Family Violence Reform Implementation Monitor

Organisational submission from Peninsula Health

July 2020

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

- *What are the major changes in the family violence service system since the Royal Commission into Family Violence made its final report and recommendations in 2016?*

There have been many positive changes within the family violence service system since the State Government committed to implementing each of the recommendations made by the Royal Commission into Family Violence. One such improvement is the increased understanding, awareness and targeted response towards people, predominately men, who use violence (referred to as perpetrators in this document). The service system focus that has been given to victim-survivors and their children now includes structures and programs that keep perpetrators in the line of vision. There is greater accountability placed upon perpetrators and programs that support men to engage in services that designed to challenge and change attitudes and behaviours that underpin family violence.

The introduction of the Family Violence Information Sharing Scheme has also played a vital role in enabling services to work together in efforts to increase the safety and wellbeing of victim-survivors and their families. Just as it was intended, we have seen this scheme utilised to bring together crucial segments of relevant information held by services such as mental health, AOD, Corrections, Justice and the family violence sector. This has enabled the formulation of thorough risk management plans, without which it can easily be predicted that lives would have been lost. This Scheme has truly influenced service collaboration and removes barriers to the sharing of important family violence information where permissible under the legislation.

Another significant improvement as a result of the reforms is the increased awareness, shared understanding and response to family violence by the health sector. The Strengthening Hospital Responses to Family Violence initiative has promoted a culture within hospitals and health settings that family violence is everyone's business and is not acceptable in any form. As a result of extensive staff training on the recognition and sensitive enquiry into family violence, we have seen at Peninsula Health an increase in the rate of referrals from frontline health staff to appropriate support services, such as Social Work or the external family violence sector.

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

Within the Bayside Peninsula region, the most significant change for victim survivors and perpetrators accessing services has been the introduction of the Support and Safety Hub (The Orange Door). Referral pathways for professionals have been streamlined, with a responsive service that actively engages with referred clients in a timely manner. As there are response teams for both victim-survivors and perpetrators, a strong overview of both parties is maintained which aides risk assessment and management. The flexibility of the service accepting unannounced walk-in appointments from members of the community, telephone engagement or a written referral from a

professional, gives service users more options in how they choose to engage with the service. The pro-active system that the Men's Team undertakes in contacting Respondents from police L17 reports adds to the accountability and increased visibility of perpetrators.

Efforts from peak bodies, regional integrated partnerships and specialised roles has contributed to capacity building of family violence knowledge and response outside of the sector. Program areas in the fields of Alcohol and Other Drugs, Mental Health, Child and Maternal Health and Housing are an example of the various sectors that has improved their policies, procedures and practices in regard to family violence. Numerous capacity building initiatives and events has led to improved staff understanding and response to the impacts of family violence on their clients. Greater collaboration between services has been noted since the implementation of the Commission's recommendation, which has seen a higher rate of referrals into specialised supports, and hopefully a more cohesive and safe experience for clients who use multiple service systems.

Q. Looking forward- what is still required in the family violence system?

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

Timely access to family violence case management and emergency accommodation remains an area that urgently needs greater resourcing and availability. There have been many improvements in this area since the reforms, yet higher demand has led to longer delays for some victim survivors in accessing specialised case management services. This can lead to greater risk for victim survivors and their children.

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

While family violence literacy and response has improved across many sectors, the recognition and response to elder abuse can be improved. Elder abuse is recognised as a form of family violence, yet more can be done to increase the knowledge base and responses from professionals within the service system.
Progress is being made via specialised pilots and the inclusion of Older People with MARAM, yet this cohort largely remains largely overlooked during family violence training and service planning.
The sector response to perpetrators of elder abuse, in particular adult children, remains under-developed. More could be achieved with pro-active outreach by a service similar to the Men's Team, and greater capacity within the sector to respond and collaborate with appropriate services. There are estimated figures that between 2-14% of older people experience elder abuse in Australia, yet this is an area that not yet have a proportionate service response. The Integrated Model of Care elder abuse pilots have seen good success in raising awareness and understanding of elder abuse as a form of family violence. However these pilots are limited across the State, with more opportunity and potential to be realised by extending these trials.

Q. Impact of the COVID-19 pandemic

- 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?

In regard to family violence, Peninsula Health has seen a significantly higher number of incidences and severity of violence. An audit during the first lockdown period showed an 80% increase in Social Work referrals for family violence within the Emergency Departments and acute hospital wards. Due to physical distancing, assessments of victim survivors and perpetrators often need to be conducted using other methods such as telephone. Group sessions for services such as the Men's Behaviour Change Program have also shifted to a different format due to the pandemic.

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

Service collaboration using teleconferencing has increased sector engagement due to removing the need to travel to different meeting locations. This function, even in a mixed format, should continue beyond the pandemic to promote greater participation from professionals across the region.

Similarly, the way we connect with clients can also be guided by advances made during the pandemic. The use of telehealth and other modes of communication can perhaps continue to remain an option for some service users who prefer this option.