be allocated to all family violence services to resource secondary consultation demand. In addition, to review the ABIC structure and interaction with governance and operational structures.

Lived Experience

We acknowledge and support the commitment of the Victorian Government to ensure voices of victims are heard (Recommendation 201), implemented through the Victim Survivors' Advisory Council.

It is recommended that the voices of those with lived experience be further strengthened by embedding their contribution at all levels of the family violence system and supporting this through ongoing funding.

EACH has built peer workers into the service design of a therapeutic family violence counselling partnership, with a particular focus on youth. The importance of having workers who have the qualification of lived experience of family violence and recovery cannot be underestimated.

EACH firmly believe this part of the workforce requires better recognition and integration more broadly across all components of the system. Moreover, linked to Industry Planning, they also need better access to equitable remuneration, targeted training and development opportunities to enable them to fully engage with improved career pathways and opportunities within the sector.

CASE STUDY: *Names have been changed to protect the identity of all persons.

*Lisa self-referred and presented to the service experiencing anxiety and post-traumatic stress disorder (PTSD). Lisa had experienced two abusive relationships in the past, most recently with ex-partner *David. She lives in rented accommodation with her daughter *Ella (7), who is receiving support through a partner agency. Lisa is on medication and receives psychiatric support. She is involved in several court proceedings. Lisa holds concerns regarding David protecting Ella's wellbeing whilst in his care.

Upon initial engagement Lisa chose to receive peer support stating, *"I just want someone to get me, how my ex manipulates and the things he does"*. The worker provided weekly support, with additional contact provided during crisis periods. Rapport was established rapidly through genuine empathy and an understanding of shared experience. The worker actively listened, emphasised self-care, assisted with regulation and used evidence and strengths-based approaches resulting in Lisa feeling more confident and capable. Lisa reported the support she received from peer support was positively different from other support she had received previously. Being supported by someone with lived experience augmented other available supports and provided a 'base' whilst engaging with a complex system.

Cultural Safety

EACH's Aboriginal Health team, Ngarrang Gulinj al Boordup, have noted gaps and issues regarding cultural responsiveness during MARAM assessment processes. These may initiate from inadequate rapport and, when compounded by fractured implementation, result in inadequate expertise. It is acknowledged cultural safety and intersectionality is already emphasised in MARAM practice guidance, however, may not be sufficiently embedded across all services.

EACH urges consideration for funding for family violence workers to co-locate within Aboriginal Health teams, or family violence specialists having secondments to and/or working closely with Aboriginal Health teams. This would conjointly build the Aboriginal Health teams' capacity in MARAM familiarity and practice, while developing the confidence of the family violence practitioners in cultural safety and embedding safe practice into their assessments.

Further, access to secondary consultations with Specialist Aboriginal Family Violence workers should not only be emphasised and valued, but there must also be capacity and adequate resourcing within those services.

CASE STUDY: *Names have been changed to protect the identity of all persons.

*Judy is an Aboriginal woman who is experiencing family violence and has been receiving support from the EACH Aboriginal Health Team. Her situation and risk level make it crucial for her to access alternative housing urgently. She is accompanied by her worker for a MARAM assessment as part of the pathway to receive family violence housing. During the assessment some of what the practitioner said seemed to query her personal circumstances, and due to the way questions were posed, caused Judy to doubt the way she was keeping herself safe and did not respect her agency. As a result, Judy was uncomfortable and wanted to leave the room, however she was encouraged to

remain and complete the assessment due to the pressing housing need. Judy did not feel safe during the assessment but did not believe she was able to withdraw.

MARAM Implementation

The poorly coordinated release of MARAM practice guidance, tools and training has resulted in confusion and significantly impeded alignment. For example, the tools were released prior to the practice guidance, and Collaborative Practice training has been released before Screening training. Some practice guidance regarding working with perpetrators has been released without the launch of specific and targeted tools and related practice guidance. The safety of those at risk of or experiencing family violence is jeopardised in the absence of logical sequencing.

The quality of the practice guidance and tools has been impressive, however clear direction has not been provided regarding practice-based workforce development strategies to support the change process to ensure increased capability and capacity across multiple sectors. Additionally, the volume of materials is overwhelming and requires significant resourcing to distil hundreds of pages of practice guidance into practical and effective resources for practitioners who have limited time to digest pertinent information. EACH participated in the recent pilot of the MARAM Embedding Guide and affirmed the effectiveness of resources and welcomed the release of a raft of helpful tools. The belated development and launch, however, resulted in Phase 1 alignment needing review and re-design.

Certain sectors, such as the AOD sector, are developing updated Intake and Assessment tools aligned to MARAM. EACH has developed organisation-wide policies, procedures and related resources aligned to MARAM, however once these sector specific tools are released existing procedures will require revision and existing tools will be redundant. This is both inefficient and confusing. EACH recommends the sector receive training once the AOD tools are released to minimise change-fatigue and disruption to practitioners.

Access to MARAM training, particularly for non-specialists, has been lacking. Training has been over-subscribed resulting in a small portion of the workforce gaining access. Further, some training has been dependent on funders resulting in certain prescribed services being prevented from attending, evident in the recent release of Brief/Intermediate training. This prohibits planned and coordinated alignment within organisations as it is problematic to embed tools within prescribed services without a shared knowledge and capability amongst workers. Implementation plans are delayed whilst waiting for training to be released and available to all workers, making timeframes uncertain and progress unpredictable. Any worker readiness for change is also hampered by subsequent delays in operationalising the framework.

EACH recommends the coordination and sequencing of practice guidance and tools is reviewed. In addition, MARAM training is scaled significantly to meet demand and is provided across all prescribed services in an equitable manner.

Prevention / Education

EACH commends the work by the Victorian State Government across the different recommendations relevant to prevention and chooses to focus here on the progress and implementation of Respectful Relationships. This program (Recommendation 189) makes clear that prevention is not only a vital component of the work to eliminate family violence, but that significant impacts can be achieved within a short period when it is evidence-based and conducted within collaborative partnerships. These changes include cultural shifts towards a focus on noticing and addressing gender inequality and normalising expectations across school communities.

EACH has been a key partner in implementing Respectful Relationships in the Outer East, particularly through our role as one of around 30 partners in the Together for Equality and Respect (TFER), the Outer Eastern Regional Partnership for prevention of violence against women. Transformative systems change, outweighing the level of resourcing within the program itself, has been achieved across several areas. For example, becoming critical friends to support 108 participating schools to undertake whole of school systems, culture and curriculum change to reinforce gender equality/respectful relationships across all parts of their educational focus. Also co-facilitating with educators Bystander Education training as an added dimension to Respectful Relationships work. Further, supporting the Student Voice project to engage students as activists, passionate partners and supporters of change within the schools as part of prevention of violence against women.

While important Prevention work is being progressed, a vital part of the prevention is having a long-term focus. Understanding that transformative change can occur within periods of even 5-6 years, to sustain the level of change and drive down rates of family violence the focus must be protracted. Currently Respectful Relationships is only funded until September 2020. While it may then be extended, it is difficult to work with schools/partners when the long-term focus is not a clear commitment. This prevention work is crucial within the broader vision of the Royal Commission's recommendations. Recognising the many competing demands within schools, true cultural, environmental and structural change requires intensive support. EACH urges the government to demonstrate a long-term commitment to this work through funding being extended beyond 2020.

A further imperative for effective prevention is to make it simpler for schools to commit to and progress the Respectful Relationships Program. One way to achieve this is to integrate Respectful Relationships at each Region with existing health and wellbeing programs. EACH Health Promotion has had enormous success in promoting Respectful Relationships within the Achievement Program work already occurring within schools and early years in the Outer East. Having these links across all health and wellbeing programs offered by the Department of Education and Training (DET) would support more schools' involvement. Examples include the Achievement Program, Positive Education and School Wide Positive Behaviour Program.

Strengthening integration across prevention and intervention in schools would enhance the work of Respectful Relationships. Currently family violence support pathways are integrated into the model of Respectful Relationships with training, linking and support within schools to ensure robust processes for responding to disclosures. A recent trial in the Outer East has identified enormous impacts for Respectful Relationships schools through the school's capacity to identify and respond to families experiencing family violence. The value of this work for the 8 pilot schools demonstrates the potential for Respectful Relationships as a basis for not only prevention, but also contributing to effective and broader service responses to meet community needs.

It is recommended Respectful Relationships funding is extended and integrated into existing programs to increase the reach of the program. Further, based on early results, scale up the trial to other schools involved in Respectful Relationships to leverage a broader community impact on family violence.

CASE STUDY:

A school involved in a recent round of Respectful Relationships and involved in the partnership collaboration with TFER Partners reported they have seen cultural change realised after 2 years. Challenges in the early stages included resistance from teachers, families and even students who struggled to understand the 'why' and reacted negatively to a misunderstood focus. Following the program with full fidelity was key to achieving change. An early stage in this work was training for all staff. It also involved delivery of 'Resilience, rights and respectful relationships' (RRRR) curriculum in its full program across nearly all year levels, which is not mandated but highly recommended. This intensive curriculum focus reinforced other changes including those resulting from policy review. After two years the school reported the program is not merely accepted but indeed an expected part

of the school's ongoing commitment. They report the change to have been transformative for the school's culture.

COVID-19

EACH Family Violence Counsellors have provided telehealth services throughout the COVID-19 pandemic. This has provided an unexpected opportunity to overcome certain barriers to access. Cancellations significantly decreased, further evidencing the benefits.

Services were provided to clients across a broader geographical area removing travel as an obstacle. The reduced travel time resulted in clients having additional resources to manage some of the ongoing impacts of family violence including health and legal appointments, court attendances and managing children's commitments as a sole parent. Further, clients reported experiencing increased safety as the risk of being followed to the appointment by the person using family violence was eliminated. In addition, clients who were engaged in the workforce during this precarious period, expressed concern that if they took leave to attend appointments their positions were vulnerable which may result in escalating violence. Instead, clients were able to access telehealth services during lunch breaks.

Telehealth services were particularly beneficial for parents. Previously, clients who have young children including pre-school children at home have found it difficult to attend sessions when most family violence services do not provide care for children during appointments. Further, sessions with parents and children addressing attachment issues following family violence trauma, have resulted in improved engagement and outcomes due to clients being more comfortable in their natural environment.

Telehealth services have resulted in more accessible services for clients with disability, or mental health issues such as anxiety, depression or PTSD where presenting issues prevent the client from leaving the home. Some clients with disability rely on their partner who is using violence to assist with transportation which presents a significant barrier to service. Anxiety for some clients has escalated due to COVID-19 and presents a further means in which the person using violence will use coercive control and enforce social isolation by encouraging the women to stay at home. Access to telehealth services for these clients provided support and risk management which would otherwise have been absent.

EACH acknowledges however, that for some clients COVID-19 and the rapid pivot to telehealth services was detrimental. In the brief relief from lockdown, when clients residing with their partner using family violence accessed face-to-face sessions, clients reported their partner had been monitoring their technology use resulting in an inability to seek support safely.

From a service perspective there has been an increased tension between waitlists and closures. Demands on service continue to upsurge. However, when clients disengage without notice, previous closure procedures have appeared inadequate given the 'invisible' increased isolation and escalated risk for many clients. As a result, cases remain open for longer periods while attempting to make contact and ascertain risk levels. In the interim, waitlists increase. EACH has raised this issue with FSV and Regional Family Violence Partnerships, with all stakeholders agreeing this has been apparent, but have been unable to come to a resolution on consistent practice.

It is recommended that this matter be given additional consideration by FSV with a view to the provision of guidelines to address the dilemma.
EACH also recommends telehealth services continue to be offered post-pandemic, as directed by clients, as a stand-alone or hybrid service option.

CASE STUDY: *Names have been changed to protect the identity of all persons.

*Rachel had been married to *Phil for 5 years and they have 3 young children. Following escalating emotional, physical, and financial abuse over a 2-year period, police attended due to physical violence and an IVO was obtained. By this time Phil had registered numerous debts to Rachel. Police intervention resulted in Phil moving from the home, however he also took the family car. He breeched the IVO numerous times and was subsequently held in custody. This occurred when schools were engaged with remote learning and Rachel was supporting two of her children in schooling whilst the youngest child, *Ella, was enrolled in 3-year-old kindergarten. Due to the trauma experienced, Ella presented with challenging behaviours and attachment issues at kindergarten resulting in Ella staying with her siblings at home rather than attending kindergarten. Whilst Rachel initially engaged with face-to-face counselling following the IVO, when COVID-19 occurred, the financial and transport barriers were significant. Rachel articulated she would not have accessed the support she needed without telehealth services. Instead Rachel accessed support from specialist family violence services, financial counselling, therapeutic counselling and trauma support for her children, all via telehealth, enabling her to provide support to her children and continue in her recovery journey.

Summary

The Royal Commission into Family Violence has resulted in significant and important progress in the family violence service system. We have chosen to focus on just 7 key aspects with the following recommendations:

1. **Access to Counselling: It is recommended that ongoing therapeutic family violence funding is maintained and increased in order to address the current necessity many agencies experience of having to diverting counselling resources from other areas of legitimate need (e.g. Community Health Counselling) in order to respond to the escalating demand for family violence counselling.**

2. **Collaborative Practice: It is recommended that ongoing funding be allocated to all family violence services to resource secondary consultation demand. In addition, to review the ABIC structure and interaction with governance and operational structures.**

3. **Lived Experience: It is recommended that the voices of those with lived experience be further strengthened by embedding their contribution at all levels of the family violence system and supporting this through ongoing funding.**

   EACH firmly believe this part of the workforce requires better recognition and integration more broadly across all components of the system. They also need better access to equitable remuneration, targeted training and development opportunities to enable them to fully engage with improved career pathways and opportunities within the sector.

4. **Cultural safety: EACH urges consideration for funding for family violence workers to co-locate within Aboriginal Health teams or family violence specialists having secondments to and/or working closely with Aboriginal Health teams.**

   Further, access to secondary consultations with Specialist Aboriginal Family Violence workers should not only be emphasised and valued, but there must also be capacity and adequate resourcing within those services.

5. **MARAM Implementation: EACH recommends the coordination and sequencing of practice guidance and tools is reviewed. In addition, MARAM training is scaled significantly to meet demand and is provided across all prescribed services in an equitable manner.**

6. **Prevention / Education: It is recommended Respectful Relationships funding is extended and integrated into existing programs to increase the reach of the program. Further, based on positive early trial results in the eastern region, scale up to other schools to leverage broader community impact.**

7. **Impact of COVID19: As varying experiences have been reported for service providers and service users, it is recommended FSV undertake additional research into the impact of COVID19 on family violence services and service access, with a focus on the role of telehealth consultations and risk.**

We look forward to further engagement and contributing to ongoing and evolving implementation of these reforms.

Peter Ruzyla
EACH CEO