



# Submission to Family Violence Reform Implementation Monitor Consultation

October 2020

Prepared by Dr Jess Cadwallader, Principal Strategic Advisor

Contact: [jess@chifvc.org.au](mailto:jess@chifvc.org.au)

0417 641 088

## Contents

Who we are .....	4
Recommendations .....	4
Introduction.....	7
Diverse communities .....	7
Aboriginal and Torres Strait Islander peoples .....	8
Older people.....	8
Culturally and linguistically diverse communities and faith communities.....	9
Lesbian, gay, bisexual, transgender and intersex communities .....	9
People with disabilities .....	10
Male victims .....	10
Rural, regional and remote communities.....	10
Women in prison and women working in the sex industry .....	11
Workforce.....	11
Pathways to the family violence workforce.....	11
Professional development for specialist family violence services.....	12
Professional development for the broader family violence system (including MARAM) .....	12
New roles and new skills.....	14
Children and young people as victims .....	14
Housing – both crisis and affordable ongoing.....	15
Legal assistance.....	16
Perpetrator accountability and management .....	16
Adolescents who use violence .....	17
Financial sustainability and system demand .....	19
Service integration, focussed on client experience and the major reform initiatives (The Orange Door, Specialist courts, Police response).....	21
Central Highlands integration improvements .....	22
MARAM Framework Implementation.....	23
The Orange Door .....	23
Specialist Family Violence Court .....	26
Police Responses .....	26
COVID-19 response .....	26

Funding arrangements.....	27
Collaborative Demand Management.....	27
Joint Allocations .....	28
Data Collection and Sharing .....	29
Perpetrator Interventions.....	29
Court response.....	29

## Who we are

Central Highlands Integrated Family Violence Committee (CHIFVC) provides leadership, advocacy and specialist expertise to strengthen, integrate and improve the family violence system and help end family violence across Victoria's Central Highlands. The Central Highlands is defined by the Department of Health and Human Services, and comprises six municipalities located in central Victoria. These are Rural City of Ararat, Pyrenees Shire, Hepburn Shire, City of Ballarat, Moorabool Shire, and Golden Plains Shire.

CHIFVC has representation from specialist family violence services as well as broader cross-sector organisations and alliances whose work intersects with family violence response, early intervention and prevention. Committee members, including the Senior Executive Team, are all leaders involved in strengthening the family violence system and ending family violence in the Central Highlands.

## Recommendations

**Recommendation 1:** The integration of regional perspectives into the family violence reform governance structure should remain a priority as the next phase of the reforms rolls out.

**Recommendation 2:** Independent monitoring of the reforms should continue.

**Recommendation 3:** Streamlining and supporting the process of individual agencies increasing their accessibility in relation to intersectionality should be prioritised.

**Recommendation 4:** That stable, ongoing funding sources be created for Aboriginal and Torres Strait Islander focussed programs, to support continuing support where and when it is needed, and to facilitate better engagement between Aboriginal and Torres Strait Islander clients and the service system as a whole.

**Recommendation 5:** Elder abuse should be directly addressed with additional funding to Elder Abuse Workers, and support provided for the further integration of elder abuse awareness into family violence education.

**Recommendation 6:** Ongoing funding for lived experience roles within family violence and related fields, especially in relation to migrant communities, should be a priority for ensuring that these communities are appropriately engaged.

**Recommendation 7:** Further funding of Rainbow Tick activities – including potentially peer support between agencies – is required to ensure the safety of LGBTIQ people accessing family violence services.

**Recommendation 8:** That explicit guidance in relation to addressing misidentification and male victims be provided via the MARAM framework as a matter of urgency, as both are required to facilitate the implementation of the MARAM framework especially in organisations working predominantly with men.

**Recommendation 9:** The MARAM Practice Guidance should be amended to fully account for the experience, risk factors and protective factors associated with rurality and family violence, and to highlight how rurality intersects with other elements of 'diverse communities'.

**Recommendation 10:** That Regional Integration Committees, and particularly the regional and rural voices, are integrated into the development and implementation of industry strategies in relation to workforce to enhance local pathways to local services.

**Recommendation 11:** Create accessible and culturally safe pathways to the family violence workforce for Aboriginal and Torres Strait Islander people, people who live in rural and remote areas, and people with lived experience.

**Recommendation 12:** Create a MARAM training strategy designed to ensure that training is accessible to those working in rural and remote areas, and communicate clearly with forward notice regarding expectations and opportunities to access training.

**Recommendation 13:** Provide MARAM practice guidance for delivering adequate services to children and young people in their own right, which includes guidance about seeking expertise from experts in child development or services to support risk assessment and planning through direct engagement with clients.

**Recommendation 14:** That funding and programs dedicated to increasing public or community housing for victim survivors escaping family violence be prioritised.

**Recommendation 15:** That additional funding be made available to support the creation of a suite of perpetrator interventions and the services to deliver them, and additional accommodation responses to facilitate the safety of victim survivors and the housing of perpetrators removed from the home.

**Recommendation 16:** That the L17 portal is amended to create a pathway specific for adolescents who use violence in the home (AVITH).

**Recommendation 17:** That responses to adolescent violence in the home be made part of education and training packages for specialist family violence services, family services, Child Protection, Victoria Police and other relevant parts of the family violence system.

**Recommendation 18:** That the funding for AVITH programs extend to include children aged 10-12 as well as 12-17.

**Recommendation 19:** That Family Safety Victoria (FSV) seek to measure the current impost of secondary consultation, and develop projections for its increase in relation to MARAM, to ensure that adequate capacity is built into the SFVS part of the system to provide timely and appropriate responses to victim survivors and perpetrators.

**Recommendation 20:** That Family Safety Victoria support regional integration committees in accessing the data, including data from The Orange Door to ensure that committee is able to achieve its purpose and strategic objectives, particularly in relation to integrating and coordinating services across the region.

**Recommendation 21:** That FSP funding should include funding for administration of these packages, to ensure that case managers can maintain their focus on clients.

**Recommendation 22:** That Family Safety Victoria support regional integration committees in accessing the data, including data from The Orange Door to ensure that committee is able to achieve its purpose and strategic objectives, particularly in relation to integrating and coordinating services across the region.

**Recommendation 23:** That Family Safety Victoria support regional integration committees in developing joint allocations processes suited to each region and its needs.

**Recommendation 24:** That Family Safety Victoria and the Department of Health and Human Services fund and support regional projects designed to improve the collaboration between family services and specialist family violence services, progressively scaled up to include other parts of the MARAM-aligned workforce.

**Recommendation 25:** That FSV fund regional integration committees to deliver ongoing MARAM alignment communities of practice for organisational leaders across the region.

**Recommendation 26:** That the delivery of MARAM Collaborative Practice modules remain with regional integration committees to ensure these modules can be tailored to the specific needs of the region.

**Recommendation 27:** To ensure the integration of The Orange Door with the broader service system, the Principal Strategic Advisor for the regional integration committee should be part of the governance infrastructure for The Orange Door, and regional integration committees should include either the SSN or the Hub Manager in their membership.

**Recommendation 28:** The processes involved in intake, assessment and planning in The Orange Door must be fully disability-inclusive and disability-responsive, through capacity building of workers and creation of policy and process documentation that facilitates identification of disability.

**Recommendation 29:** Every headquarter court across Victoria should have a specialist family violence court.

## Introduction

CHIFVC would like to thank the Family Violence Reform Implementation Monitor (FVRIM) for the extensive work the various individuals in the role and the supporting office have done over the five years of monitoring. The FVRIM has played a key role in ensuring the family violence reforms are fulfilling the spirit, if not the letter, of the reform agenda laid out by the Royal Commission into Family Violence.

This submission concentrates on the experiences that CHIFVC has had around the key deep dive areas of the FVRIM.:

- Diverse communities
- Workforce
- Children and young people as victims
- Housing – both crisis and affordable ongoing
- Legal assistance
- Perpetrator accountability and management
- Adolescents who use violence
- Financial sustainability and system demand
- Service integration, focused on client experience and the major reform initiatives (The Orange Door, Specialist courts, Police response)
- COVID-19 response

These areas are covered more comprehensively below, but CHIFVC would like to highlight the importance of ensuring ongoing monitoring of the family violence reforms. Whilst there have been significant and important achievements over the past five years, there are some elements of the reforms which are yet to be achieved, and many of these reflect complexities in engagement between government and stakeholders, particularly in regional and rural areas. Much of this reflects the limited presence in regional and rural areas by some of the key Government departments, and the complexities in fulfilling Recommendation 193, which sought to ensure that regional perspectives were brought into the heart of high-level governance arrangements.

The FVRIM has provided a significant service to the sector. CHIFVC would support ongoing independent monitoring as we continue maturing the sector, government and research in relation to family violence. The regional perspectives provided by family violence regional integration committees, including CHIFVC, should be a strong part of this monitoring process.

**Recommendation 1:** The integration of regional perspectives into the family violence reform governance structure should remain a priority as the next phase of the reforms rolls out.

**Recommendation 2:** Independent monitoring of the reforms should continue.

## Diverse communities

Central Highlands has seen significant work undertaken in relation to providing services to diverse communities, and broadening engagement with them. Many of these initiatives have been undertaken by CHIFVC and associated working groups, in support of Victorian Government reforms.

An observation is that many of these various processes seek to modify organisational policy, and thereby ensure increased accessibility for particular cohorts, but they all occur independently of

each other. Agencies have thus been required to amend policies multiple times within a short timeframe, and often do the complex work of reconciling diverse needs as required by individuals experiencing interrelated forms of oppression (intersectionality) themselves. This has also created significant fatigue in terms of addressing the needs of diverse communities which is unfortunate for the reform goals.

**Recommendation 3:** Streamlining and supporting the process of individual agencies increasing their accessibility in relation to intersectionality should be prioritised.

### **Aboriginal and Torres Strait Islander peoples**

CHIFVC include Dhelk Dja representatives in its membership, and has sought to support the workforce initiatives developing in this space. Additionally, our local Aboriginal Community Controlled Organisation has increasingly engaged in family violence specific work, and are thus valued members of CHIFVC and working groups.

However, project-based funding (rather than ongoing funding) in this sphere is particularly problematic. In many circumstances, projects delivered to Aboriginal and Torres Strait Islander people in relation to family violence are highly valued by the clients and the community, and the withdrawal of these projects due to the ending of project funding often significantly damages this goodwill.

An example in Central Highlands has been the Yarning Circles run by WRISC Family Violence Support. Despite extremely positive feedback on this project, and ongoing engagement with a large number of families, funding ended at the end of June, and has not been renewed. This has resulted in significant disruption for these clients and is likely to impact their future engagement with services.

In recent times, the creation of a role to support family violence services becoming more culturally safe has been created by DHHS, alongside increased funding of our local Aboriginal Controlled Community Organisation to deliver family violence services. There is great promise in this role, and CHIFVC has been developing relationships with our local representative.

In preparation for the opening of The Orange Door in Central Highlands, the governance structure includes an Aboriginal Advisory Group, which is designed to maximise the cultural safety of The Orange Door. This initiative is particularly well thought of by Aboriginal and Torres Strait Islander practitioners in the family violence system.

**Recommendation 4:** That stable, ongoing funding sources be created for Aboriginal and Torres Strait Islander focussed programs, to support continuing support where and when it is needed, and to facilitate better engagement between Aboriginal and Torres Strait Islander clients and the service system as a whole.

### **Older people**

CHIFVC has engaged with elder abuse projects occurring locally. However, these have been insufficiently funded to support meaningful change particularly in terms of increasing the accessibility of the family violence system to older people. CHIFVC would welcome further engagement in this space, particularly as older people have been revealed to experience significantly heightened risk during Covid-19.

**Recommendation 5:** Elder abuse should be directly addressed with additional funding to Elder Abuse Workers, and support provided for the further integration of elder abuse awareness into family violence education.

### **Culturally and linguistically diverse communities and faith communities**

The Safer Pathways project has seen two seminars held for Specialist Family Violence Services workers, and comprehensive engagement with a range of diverse cultural and linguistic communities and faith communities in the Central Highlands area. This is funded by the Federal Government, and there are reports available (ANROWS website). CHIFVC has participated in the steering committee for Safer Pathways throughout its work, supporting the engagement with family violence organisation.

During sustainability discussions, it was highlighted that some of the real wins for the project involved the gradual education and recruitment of community members into the program, which in turn increased engagement. This ensured that communities who would otherwise be unlikely to engage with services attended sessions, accessed information, and built their confidence in seeking support when and as required. Building ongoing funding into the engagement with diverse cultural and linguistic communities would enable these hard-won relationships to continue to bear fruit.

Other successful initiatives have involved the creation of pathways for international students from placement to hiring in some local organisations, the increasing connection between the family violence system and health initiatives designed to deliver services to diverse cultural and linguistic communities.

**Recommendation 6:** Ongoing funding for lived experience roles within family violence and related fields, especially in relation to migrant communities, should be a priority for ensuring that these communities are appropriately engaged.

### **Lesbian, gay, bisexual, transgender and intersex communities**

The pilot of the Rainbow Tick accreditation involved the funding of the program for 20 specialist family violence services. A significant number of Central Highlands services have successfully achieved Rainbow Tick, and the CHIFVC PSA has completed HOW2, the program intended to support organisations to do Rainbow Tick accreditation, so that she can support organisations undertaking Rainbow Tick. One of the central difficulties with the Rainbow Tick pilot was the requirement that funded organisations provide support to other local organisations to work towards Rainbow Tick accreditation. Unfortunately, this contribution was not funded, and thus while some in-kind support has been provided, this has not been adequate to achieving Rainbow Tick accreditation for all relevant organisations.

In addition, Central Highlands has been selected to trial an LGBTIQ+ inclusive refuge. This will require ensuring that organisations across Central Highlands are sufficiently LGBTIQ+ inclusive, which given some of the difficulties with Rainbow Tick accreditation, may take some time. Another service providing family violence counselling now has a collaboration in place with the team delivering counselling to trans and gender diverse people to ensure this cohort, which experiences particularly high rates of family violence, can access therapeutic services.

CHIFVC has also participated in local LGBTIQ+ festivals and events, seeking to build the profile of the family violence system within the LGBTIQ+ community, and to highlight to members of

CHIFVC the importance of outreach in supporting LGBTIQ+ people to access family violence services.

**Recommendation 7:** Further funding of Rainbow Tick activities – including potentially peer support between agencies – is required to ensure the safety of LGBTIQ+ people accessing family violence services.

### People with disabilities

CHIFVC has sought to build some connections with the disability sector through attending the local All Abilities Expo, as organised by the local NDIA office. This had inadequate attendance, unfortunately, by people with disability. CHIFVC is also seeking to add a variety of disability-related agencies to the CHIFVC itself: representatives from the NDIA, disability support services and disability advocacy organisations will be key to achieving full integration of disability inclusivity. To date, local experience of the NDIS in the context of family violence is that it is slow, complex and struggles to support clients needing swift responses, especially new clients.

It is concerning that the education of disability support service workers has not led to increased engagement with family violence services, broadly.

**Recommendation 8:** That the interface of family violence services and the National Disability Insurance Scheme be more explicitly considered, and arrangements made to facilitate swift responses to family violence situations.

### Male victims

There are positive developments in relation to some men, particularly those of the LGBTIQ+ community, but barriers remain significant for other men experiencing family violence. In essence, many male victims are referred to the Victims Assistance Program, run by CentaCare in Central Highlands. However, this service cannot provide a crisis response, and is designed as a support service to a justice process. For those male victims in crisis or who are not seeking a justice response to violence they have experienced, the lack of service response can be particularly difficult. The growing maturity of the response to gay and trans men is likely to have benefits for this cohort; however these approaches are not necessarily delivered by all specialist family violence services (which in many circumstances is appropriate).

Additionally, the risks associated with misidentification are significant, and exacerbated for those outside the specialist family violence sector due to a lack of MARAM guidance. This has created some impediments to the implementation of the MARAM and its associated responsibilities amongst some non-specialist organisations.

**Recommendation 9:** That explicit guidance in relation to addressing misidentification and male victims be provided via the MARAM framework as a matter of urgency, as both are required to facilitate the implementation of the MARAM framework especially in organisations working predominantly men.

### Rural, regional and remote communities

Central Highlands encompasses rural and regional communities. The experiences of victim survivors and perpetrators in Central Highlands is not fully reflected in, for example, MARAM practice guidance, including risk assessment tools and in funding arrangements (which frequently have limited flexible funding which in these areas may be essential to enabling access to distant

services). People living in rural and regional communities can experience unique forms of family violence, and specific intersectional forms of oppression that can significantly heighten risk.

For example, 'isolation' in a metropolitan setting usually refers predominantly to social isolation – to have limited supports to fall back on. In regional and rural settings, isolation may also include physical isolation, especially where a perpetrator may remove any communication devices from the home before leaving, or remove vehicles or vehicle keys. This is unlikely to come to the attention of neighbours given the distances involved, and victim survivors may be at very high risk of escalating violence.

This was recognised by the Royal Commission into Family Violence as one of the 'diverse communities' which required specific consideration. However, it has not had the focus it needs through various forms of practice guidance and policy development, including the MARAM Framework and the intersectionality guides developed by FSV.

**Recommendation 10:** The MARAM Practice Guidance should be amended to fully account for the experience, risk factors and protective factors associated with rurality and family violence, and to highlight how rurality intersects with other elements of 'diverse communities'.

### **Women in prison and women working in the sex industry**

There have not been specific initiatives undertaken with these cohorts in Central Highlands, as far as CHIFVC is aware. There is limited specific work undertaken to increase the accessibility of the Central Highlands family violence system to them. There has been limited support through the reform process for doing this work, and these should be prioritised, for the reasons highlighted by the Royal Commission.

## **Workforce**

### **Pathways to the family violence workforce**

There has been significant development of the family violence workforce in Central Highlands, particularly with the recruitment drive associated with The Orange Door. The careful recruitment strategy has successfully attracted numerous candidates from interstate and out of region. However, recruitment after this period of recruitment predominantly over the late 2019-early 2020 period has faced greater challenges, especially with Covid-19 restrictions. This is particularly the case in those positions identified for Aboriginal and Torres Strait Islander people, revealing a need to build more significant pathways for this cohort.

Rurality also impacts on pathways of education and training that lead to recruitment. This has been compounded by the recent loss of Australian Community Workers Association accreditation for the Certificate IV of Community Services at Federation University TAFE in Ballarat. For other local government areas (LGAs) in Central Highlands, however, the complexity of accessing relevant training and education is a major barrier to recruitment. Ararat, for example, has no local access to relevant training and education, meaning that Ararat providers are frequently seeking to attract workers from other locations rather than from within the community itself. In some cases, the only available education and training is broad, with limited family violence content. This can limit its suitability in preparing candidates for roles specialising in family violence, and place additional weight on already stretched rural and regional organisations to upskill workers.

It is also worth noting that without a local presence of a TAFE, with the creation of the new Course in Identifying and Responding to Family Violence, it is particularly important that local promotion and support is provided to ensure potential students, including school leavers, for example, can access this course remotely. For many students in rural settings, thinking beyond the local institutions is likely to require some support. Clarity about how this course sits alongside MARAM Training is also key.

There has been significant engagement with the Enhanced Pathways program, and this has led to very positive outcomes for numerous students on placement in transitioning into work. This demonstrates a need for engagement with local tertiary providers to ensure there are local providers of the education and training necessary to equip the FV workforce, including in supporting those from allied fields to build the specific skills needed in family violence.

The CHIFVC Strategic Plan 2020-23 prioritises the creation of local pathways to the family violence workforce. It is worth noting that it is unclear at this point what the Family Safety Victoria plans are in relation to education and training, which hampers efforts to complement this work in local support of local pathways. CHIFVC is looking forward to being able to make use of the Workforce Census data from 2019-20, with its increased focus on regionality, to inform local priorities.

CHIFVC also notes that the SCHADS Award, which applies to these workers, is interpreted in different ways across the sector, which leads to inconsistencies in pay rates. This can have particular impacts in rural and regional areas where recruitment may be more difficult.

**Recommendation 11:** That Regional Integration Committees, and particularly the regional and rural voices, are integrated into the development and implementation of industry strategies in relation to workforce to enhance local pathways to local services.

### **Professional development for specialist family violence services**

CHIFVC is a major provider of professional development for workers in the specialist family violence services space. Each year, a number of Communities of Practice are held which draw together experts, researchers and practitioners to focus on a particular issue. The following are the topics CHIFVC has focussed on throughout the reforms so far:

- Male Perpetrator Accountability: Good Practice and Local Services
- Information Sharing Reforms: from Implementation to Maximised Outcomes
- Through the Eyes of a Child
- Information Sharing: From Concept to Practice
- Working Towards a Coordinated Response to Family Violence

It is worth noting that although these Communities of Practice are designed for and delivered to specialist family violence service workers, there are workers from a range of other sectors who also attend. Face-to-face Communities of Practice events have routinely resulted in wait lists, demonstrating a significant appetite for participation. CHIFVC is currently navigating the question of how to move this professional development online.

### **Professional development for the broader family violence system (including MARAM)**

The family violence knowledge across the broader family violence system – understood to include other community services as well as universal services – is quite variable. This has significant impacts on the consistency of response to family violence incidents, cases and victim-survivors

and perpetrators, as observed in the Royal Commission's final report. Many of these barriers still exist, with the MARAM Framework roll-out now delayed for universal services.

An example of the complexity that results is the current Covid-19 pandemic leading to a likely increase in family violence presentations at the Emergency Department of the local hospital. Unfortunately, there is uneven knowledge of family violence risk and how to assess it across the staff in the ED, and there are no systemic prompts to consider family violence as a cause of injury. Family violence is considered the responsibility of the social work team, but they have no presence in the ED, so only admitted patients will have access to family-violence informed staff. There has been significant concern amongst local specialist family violence organisations that the referral pathways may not be well-established enough, partly because of the limitations on family violence knowledge (especially of indicators).

This is reflective of the ongoing complexity of realising the goal of family violence being 'everyone's business.' Prior to 2019, CHIFVC delivered Identifying Family Violence, an introductory module designed to support use of the CRAF. This addressed a definite need in the sectors surrounding the specialist family violence sector, and its absence has resulted in significant concern from those organisations who require an upskilled workforce, particularly ahead of MARAM roll-out.

The delays in MARAM modules being available, and the complexity of them only being made available to those already prescribed as a result of that delay has left those organisations seeking to build capacity ahead of MARAM alignment in difficult positions. It has also been difficult for prescribed organisations to access information about training delivery.

For example, a large mental health organisation in Central Highlands was seeking to plan how they would ensure their 350+ workforce would be trained up – a complex undertaking involving backfill arrangements, ensuring ratios and so on, and likely to take an extended period of time - but could access information about only two training sessions being held locally in the next few months, with no detail about future plans.

Communications regarding MARAM training is particularly important, but has been complex. CHIFVC has offered support to Family Safety Victoria, Department of Health and Human Services, Domestic Violence Resource Centre Victoria and the Centre for Excellent in Child and Family Welfare in tailoring session dates to the local areas, and in supporting the promotion of these modules. Unfortunately, these offers have not been taken up. As a result, MARAM training has:

- Not been informed by the number of workers requiring training in the area
- Often had limited enrolment because dates are put up on a website with no mechanism for notifying interested parties (they have to 'luck out' in accessing the website after sessions are added and before they sell out)
- Clashed with key events in Central Highlands, including CHIFVC meetings and other training
- Been cancelled due to low enrolments without any attempt at local promotion of modules
- Been so difficult to access that attendees have been forced to travel significant distances in order to complete modules
- Been difficult to build into professional development plans and arrangements for backfilling staff etc.

Roles like the Family Violence Specialist Practitioners in the Alcohol and other Drug sector and the Mental Health sector have been useful additions to the upskilling of the broader sector. Building the bridges between these sectors and the specialist family violence sector will take time, but would be a positive way to take the pressure off these roles and ensure that family violence expertise is accessible. However, this may increase the pressure on secondary consultation (see section below on Integration).

### **New roles and new skills**

In Central Highlands, there has been significant development of the lived experience workforce. This cohort work across a range of programs, frequently supporting codesign of service models, enhancing engagement with particular communities, or capacity-building an existing workforce in relation to those communities. Multi-disciplinary teams inclusive of the lived experience workforce have been demonstrated to lead to very positive outcomes.

Qualifications designed to support this workforce, including around family violence work, would be extremely valuable in supplementing and enabling the insights and engagement it provides to the broad family violence sector.

**Recommendation 12:** Create accessible and culturally safe pathways to the family violence workforce for Aboriginal and Torres Strait Islander people, people who live in rural and remote areas, and people with lived experience.

**Recommendation 13:** Create a MARAM training strategy designed to ensure that training is accessible to those working in rural and remote areas, and communicate clearly with forward notice regarding expectations and opportunities to access training.

### **Children and young people as victims**

The IRIS database used by many specialist family violence services was modified to ensure a full counting of all children who accessed a specialist family violence service, reflecting changes in how children are understood. However, it is unclear whether this change is reflective of a real change in practice. Additional support may be required.

MARAM Practice Guidance continues to equivocate over the practical question of whether even those delivering comprehensive assessments and plans are expected to engage directly with children, and how to go about doing that. Given the emphasis on collaboration throughout MARAM, it is unclear why those working with children are not encouraged to engage with youth workers, MCHNs or similar roles to ensure a safe and appropriate response tailored to the needs of children – collaboration need not be limited to specialist family violence services supporting other agencies through secondary consultation, or through specialist family violence services leading a coordinated case plan implementation. Relatedly, there remain questions in the specialist family violence sector about whether the recognition of children as victim-survivors in their own right adequately recognises and supports the role of the relationship with the non-perpetrating parent in their recovery.

Central Highlands was fortunate to have a therapeutic demonstration project focussed on children and family violence. Van Go has had significant feedback that there has been a real change in thinking about children's place in the sector's response to family violence. However, the funding for this project was not made ongoing, and while there has been the development of a

new project seeking to build on the insights of Van Go, there has been some loss of engagement and expertise in this area.

During the Covid-19 pandemic, CHIFVC collaborated with the local Youth Advisory Board to develop youth-relevant family violence messaging for social media. This built on some resources provided by DVVic and DVRCV, but focussed specifically on ensuring that local young people were introduced to the family violence sector and the services it provides. It emphasised in particular that family violence is never the fault of the victim-survivor, and that support services were available to address the use of violence both with young people using violence, and with adult perpetrators. We are hopeful that this will over time support more young people accessing services when they need them, and would emphasise the importance of children and young people as a specifically targeted group.

It is also worth noting that in the majority of cases, adolescents using violence who are referred to Step Up are found to be victim-survivors as well. This will be discussed below, but it does highlight that there is a real need to meaningfully support recovery for children, in order to intervene in the cycle of violence. The therapeutic focus is key in ensuring that the family violence system does not only intervene at the point of crisis, but also puts in place support that will enable children to recover. This should be a key plank in the way that response services are understood to be part of prevention efforts as well.

**Recommendation 14:** Provide MARAM practice guidance for delivering adequate services to children and young people in their own right, which includes guidance about seeking expertise from experts in child development or services to support risk assessment and planning through direct engagement with clients.

## **Housing – both crisis and affordable ongoing**

There are ongoing difficulties identified in Central Highlands with real estate agents threatening victim survivors of family violence with eviction and/or blacklisting. Both of these acts have been made illegal in Victoria, and cases are unlikely to progress to or through the Victorian Civil and Administrative Tribunal. However, these threats are extremely distressing to victim survivors already navigating significant trauma impacts and complex service pathways. Additionally, this increases the workload of especially victim survivor case managers both in supporting the victim survivor and advocating for their client with real estate agents. It is also important to note that some victim survivors struggle to fulfil the requirements of applications for rental properties, especially in relation to a previous tenancy record (where they may not have been named as a lessor, for example, or where rental arrears or damage to property may reflect the impacts of family violence).

While there are prospects of addressing this issue locally, especially through the increasing collaboration between CHIFVC and the Central Highlands Homelessness Alliance, this is an area that could benefit from increased Government messaging and support to the real estate sector, and/or through penalties attached to threats made by real estate agents.

There is also a serious need for significant investment in public and social housing to support victim survivors. Family violence remains a leading cause of homelessness especially amongst women, and access to stable, secure and affordable housing is a key foundation for other supports to be put in place. Currently numerous cases remain stuck in case management waiting

on access to long-term housing, either public or private, which impacts on capacity and throughput. Additionally, the entry point to the homelessness service system currently designates victim survivors who are in refuge or crisis accommodation as ‘housed,’ which means they are not prioritised for long-term housing, but are also limiting capacity in refuge and crisis accommodation.

**Recommendation 15:** That funding and programs dedicated to increasing public or community housing, including housing supply, for victim survivors escaping family violence be prioritised.

## Legal assistance

CHIFVC has sought to include a range of legal services in its committee, including Victorian Legal Aid and the local Community Legal Centre, but only Djirra have accepted the invitation to membership – their participation has been extremely valuable for the whole committee. This has shifted a little during the Covid-19 period, with Victorian Legal Aid working with specialist family violence services and discussing potential future membership with CHIFVC. Many services partner with Women’s Legal Service to provide support to victim survivors.

As with other issues, the geographic spread of the Central Highlands results in uneven access to services, and even where those services are funded, maintaining staffing has proven complex particularly in Ararat. This often means that those who require access to legal services must access them privately, or travel to Ballarat. When this is combined with perpetrators and victim survivors who have significant transport needs (or are under significant financial pressures making the purchase of petrol difficult, for example), it can impede access to services.

Culturally safe legal assistance for Aboriginal and Torres Strait Islander people and for those from diverse cultural and linguistic backgrounds is limited, and a source of significant concern given the growth in refugee and other migrant and Aboriginal and Torres Strait Islander communities locally. For the Aboriginal and Torres Strait Islander community locally, Djirra’s decision to set up an office in Ballarat has been very beneficial, given that the Victorian Aboriginal Legal Service do not attend locally very often.

The local Youth/Law project run by Ballarat Community Health has been beneficial in supporting young people, addressing the lack of access to legal services for young people.

The Victims Assistance Program locally is something of an untapped resource in this space. Its place in the pathways for victim survivors – frequently picking up support beyond the crisis and initial recovery portion of a victim survivor’s engagement with services – isn’t always well utilised by other services. The VAP is also often the key referral point for male victims of violence, which can at times be inappropriate as they are not a crisis response service. Further work is required to clarify the interface between family violence case management (both for perpetrators and victim survivors) and VAP.

## Perpetrator accountability and management

As the perpetrator intervention elements of the system have been developed, there has definitely been recognition across Central Highlands that this engagement with men can significantly increase the safety of many victim-survivors – and in many circumstances the success of these interventions is the only way to achieve a stable and sustainable form of safety. However, robust evaluation remains required to assess the long-term success of these programs, and it’s important

to note that universal prevention programs are also an important component in creating a society that does not accept men's use of violence.

Significant investment is required in order to achieve this goal of keeping women and children safe through addressing men's use of violence. Currently, perpetrator interventions services are punching above their weight, and navigating extremely high demand (especially during Covid-19). As they are creating new ways of engaging with perpetrators, including online modes, these must be subject to robust evaluation, to inform the development of a variety of service models for different cohorts.

There have been circumstances in Central Highlands with a lack of communication between agencies leading to victim survivors being housed in the same accommodation as a perpetrator, heightening risk. It is also important to note that perpetrator-focussed emergency accommodation provision that relies on police intervention may in some cases capture victim survivors as a respondents removed from the home. It is important that this cohort are kept safe and can access emergency accommodation that suits their needs and does not place them at higher risk. In some areas, this may be difficult, as there may only be one motel in some rural and regional areas.

There is broad recognition of some key changes required in relation to perpetrator interventions, but it is important to note that funding must be *in addition* to existing funding, not reallocated from other parts of the specialist family violence system:

- Brokerage funding must be able to be used for transport especially in rural areas.
- A suite of intervention strategies must be developed, with an evidence base to help identify the cohort it is most appropriate for
- Creation of new risk and need assessments to help identification of most appropriate strategy for intervention
- Men's Emergency Accommodation Program must be expanded (this is currently a little more than \$16,000pa, and intended to cover not only Central Highlands, but Wimmera and South West as well)
- Accommodation arrangements for perpetrators and victim survivors should be more thoroughly considered, with processes created to ensure the safety of victim survivors.

**Recommendation 16:** That additional funding be made available to support the creation of a suite of perpetrator interventions and the services to deliver them, and additional accommodation responses to facilitate the safety of victim survivors and the housing of perpetrators removed from the home.

## Adolescents who use violence

Central Highlands is fortunate to have an active program for the support service working with adolescents who use violence in the home, called Step Up, and this is recognised as an important and valuable aspect of the family violence system in Central Highlands. It is treated as a pilot for Family Safety Victoria's purposes of investigating programs to deliver in relation to adolescent using violence in the home, but is a long-standing part of the system with ongoing funding and recurrent targets.

There have been some complexities arising from the lack of clear referral pathways to Step Up in the redevelopment of the L17/Family Violence Report portal, with all children being automatically

referred to Child Protection, where in some circumstances, cases are closed without referral on, due to not meeting threshold for engagement. This is likely a reflection of the fact that Central Highlands is one of only three sites across the state with this program available, and so it has not been built into the portal, but it has been a significant impediment to consistent responses to these adolescents. There is current work underway to ensure the when The Orange Door in Central Highlands opens, the transition is smooth in relation to this program. However, it is likely that work needs to be done with Child Protection to raise the profile of the program and the necessity of early referral to it.

This program offers a comprehensive and non-punitive response to 12-17 year olds using violence, recognising that their pre-frontal cortex is underdeveloped, limiting their control over their behaviour, and thus the response must differ from that offered to adults who use violence. The Step Up program works hard to preserve this non-punitive, collaborative and developmentally aware approach throughout its engagement, and this has very positive impacts on children referred to and completing the program. This can at times be undermined by other services, for example when a parent is supported by a specialist family violence service who completes a safety planning process as if a child is a perpetrator (i.e, in line with their usual processes). Specific guidance regarding this situation should be provided as part of the MARAM AVITH guidance. Additionally, some services may encourage punitive responses to adolescents struggling to regulate their emotions, which can contradict the guidance provided by Step Up.

Step Up has received provisional support from DHHS to deliver this service to the 10-12 year old cohorts as well, to better align with Victoria Police responses and to ensure earliest possible intervention is enabled. However, capacity is an ongoing issue for this program (difficulties with referral pathways notwithstanding) so additional funding in this space is also required. Step Up is one of three program sites across the state; rolling out this program to all regions is likely to result in much improved local outcomes because it will be built into central policy approaches such as MARAM.

It is worth noting that in many circumstances, a significant portion of Step Up's work is with parents, facilitating the development of parenting styles which are non-punitive and build emotional regulation skills both in parents and in children, at times alongside family services. Working with schools, including specialist schools, has been key to positive outcomes. More work in collaboration with schools is required.

Recent studies have underscored that children with disability, particularly with cognitive impairments and/or neurodiversity, are massively overrepresented amongst adolescents who use violence in the home (see Campbell et al, 2020). This is reflected in the Central Highlands program clients, and there is need to build on and formalise existing capacity in disability-responsive engagement amongst practitioners. It is also important that, given that support workers and school teachers may thus be part of the environment that an adolescent is using violence in, the full breadth of the 'community' within which a child lives, studies and plays is included in the remit of the program. Additional support to ensure a non-punitive response across all service provision (including, for example, NDIS-funded supports and specialist schools) is key.

However, it is less often recognised that in many circumstances, the disability diagnosis for the adolescent is for a hereditary condition, and thus the Step Up program must find ways to engage with parents who have disability, diagnosed or undiagnosed, as well. The experience and expertise of practitioners in doing this work is ripe for recognition, enhancement, formalisation and

dissemination, and the creation of collaborations between, for example, disability advocates and Step Up practitioners, could be very beneficial. This would also be an opportunity for more robust engagement with the NDIS, where facilitating the achievement of parenting goals could become part of a parent's NDIS plan, and programs like Step Up could support the achievement of this goal.

Finally, it is important to note that prevention is a key element in this space, especially prevention that is tailored for a population of children and young people with disability. It is unclear how the Respectful Relationships curriculum is adapted to this different context. Children with disability as a cohort are often segregated both from their non-disabled peers, and may receive less supportive and accessible instruction regarding interpersonal relationships and emotional regulation. Indeed, many of their own experiences may differ significantly from the 'norm', including experiencing increased levels of violence and having violence normalised in their immediate environment (see Robinson 2014).

Additionally, there are some services such as Burrong Guli, offered by the Ballarat and District Aboriginal Cooperative, and Yarning Circles, offered by WRISC Family Violence Support, which very successfully blend a response service with a prevention focus. However, these programs are continually at risk due to limited funding – Yarning Circles will be winding up shortly.

**Recommendation 17:** That the L17 portal is amended to create a pathway specific for adolescents who use violence in the home.

**Recommendation 18:** That responses to adolescent violence in the home be made part of education and training packages for specialist family violence services, family services, Child Protection, Victoria Police and other relevant parts of the family violence system.

**Recommendation 19:** That the funding for AVITH programs extend to include children aged 10-12 as well as 12-17.

## Financial sustainability and system demand

There has been significant work put into demand management and the financial sustainability of the family violence system in Central Highlands, which are elaborated below. It is important to recognise, however, that there has been very limited additional funding made available to specialist family violence services since the Royal Commission into Family Violence. Targets are routinely fulfilled well before the end of the financial year amongst Central Highlands specialist family violence services, meaning that organisations are already operating at far higher than expected capacity, across both perpetrator interventions and victim survivor support services. There is, however, always unmet demand, and demand management must often occur through the creation of eligibility criteria, meaning that there are those who will not be able to access a service that they are seeking, because the funding and capacity is not present in the system. In some cases, this means opportunities for earlier intervention are unable to be responded to because of capacity demands. Covid-19 has put particular pressure on perpetrator intervention services in this regard.

SFVS demand is likely to be significantly impacted by the planned expansion of MARAM prescription in 2021, where a massive number of universal services will become prescribed and over 370,000 new staff will be expected to abide by the MARAM. MARAM delineates different levels of responsibility, with specialist family violence workers delivering the most comprehensive

response, and the vast majority of the non-specialist workforce being distributed over the basic and the intermediate levels of responsibility. The expectation with risk assessment and management is that if an individual with intermediate or basic levels of responsibility is uncertain or requires additional guidance, they will seek advice from a specialist family violence worker – a process known as seeking ‘secondary consultation’.

Currently, secondary consultation is listed as a responsibility on funding contracts, but with no targets or even measures set, unlike for case management, for example. Collection of secondary consultation data is not facilitated by databases, and so it is unclear how much secondary consultation currently happens and the current impost on services.

There are likely to be a number of difficulties with the implementation of this phase of the MARAM, with the risk of a significant escalation in rates of secondary consultation. In the context of significant difficulties with the roll-out and engagement of training, newly prescribed organisations are likely to turn to secondary consultation – as required by their MARAM practice guidance – to support them in understanding a family violence situation, assessing it and managing the risk. There is also likely to be significant overestimation of risk in some circumstances due to risk aversion amongst a very large workforce, leading to cases being referred for comprehensive response unnecessarily. This is also likely to be the outcome for those who are not experienced in ‘sitting with risk,’ as they support someone experiencing family violence. These increases in secondary consultation demand are also most likely to occur in the context of increased demand on the SFVS part of the system resulting from an increasingly consistent response to family violence meaning that cases that once would have ‘fallen through the cracks’ are referred to SFVS.

The impact of secondary consultation on the demand levels of specialist family violence services, who must often prioritise engagement based primarily on risk, is likely to be significant. There has been no guidance from Family Safety Victoria about this likely increase in demand.

CHIFVC has undertaken significant work in relation to demand management and ensuring the adequate spread of client demand across the whole of the system. CHIFVC’s membership is broad, encompassing many of the organisations likely to be prescribed for MARAM, and the partnerships created and sustained through committee help to distribute demand across the full family violence system, rather than pooling it at the specialist family violence services end.

The first phase of the Data Press project was designed to support local system-wide planning by collating publicly available data and combining it with local agency-specific data. This has been very successful in highlighting where resources need to be targeted, and indicates the value of providing data to local regional integration committees for local responses to local issues. It is unclear at this point whether the forthcoming The Orange Door in Central Highlands (TOD-CH) will share data with the regional integration committee. Principal Strategic Advisors from other regions with The Orange Door have found it not possible to access data from The Orange Door. With Phase 2 of the Data Press in development, and the launch of TOD-CH, it will be important to ensure that the regional integration committee has access to the data they need to facilitate meaningful improvements to the system – which is their purpose.

The creation of the CHIFVC Specialist Family Violence Services Joint Allocations Protocol in the early stages of the first lockdown of 2020 grew out of the CHIFVC Demand Management Strategy, which amongst other strategies suggested the ‘sharing’ of intake resources between agencies at

times of high demand. The CHIFVC SFVS Joint Allocations Protocol has been in a pilot phase since early August, enabling better demand management across the system, and has been designed to enable a smooth transition into The Orange Door. It has also been embedded into a proposed Joint Family Services and Specialist Family Violence Services Allocations process which is envisaged as enabling better collaboration across these two key sectors, and integrating The Orange Door practices better with core services, with the intent that this will also help to reduce demand, especially in relation to repeat clients. See further detail about this work under Covid-19 Response.

It should be noted that the CHIFVC SFVS Joint Allocations Protocol has had significant positive outcomes, including the better distribution of demand across the system (ensuring quicker responses to clients), building capacity and expertise amongst those participating, and facilitating an improved coordination of services across the region. It has also been key that the Principal Strategic Advisor has led this process, as it has ensured a level of impartiality which would not be achievable by, for example, any given SFVS, or even The Orange Door. The development of this Protocol has taken significant capacity from CHIFVC, and has only been possible because many other CHIFVC priorities have been put on hold during Covid-19 and associated restrictions. Funding would need to be provided to most regional integration committees to achieve similar outcomes.

Finally, in relation to Flexible Support Packages, this additional funding has been a welcome part of the amendments to the service system. However, the funding comes with no administration arrangements built in, which effectively puts case managers in the position of providing that administration – finding the best or cheapest option, finding services to deliver the goods required and so on. This is a poor use of their time and skill set, and detracts from their service delivery. FSP funding should come with administration costs included, to reduce this impost on case managers.

**Recommendation 20:** That Family Safety Victoria seek to measure the current impost of secondary consultation, and develop projections for its increase in relation to MARAM, to ensure that adequate capacity is build into the SFVS part of the system to provide timely and appropriate responses to victim survivors and perpetrators.

**Recommendation 21:** That FSP funding should include funding for administration of these packages, to ensure that case managers can maintain their focus on clients.

## **Service integration, focussed on client experience and the major reform initiatives (The Orange Door, Specialist courts, Police response)**

The bulk of CHIFVC's work occurs in the service integration space, as it is core to the remit of family violence regional integration committees (FVRICs). This role could be better utilised in the achievement of these key reform initiatives through increased engagement from Family Safety Victoria, in line with Recommendation 193 of the Royal Commission into Family Violence, and the *Strengthening the Case for Regional Integration* report (2018).

## Central Highlands integration improvements

The creation of the CHIFVC Specialist Family Violence Services Joint Allocations Protocol in the early stages of the first lockdown of 2020 grew out of the CHIFVC Demand Management Strategy, which amongst other strategies suggested the ‘sharing’ of intake resources between agencies at times of high demand. The CHIFVC SFVS Joint Allocations Protocol has been in a pilot phase since early August, enabling better demand management across the system, and has been designed to enable a smooth transition into The Orange Door. It has also been embedded into a proposed Joint Family Services and Specialist Family Violence Services Allocations process which is envisaged as enabling better collaboration across these two key sectors, and integrating The Orange Door practices better with core services, with the intent that this will also help to reduce demand, especially in relation to repeat clients. See further detail about this work in the next section.

It should be noted that the CHIFVC SFVS Joint Allocations Protocol has had significant positive outcomes, including the better distribution of demand across the system (ensuring quicker responses to clients), building capacity and expertise amongst those participating, and facilitating an improved coordination of services across the region. It has also been key that the Principal Strategic Advisor has led this process, as it has ensured a level of impartiality which would not be achievable by, for example, any given SFVS, or even The Orange Door. The development of this Protocol has taken significant capacity from CHIFVC – likely 50% of the PSA’s time over approximately five months – and has only been possible because many other CHIFVC priorities have been put on hold during Covid-19 and associated restrictions. Funding would need to be provided to most regional integration committees to achieve similar outcomes.

CHIFVC has supported the development of the Working Together Project, which over a period of years has increased the collaborations between specialist family violence services and family services. This has been funded by some of the key services from Central Highlands – that is, independently of any government commitments. In its current iteration, a Collaborative Principal Practitioner is facilitating reflective practice sessions across the two sectors, and over the next year, will build service models that will enable and support collaboration. The vision over the longer term is that these collaborations will build and grow to include other community service sectors, enabling multi-disciplinary teams to wrap around clients to deliver services that meet their needs and preferences.

The unique achievements of this project should not be limited to the Central Highlands, but to date there has been little engagement with the project from government agencies, despite the centrality of service integration and coordination to both the Roadmap to Reform and the Ending Family Violence reforms.

**Recommendation 22:** That Family Safety Victoria support regional integration committees in accessing the data, including data from The Orange Door to ensure that committee is able to achieve its purpose and strategic objectives, particularly in relation to integrating and coordinating services across the region.

**Recommendation 23:** That Family Safety Victoria support regional integration committees in developing joint allocations processes suited to each region and its needs.

**Recommendation 24:** That Family Safety Victoria and the Department of Health and Human Services fund and support regional projects designed to improve the collaboration between family

services and specialist family violence services, progressively scaled up to include other parts of the MARAM-aligned workforce.

### **MARAM Framework Implementation**

A key outcome of the Royal Commission was the creation of the MARAM Framework, and the phased prescription of a broader and broader set of workforces, and the integration of the three different levels of engagement – from basic through intermediate to comprehensive responsibilities. From a CHIFVC perspective, MARAM is one of the more significant elements of the service integration strategies laid out by the Royal Commission, because it is designed to ensure that no matter where a victim survivor discloses, they will receive a sensitive and consistent response – it is the MARAM which will ensure that family violence really is everyone’s responsibility to respond to.

However, the success or failure of the MARAM rests significantly on service integration and collaboration. Although the focus of the MARAM materials and practice guidance is on individual agency alignment and support for workers in delivering their services, much of the real work relies on the collaboration, referral and secondary consultation work. As highlighted above, secondary consultation in particular is likely to exacerbate demand on the specialist end of the system. Additionally, however, successful collaboration between different and disparate parts of the service system is key to the achievement of systemic alignment to the vision laid out in the MARAM Framework.

CHIFVC is uniquely situated to deliver this in the Central Highlands, as the participants we pull together around the table represents much of the diversity of the service sectors required to align to MARAM. In this regard, it has and will increasingly become a mechanism for working through what alignment must look like, the interfaces between different agencies, and the practice models that will enable meaningful and beneficial collaboration. However, CHIFVC is limited in the role it can play in supporting organisational alignment, due to capacity. It is thus important that CHIFVC continues to play a role in delivering the MARAM Collaborative Practice training module, to ensure the alignment of the practitioner-level collaboration with the strategic level system integration work that is key to CHIFVC’s strategic plan.

**Recommendation 25:** That FSV fund regional integration committees to deliver ongoing MARAM alignment communities of practice for organisational leaders across the region.

**Recommendation 26:** That the delivery of MARAM Collaborative Practice modules remain with regional integration committees to ensure these modules can be tailored to the specific needs of the region.

### **The Orange Door**

The Orange Door in Central Highlands (TOD-CH) has been in establishment phase for quite some time now, with various delays. While the delays have been frustrating for many, especially for staff recruited to TOD-CH positions, the additional time has been transformative of the way that TOD-CH has become embedded into the Central Highlands infrastructure, including through the Central Highlands Integrated Family Violence Committee (CHIFVC) and the development of the CHIFVC Specialist Family Violence Services Joint Allocations Protocol.

The issue of the integration of TOD with local regional infrastructure is an ongoing issue across all existing TODs. This is a result partly of the governance structure, as set by Family Safety Victoria,

which tends to treat all non-partner agencies as equivalent, even where some are understood as core services – that is, those who will receive allocations of cases from TOD. The governance structure of the Hub Leadership Group and the Operational Leadership Group are not limited only to partner agencies, but integration between the ‘front door,’ provided by the TOD and the ‘back end,’ integrated by the regional integration committee has not been recognised as a priority by Family Safety Victoria. The Local Establishment Forums are effectively a one-way delivery of information, but are treated as the primary way of engaging the sector.

In Central Highlands, the Service System Navigator (SSN) was the immediately previous PSA, meaning that significant relationships built through CHIFVC were carried into the TOD development. Additionally, the SSN became a member of the CHIFVC soon after the PSA role was recruited to. She has also sat on CHIFVC working groups, and attended a number of other local governance and action groups run or supported by CHIFVC. Information from these groups was invaluable to TOD-CH data-gathering and decision-making, including, for example, enabling a better understanding for the HLG and the OLG of the need for Alternative Access Points and Outposting arrangements outside the main site in Ballarat. It has also been invaluable to enabling the integration of TOD priorities into the work of the family violence system and CHIFVC.

The Working Together Project had suggested the development of an allocations process across SFVS and FS (referred to locally as ‘joint-joint allocations’), to facilitate work on that project. This work was intended to be undertaken by the CH FSA, TOD-CH and CHIFVC. Given that the CH FSA had extensive history of using a joint allocations process, CHIFVC undertook to design a joint allocations process for specialist family violence services, to inform the development of the ‘joint-joint’ work.

Fortunately, the TOD-CH has participated in the process of developing the CHIFVC SFVS Allocations Protocol, highlighting opportunities to align the development to the work of TOD-CH once it opens. This process has been highly beneficial in ensuring the TOD-CH are conscious of the concerns and knowledge in the broader SFVS (beyond the HLG/OLG governance structure) and has facilitated increased understanding across core services of what the landscape will look like once TOD-CH opens. In some cases, the role of the TOD-CH as the ‘front door’ to the system had not been understood until it was discussed in the context of allocations.

The creation of a CHIFVC-created document, to which TOD-CH is intended to be a signatory alongside the SFVSs in the area, also ensures an ongoing mechanism for engagement and shared accountability across the SFVS system as a whole, both now and as it will exist following the opening of the TOD-CH. The Protocol is currently in pilot, and the document is intended to be presented to the CHIFVC in the December meeting for endorsement.

The ‘joint-joint’ process has been endorsed by CHIFVC and by CHFSA, and will form part of the launch of the TOD-CH. The codesign process involved in the development of the CHIFVC protocol has then supported the ‘joint-joint’ allocations work, which has resulted in a proposal document which is being consulted on. This proposal incorporates the existing CHFSA process, the CHIFVC protocol, and creates a new process based on the CHFSA and CHIFVC arrangements specifically designed to address cases where both FS and SFVS allocations are required. This document will need to be approved through Family Safety Victoria, and will also require endorsement of the CHIFVC and the FSA.

It is clear from TOD-CH staff's willing participation in the development of these processes, and participation in and attendance at CHIFVC meetings, that there is a difference in approach between prior TOD openings and the TOD-CH. This willingness is important, and must be recognised. It is also important that from the collaborative work we have done over the previous few months, that there is an increasing sense of the function of the service system as a whole across the broader family violence system, the specialist family violence services and the 'front door' to the system in TOD-CH – the aspiration of Regional Integration Committees. The sense of shared accountability to clients, the building of strategies together that seek to serve client interests, and a recognition that this collaboration between CHIFVC, TOD-CH and the SFVSs will and must be long-term has increased and is where the real transformation lies.

This has also resulted in a greater understanding that TOD cannot achieve the integration envisaged by its model without engaging meaningfully with the specialist family violence system as a whole, and with the regional integration committee. The integration in intake, assessment and planning is important, but to ensure a positive impact for clients, it must be matched by integration and collaboration in the 'back end' of the service system, and also of the integration *between* the local service system and the TOD. It is not simply the outputs of the work undertaken in Central Highlands over the past few months that has been beneficial to this process, but the shared undertaking of that work that has been particularly transformative.

CHIFVC would recommend that having regional integration committees built into the governance architecture for TOD would support increase integration between the 'front door' and the 'back end'. A Joint Allocations process that is accountable to the regional integration committee is a way of ensuring ongoing and meaningful engagement between the two parts of the system. As highlighted above in the discussion of the Data Press project, this integration should be facilitated through the sharing of data between TOD and the regional integration committee. This sharing of data will facilitate the regional integration committee supporting the TOD as well as possible.

In relation to the TOD model, the preservation of the gendered lens through the integration of child wellbeing and safety, victim-survivor and perpetrator insights will be important, especially as the expectation appears to be increase integration of family services and specialist family violence services in the backend.

Questions about the adequate integration of disability awareness and expertise into intake, assessment and planning remain unresolved, a concern generally given the rates of violence against women with disability, the rates of disability amongst adolescents who use violence in the home, and the rates of Acquired/Traumatic Brain Injury amongst victim-survivors. There appears to be an assumption that recognition of disability and diagnosis will occur elsewhere in the system; in fact, a specialist family violence service may be the only or the first service encountered by a victim survivor, so intake particularly must be disability-aware and disability-responsive.

**Recommendation 27:** To ensure the integration of The Orange Door with the broader service system, the Principal Strategic Advisor for the regional integration committee should be part of the governance infrastructure for The Orange Door, and regional integration committees should include either the SSN or the Hub Manager in their membership.

**Recommendation 28:** The processes involved in intake, assessment and planning in The Orange Door must be fully disability-inclusive and disability-responsive, through capacity building of

workers and creation of policy and process documentation that facilitates identification of disability.

### **Specialist Family Violence Court**

Ballarat opened a new specialist court in October of 2019. It has made a significant difference to the experiences of victim survivors coming through the court, particularly in terms of the availability of support staff, including for supporting parents with children, and the physical strategies used for separating affect family members and respondents. It has also led to increasing willingness amongst victim survivors to pursue legal avenues sooner, helping to curb risk escalation in some circumstances.

Fulfilling the support roles in the Ballarat Specialist Family Violence Court has been difficult, in some cases, and is still ongoing in relation to the Umlek Balit program, highlighting again the need to focus on pathways into family violence workforces, especially for Aboriginal and Torres Strait Islander people.

There are difficulties that have resulted from the Covid-19 restrictions, particularly in terms of timely responses, but in most circumstances, specialist family violence workers have reported positive outcomes for victim survivors with longer intervention order periods and so on. It has also limited the ability to 'share' the support staff between courts, which is significant in rural areas where there are limited services to begin with.

Nonetheless, CHIFVC would underscore the original intent of the Royal Commission in making recommendations in relation to specialist family violence courts being set up in every headquarter court across Victoria. It is also important that smaller courts are provided with the resourcing they need to enhance the safety of victim survivors. Bacchus Marsh court, for example, is extremely small, and affect family members must wait out of doors alongside the respondent. This can limit the willingness of victim survivors to access these services.

**Recommendation 29:** Every headquarter court across Victoria should have a specialist family violence court.

### **Police Responses**

There has been significant work in relation to the L17/Family Violence Response process. In the majority of cases, this has increased the numbers of victim survivors being offered access to a specialist family violence services, which is positive. The impact is somewhat obscured by Covid-19 related spikes, and so it is difficult to assess the impact overall.

However, as highlighted above, the reform of the Family Violence Report has not been designed with adolescents who use violence in mind, and as a result, the pathway from incident to service is problematically complex and at times has been an active barrier. This is likely to be addressed by the introduction of The Orange Door in Central Highlands, but for those regions without this integrated intake function, the ability to refer directly into these programs (where they exist) would ensure that these services are able to deliver programs to their clients.

### **COVID-19 response**

*Please note that this section of the submission was also sent separately ahead of time, to ensure it could be included in Covid-19 information provided to Government.*

In Central Highlands, Covid-19 has produced significant work to address the needs of the family violence system. It should be noted that many aspects of this were local innovation, building on regional integration.

### **Funding arrangements**

There have been some complexities in the funding arrangements in Central Highlands during Covid-19.

An agency primarily responsible for delivering perpetrator interventions (both case management and Men's Behaviour Change Programs) was offered crisis funding solely for personal protective equipment for staff. This, combined with high demand and the inability to exit perpetrators from MBCP (due to the advice from DHHS that such programs must not be delivered remotely) has created a bottleneck in the perpetrator intervention system. Additionally, whilst there is willingness to deliver programs in alternative ways (and potentially exploring alternative ways of intervening with perpetrators), additional funding would be required to enable this pivot.

While the Covid-19-specific funding has been valuable to date, it is important to note that even under ordinary circumstances, demand frequently outstrips the service system's capacity. The primary concern going forward is that the real Covid-19-related peak in demand is yet to come. The concern is that this demand peak is likely to dovetail with the decrease in government support through JobKeeper and JobSeeker in particular. As this date is moved into the future, full recognition of such a demand as a Covid-19-related issue may be reduced. Specialist family violence services need additional funding to meet the needs of our Central Highlands community.

### **Collaborative Demand Management**

Early in the pandemic, CHIFVC ceased many of its ordinary working groups in recognition that most organisations were experiencing significant capacity issues, and the Senior Executive Team contemplated the best use of CHIFVC resources during the pandemic. It was concluded that regular meetings between the specialist family violence services in Central Highlands and senior members of The Orange Door in Central Highlands (which is yet to open), along with key partners from the health sector, police, courts and education would be valuable for identifying trends and responding in a timely fashion.

This meeting has involved each agency providing an update on demand, and sharing some of their observations about current trends in family violence risk, escalation, clients' access of services and so on. Observations have included, for example:

- That there was an initial dip in demand for victim survivor case management, comparable to school holiday periods previous, which increased once school restrictions lifted
- That there was increased 'complexity' associated with clients – some of this involved practitioners needing to understand new services, new pathways and new modes of delivery, but has also reflected additional needs amongst clients, including a cohort of clients who had never engaged with community services before
- that clients are reaching the service system as far higher escalation of risk,
- that forms of violence are in some cases extreme,
- that many clients contacted as a result of referral from police (via Family Violence Reports aka L17s) are declining services,
- that there is a dramatic escalation in adolescents using violence in the home,

- that VicPol has experienced an enormous spike in the May/June period especially
- that hospitals do not have robust enough assessment and recording mechanisms to reflect anecdotal concerns about an increase in family violence presentations
- that there has been significant changes in referral pathways, with, for example, private mental health professionals referring people to family violence services
- that communication across sectors could be improved (for example AOD and MH sectors)
- that staff in specialist family violence services have experienced significant emotional and mental impacts due to working from home, including navigating high-trauma cases within their home.

This process has also exposed where some additional work still needs to be done in increasing integration, and where reforms still need significant work. For example, when children were to be undertaking remote schooling unless there were specific needs in play, the Department of Education engaged extensively with the Out of Home Care and the Family Services sectors, and principals were encouraged to act on the advice of practitioners, and practitioners given guidance about how best to provide this information. However, specialist family violence services were not contacted to discuss how their expertise might be needed to assist principals in deciding who could attend school, nor how they could support clients to access this kind of support. While they were open to discussing this with the PSA upon being contacted, it is concerning that the family violence sector was not thought of as needing access to this information alongside other community services.

Additionally, the discussions at the Collaborative Demand Management meetings exposed that neither the Emergency Department nor Social Work at the local hospital had robust strategies in place for the identification, assessment and recording of family violence. Anecdotal reports were that there had been significant increases in presentations for family violence, but this relied on specific practitioner knowledge and ability, rather than, for example, integration. The expansion of MARAM requirements to hospitals is thus a priority for ensuring that this capacity is present within hospitals, as well as smoothing pathways to the specialist family violence sector.

Strategies that have been enabled by the Collaborative Demand Management meeting have included:

- Greater sharing of case capacity between organisations (progressing from a ‘traffic light’ system of demand level communication to explicit numbers of case capacity),
- A smaller agency transferring more of their intake to a larger organisation with significant intake capacity due to staffing intended to move into The Orange Door, taking pressure off the agency’s case managers and enabling them to focus on case delivery
- Agencies experiencing high demand being able to quickly identify alternate pathways for clients, ensuring the fastest possible response rather than being wait-listed
- The development the Joint Allocations process (detailed below)

### **Joint Allocations**

The prospect of a joint allocations process has been discussed for some time in Central Highlands. With the increased collaboration enabled by the Collaborative Demand Management meetings, the development of the Joint Allocations protocol was prioritised as a mechanism for shared management of demand (especially in crisis situations), an increase in appreciation for the

importance of the diversity of service delivery models, a strategy for keeping the whole of a family in view, and a way of enabling the sharing of expertise across agencies.

The Joint Allocations protocol has been designed to align with The Orange Door service model, enabling a smooth transition once The Orange Door opens, and staff from The Orange Door have been supportive partners, attending meetings weekly despite other demands on their time. It has also laid the groundwork for the specific innovation of a joint specialist family violence services/family services allocation process (initiated through the Working Together Partnership in Central Highlands). This 'joint-joint' process will be a keystone of ensuring that the integration that is the focus of The Orange Door will be extended through the allocation process to core services, and out into the broader sector that will be responsible for delivering the majority of services

A copy of the Specialist Family Violence Services Joint Allocations protocol draft is **attached**. It is intended that it will enter a pilot phase in August 2020, hopefully in time to enable the benefits of joint allocation to be brought to bear on any Covid-19-related peaks in demand.

### **Data Collection and Sharing**

The above initiatives have also been valuable in giving the CHIFVC as a whole access to timely information and data about the family violence system in Central Highlands. The collection of demand level data across the months since April, which will enable reflection on Covid-19 and its impacts at a system integration level rather than at an individual agency level. This strategic, system-wide approach to understanding our shared response to family violence in the context of Covid-19 is already occurring through CHIFVC Quarterly Forums. **Attached** is a copy of a presentation given to CHIFVC in late June, demonstrating the kinds of strategic issues around system integration and trends the CHIFVC is grappling with.

### **Perpetrator Interventions**

Work with perpetrators in Central Highlands has faced particular difficulties during the Covid-19 pandemic and associated restrictions. Essentially the following problems have contributed:

- Extremely high demand for perpetrator intervention services
- Inability to run Men's Behaviour Change Programs
- Inability to exit clients from Men's Behaviour Change Programs (completion of the program is required)
- Service model requirements that have not allowed alternative mechanisms for delivering perpetrator interventions
- Recruitment difficulties associated with recruiting during a pandemic.

It is important to note that the Royal Commission into Family Violence encouraged the creation of a range of interventions with perpetrators, including, for example, individual approaches to changing men's behaviours. The complexity of seeking to deliver especially MBCP during Covid-19 (in Central Highlands, only a couple of groups have started back up during July, and these may need to be suspended again due to escalating restrictions) is not an issue that has been resolved.

### **Court response**

The primary concerns related to court operation during Covid-19 restrictions has had to do with communication and clarity. Many of these issues are being resolved, but there is some concern

about the longer-range impacts of, for example, temporary orders that are put in place for extended periods. I **attach** a collation of issues observed by staff of one specialist family violence service in Central Highlands, which was made available to Family Safety Victoria in June.

\*\*

CHIFVC thanks the FVRIM for the opportunity to share these experiences with her and her office.

If there are any questions regarding any of this material, please do feel free to contact us for clarification.

\*\*

Campbell, E., Richter, J., Howard, J., & Cockburn, H. (2020). The PIPA project: Positive interventions for perpetrators of adolescent violence in the home (AVITH) (Research report, 04/2020). Sydney, NSW: ANROWS.

Kwok, Wei Leng (2018), *Strengthening the Case for Regional Integration* report.

Robinson, S (2014), *Enabling and Protecting: Proactive approaches to addressing the abuse and neglect of children and young people with disability*, Children with Disability Australia, available online at: [https://www.cyda.org.au/images/pdf/enabling\\_and\\_protecting.pdf](https://www.cyda.org.au/images/pdf/enabling_and_protecting.pdf)