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Submission to:

Family Violence Reforms Implementation consultation

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Contents

Introduction

cohealth welcomes the opportunity to contribute to the Family Violence Reform Implementation Monitor's examination of what has changed since the Royal Commission into Family Violence released its report in 2016, and what remains to be done. The recommendations from the Royal Commission into Family Violence have provided a critical pathway to improving responses to victims of family violence and to working towards the prevention of violence.

cohealth is one of Victoria's largest community health services, operating across nine local government areas in Victoria. Our mission is to improve health and wellbeing for all, and to tackle inequality and inequity in partnership with people and their communities. Our service delivery model prioritises people who experience social disadvantage and are consequently marginalised from mainstream health and other services – people who have multiple health conditions, have a disability or mental illness, experience homelessness and unstable housing, those engaged in the criminal justice system, Aboriginal and Torres Strait Islanders, refugees and asylum seekers, people who use alcohol and other drugs and LGBTIQ+ communities.

A primary health service, cohealth provides integrated medical, dental, allied health, mental health and community support services. 950 staff over 34 sites provide these services, work directly with communities to understand their needs and develop responses, and deliver programs promoting community health and wellbeing.

It is well recognised that family violence is the biggest contributor to ill health and premature death in women aged 15–44 and that all experiences of family violence have detrimental impacts on health. As such, family violence can be understood as one of the social determinants of health, and clearly a health issue.

cohealth is committed to responding to family violence in a holistic and integrated manner. We have both broad and deep experience in the field of family violence prevention and response. We provide specialist response programs such as Family Violence Counselling, Family Violence Case Management, Western Victims Assistance Program and a legal service addressing elder abuse. cohealth's Victims Assistance Program is the primary referral point for male victims of family violence in the region. We have also undertaken extensive family violence primary prevention activities with culturally and linguistically diverse communities and place-based initiatives. We are an active partner in a range of other primary prevention programs and strategies.

Due to the demands on cohealth services to respond to community needs as a result of COVID-19, and the short timelines of this consultation, this submission is a brief overview of our observations about the progress of the Family Violence Reforms. We would be happy to discuss any of these in more detail with you or discuss any other ways to better support victims of family violence.

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

a. 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?

The Royal Commission into Family Violence has led to the implementation of reforms to the family violence service system. It also provided a very strong signal to the community that family violence is a widespread, real and ongoing problem and needs a comprehensive, integrated response that keeps victim/survivors safe, provides appropriate support and works to prevent violence occurring in the first place. cohealth family violence teams have observed that community attitudes about family violence appear to be shifting, with a greater understanding that violence is never acceptable and that addressing it is a whole of community responsibility.

cohealth family violence practitioners have identified many significant changes to the service system since the Royal Commission, including:

- Improved understanding of risks and risk assessments and the role that everyone in the organisation has in relation to risk. The changes to privacy legislation have enabled us to legally share information with other Risk Assessment Entities to better assess the potential risks posed by an alleged perpetrator of violence and reduce the potential risks of harm to women and children impacted by family violence.
- The introduction of the Child Information Sharing Scheme and the emphasis on child safety has been a significant and welcome change, resulting in increased consideration given to children's right to safety, and the needs of children when thinking about family violence. Children having their own risk assessment under MARAM (Multi-Agency Risk Assessment and Management Framework) – and being acknowledged as having their own needs and experiences in the context of family violence – is an important change. This has led to practitioners identifying that they have increased permission to 'see' children and refer, discuss and advocate for their needs to be met. The centrality of children's experience under the reforms is expected to continue to strengthen child focussed practice into the future.
- The focus of the Royal Commission recommendations on the importance of Intersectionality and the key groups that may be at increased risk of family violence and abuse.
- Family violence practitioners have appreciated the training and supports that have been rolled out to support the reforms. They observe that the MARAM guidelines are clear and practical, particularly:
    - the emphasis on the victim/survivor's own understanding of the family violence safety risk.
    - the inclusion of the concept of 'imminence' (e.g. impending bail applications and court hearings) as a key part of risk assessment.
    - the MARAM assessment as a 'living document', in keeping with the evolving nature of family violence as experienced by victim/survivors. This is a positive practice change from the CRAF (Common Risk Assessment Framework) 'moment in time' risk assessment.

- The Orange Door concept is a strong one that follows best practice principles. However, as it has not yet rolled out in the Western Melbourne region, we cannot yet assess what it will mean for responses to victim/survivors in this area.

Within cohealth, the Reforms have resulted in changes to family violence knowledge and responses:

- Better understanding by workers across the organisation of the prevalence of family violence and the short- and long-term effects of family violence on clients.
- Greater understanding across the organisation that identifying and addressing family violence is a role for all workers and programs, not only family violence specific ones.
- Improved understanding of the importance of working across services to support women and children in a more holistic way. This includes thinking how family violence counselling and case management can work with other services such as family services, health services or children's allied health service to promote a comprehensive service to children who are exposed to early childhood trauma.
- An increased awareness of the need for:
    - family violence response skills across a range of programs
    - improved liaison and skill sharing between family violence programs and other programs, including mental health, homelessness, refugee health and nursing
- Developing approaches to address risk and implement risk assessment across the organisation at a level that is appropriate for the role of the workers involved.

cohealth's Victim Assistance Program (VAP) has also observed that as a result of the implementation of the Royal Commission recommendations they are more attuned to ensuring they do not collude with the predominant aggressor in relationships in which there is family violence. As the primary referral agency for male victims of family violence, they have organised specific training about what to look for regarding power and relationship dynamics. Where cross-Intervention Orders are in place, the VAP team are able to make Family Violence Information Sharing Scheme (FVISS) requests to police to gather further information for assessment. As a program VAP considers how to both keep the victim/s safe and the perpetrator in view, and who information needs to be shared with to achieve this.

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

cohealth practitioners have found The Orange Door North Eastern Melbourne helpful by having a central service to refer to, and as such has improved the coordination of referrals and holistic provision of supports. The Orange Door has not been established in the western suburbs that cohealth mainly services.

However, we continue to find that demand exceeds the services available to support victim/survivors of family violence. This is particularly pronounced in Melbourne's western region, resulting in long waiting lists to access services and supports.

The cohealth VAP program in the western region has observed that there can be delays of many weeks for female clients who need more extensive family violence case management than the VAP program is able to provide, or are experiencing higher risk, and need to be referred to a family violence specific agency. When these referrals are made clients find they must repeat their stories to the new service, rather than the information held by VAP, such as detailed assessments, being accepted. Having to repeatedly describe family violence can be traumatising to the victim in and of itself. This is particularly difficult for clients of CALD backgrounds where interpreters are required. Women would benefit from improved information sharing processes between VAP and family violence services. VAP have also observed that the paperwork required to apply for a Flexible Support Package is onerous and time consuming, with lengthy waits for a response, creating a barrier to assisting clients in a timely manner.

The response women receive from police when seeking assistance is critical for victims' ability to report incidents of family violence and breaches of intervention orders. Feedback from victim/survivors of family violence to our counsellors indicates that while police responses continue to improve, they can vary. For example, Family Violence Units have a good understanding of trauma informed principles and responses to family violence, however there is still room for improvement in training new police recruits and 'over the counter' officers at police stations.

In line with the recommendations of the Royal Commission, access to crisis support for male victims of family violence is via the Victims Assistance Service, rather than through The Orange Door. While female victims and their children and male perpetrators are currently priority access clients for The Orange Door, male victims of family violence, and their children, are not. As such they do not have access to the same range of supports, including the support for children provided by Integrated Family Services. While we concur with the Royal Commission that resources should not be diverted for women and children, there is a gap in service response for these victims and their children. cohealth suggests consideration be given to ensuring similar integrated supports and services are available to male victims of family violence and their children.

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

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

Housing

There continues to be an acute shortage of safe, stable and affordable long-term housing for victim/survivors of family violence and their children. Indeed, homelessness caused by family violence has grown in the four years since the Royal Commission delivered its report.[1] Safe, stable and affordable long-term housing – at a location that ensures the

[1] https://probonoaustralia.com.au/news/2020/03/victorian-family-violence-victims-left-homeless-after-seeking-help/

victim/survivor is safe from the perpetrator – is a critical foundation for long term change for victim/survivors and their children.

Safe and secure housing options need to be available for all victims of family violence.

Investment in services

Increased investment in services to support victim/survivors of family violence and their children, both in the short and long term, is essential. Corresponding to the increased community awareness of family violence and available supports has come a significant increase in demand for family violence specific services, such as family violence counselling, case management, housing and refuge placement, children's supports, and the like. As a society we must ensure that victim/survivors have services available when and where they need them. Family violence teams have also observed that without increased resources, including staffing, there is a real risk of burn-out in the current skilled and experienced workforce.

Therapeutic support

Therapeutic support for victims of violence and their children needs to be available when it is required, including during a crisis. cohealth's family violence counsellors describe the experiences of women and children escaping family violence being placed in a motel with limited support from workers. These women talk about being very isolated, in unfamiliar areas, with children also experiencing trauma, grief and loss, with few resources or contact with family violence workers. While addressing risk and assuring safety is paramount, and practical case management is vital, these interventions need to be accompanied by counselling support to enable victims and children to attend to the trauma and emotional experience of the situation.

When victims of family violence have be relocated they lose their connectedness to the systems of community care that support their safety and wellbeing, such as maternal and child health nurses, childcare services, local GP's, paediatricians, and other allied and community health care, along with social networks. Relocating a family is also costly and disruptive, placing additional and significant strains on victim/survivors. Seeking opportunities for victims of family violence to remain safely in their homes with better oversight of the perpetrator may be a new way forward.

There is also a specific need for trauma informed, child focussed family violence practitioners and counsellors who can support children with the ongoing impacts of family violence.

Court response

Coordination between the Family Court and Children's Court needs to be improved to ensure the safety of children. Too often Family Court parenting agreements put the child at risk. Arrangements require the parent who is the victim of family violence (most often the

mother) to hold all responsibility for ensuring Family Court orders are adhered to while balancing being the protective agent for their children.

Counsellors have also observed that there could be improvements in the court system to ensure more consistent responses to breaches of intervention orders, bail hearings and the like.

Perpetrator programs

Services for perpetrators need to be expanded to facilitate an earlier intervention. Practitioners have observed that men are often removed from the home, may become homeless or couch surfing and are, as one practitioner put it, 'left to fester in their anger'. Immediate counselling and support to reflect on their violent behaviour and its impact to, hopefully, make changes, would help to keep women safer and reduce the likelihood of men moving on to other relationships, and continuing to perpetuate violence.

cohealth currently does not provide any perpetrator or behaviour change programs. Nonetheless, perpetrators access our generalist counselling services for support with other matters. General counselling can support them with their emotional health issues while trying to tentatively support them towards a referral to Men's Referral Service. General counselling requires more training as well as specific funding for this specialised work. It would be valuable to explore the possibility of funding for specialist perpetrator programs within community health services to complement the current family violence specific programs available to victim/survivors and children.

Additional changes

- The Victims Assistance Program have identified service gaps for male victims of family violence, and services for same sex and female perpetrators.
- Further work with other services that play a large role in family violence, such as support for people with mental health and/or alcohol and other drug issues.

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

Secure and affordable housing options for all victims of family violence, including women and children, men and LGBTIQ+ members of the community remains an urgent need. Recommendation 18 of the Royal Commission states 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 and with a minimum number of relocations, are not accommodated in motels and other ad hoc accommodation, and spend on average no longer than six weeks in refuge and crisis accommodation [within two years].'

As described above, homelessness due to family violence has increased since this recommendation was made. Urgent action is required to meet this recommendation and ensure that a lack of housing does not prevent victims of family violence finding long term safety and stability.

There is a lack of programs for men who use violence. A not uncommon comment we hear from victims of family violence is that 'I love my partner however I do not like his behaviour'. They tell us their families are often dealing with life traumas such as grief and loss, mental health and addictive behaviours. However, there is a lack of evidence-based programs and support groups to enable men who use violence to work within an appropriate and safe space, set goals and plans and be encouraged to challenge their behaviour and look at primary trigger points for their inappropriate and often violent behaviour towards their families. This is an area that we believe would be an asset to families and the community.

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

Implementation of the family violence reforms across a large and diverse organisation such as cohealth will require significant staff resources, including to develop specific training packages for different service delivery areas. Our family violence services have already experienced a large increase in requests for secondary consultation from other parts of the organisation, impacting on the time they have for service delivery. Specific resourcing is required to increase the ongoing capacity to provide secondary consultation, along with staff supervision and support.

As per the Monitor's observation in the third report to Parliament (as at 1 November 2019)[2], a number of assessment tools were not available before implementation and MARAM training commenced. The process needs to ensure that these resources are available prior to sectors inclusion in reform initiatives and training to ensure there is consistency of practice and a regulated approach to the MARAM across the sector. COVID-19 restrictions have complicated issues with MARAM.

3. Impact of the COVID-19 pandemic

a. 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?

As with most health and social support sectors COVID-19 has had a significant impact on the way services have been provided.

cohealth family violence counsellors have observed that due to the restrictions associated with COVID-19, women have been less safe, have had greater difficulty getting out from their home and children have potentially had to live with high risks. During these times fewer

[2] https://www.fvrim.vic.gov.au/third-report-parliament-1-november-2019

referrals have been made to Child First and The Orange Door. At the same time, cohealth has experienced an increase in referrals for family violence counselling. The waiting list for counselling in the west suburbs of Melbourne is high, as much as six months at cohealth, and with other agencies in the region having closed their intake. In contrast, in the northern suburbs the waiting time for family violence counselling is three to four weeks.

Due to COVID-19 restrictions our counselling services shifted from face-to-face work to predominantly via phone or telehealth. This has been positive for some clients, and as a result counsellors have observed increased engagement from current family violence counselling clients (i.e. a reduced rate of clients not attending appointments). Women's access to support was no longer restricted by practical issues such as finding childcare, getting petrol money, having to attend many different services in a day and the like.

However, other clients are unable to access phone or telehealth services due to technological, language, privacy, safety or other constraints, reducing the support available to them. For women living with a perpetrator, phone or telehealth brings the risk of the perpetrator listening in to the conversation and/or monitoring their electronic devices. While some women have found creative ways to get around this risk - such as speaking with counsellors while they are in cars between being at home and essential activities such as shopping - these clients would benefit if options remained for them to attend face to face appointments in a centre.

The ability to provide support to victim/survivors via group work has also been curtailed as a result of COVID-19 restrictions.

cohealth family violence counsellors have observed that these changes have all made managing a family violence client caseload during the pandemic even more challenging than usual.

During this time family violence counsellors have been working from home, which has created further challenges. It has created a sense of the personal space being intruded with the professional space and means that client transference issues and energy can linger in a clinician's home. Counsellors have had to find extra ways to decompress, manage cumulative stress and reclaim their homes at the end of the workday. Additional supervision and check-ins have been required, requiring extra time from team leaders and program managers.

The potential risk of family violence practitioners being identified by perpetrators through the use of telehealth services has also been identified. Appropriate action needs to be taken to ensure staff safety.

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

The increased use of digital communication means has provided a wider range of support opportunities for some clients. For some women getting into a centre for appointments can be difficult and phone counselling has been a benefit for them. As an organisation that spans many sites across numerous suburbs, moving to online meetings has made it easier to

get whole teams together. Family violence teams have also reported that care team meetings have worked well this way.

More online resources have been available for both clients and clinicians. However, technology abuse will have an impact on whether women are able to safely access the resources.

Our Victims Assistance Program has found that while their overall referrals have declined during this period, existing clients are, in general, suffering from more anxiety and from the financial impacts of crime compounded by the financial impacts of COVID-19. Some support services VAP refers to have also reduced their service delivery, and support groups and other social supports have diminished, resulting in people feeling more isolated. As a result, clients have required more support, and are in contact more often, resulting in an increased workload for case managers.

Systemically, the impact of COVID-19 is falling more heavily on women[3], with the loss of work and increased poverty constraining women's options.

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

Responding to COVID-19 through telehealth and phone counselling has demonstrated that not all therapeutic services need to be delivered face to face. Victim/survivors of family violence can become exhausted – physically, emotionally and financially – from having to attend multiple agencies for multiple appointments. While centralising services at The Orange Door may alleviate some of this pressure, there are still challenges for victim/survivors having to attend courts, police stations, community-based supports, and the like. COVID-19 responses have taught us that we can think more flexibly about how we provide some services.

At the same time, telehealth and phone counselling is not suitable for all clients. It should be seen as an approach to provide a flexible adjunct to face-to-face support for some families, rather than a replacement for face-to-face counselling. It will be important to ensure that the decision about the modality of service provision used is based on client choice and preference.

4. General Comments

There is an urgent need for a significant investment in expanding family violence counselling and case management services in the rapidly growing western suburbs of Melbourne. Long waiting lists in this area mean that women and children are at greater risk.

[3] https://www.wgea.gov.au/topics/gendered-impact-of-covid-19

While recognising that women are overwhelmingly the victims of family violence, it is also important that the responses to, and communication about, family violence needs to include all victims, including male victims, the LGBTIQ+ community and elder abuse.