



Family Violence Monitor

Submission

July 2020

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The MAV is the statutory peak body for local government in Victoria. The MAV acknowledges the contribution of local government in preparation of this submission. While this submission aims to broadly reflect the views of local government in Victoria, it does not purport to reflect all the views of individual councils across the state.

Executive Summary

Since the 2016 Royal Commission into Family Violence (Royal Commission), Victorian local government has implemented key policy and systemic changes to address and respond to regulatory and other changes based on findings from the Royal Commission. This submission outlines the successes and challenges in responding to the Commission's findings.

Local government plays an integral role in preventing and responding to violence against women and families across the state through provision of children and family services, emergency management and other services that present opportunities for prevention activities and as a partner across the services sector. Additionally, local government is in a unique position to influence community change due to its close relationship with its communities, and its role as a major employer in many municipalities across the state. Councils have made a significant contribution to supporting and implementing key reforms through its role as a service provider, notably through Maternal and Child Health (MCH) and other support services, and as community leaders and workplaces championing primary prevention and gender equality.

Through its varied roles local government recognises that improved resourcing for support services and programs; prevention and education; and service integration, has been a key reform strength. But ongoing improvements to information sharing, referrals and service integration are still required.

The establishment of the Orange Door is having varying success across the state. For victim survivors living in municipalities where *Orange Doors* are located in close geographic proximity, councils have noticed increased access to family violence services and improvements to service system integration. In other municipalities the establishment of Orange Door has resulted in reduced service integration and fragmented key relationships across the services system, ultimately impacting access to services and support for families, and sometimes even alienating families.

Recommendations brought about by the Royal Commission have had a significant impact and influence on community facing policy and practices and within the workplace for local government.

Council MCH services follow up all birth notifications, and hence connect with every family across the state, so continue to play a vital role in providing support for victim survivors. MCH nurses have an intimate relationship with families and are recognised as a key identifier, contact and referral point for families experiencing family violence. Through the MCH service councils have led the rollout of one of the cornerstone pillars for change to the family violence service system in the information sharing reforms - the Multi-Agency Risk Assessment and Management Framework (MARAM), the Family Violence Information Sharing Scheme (FVISS) and the Child Information Sharing Scheme reforms (CISS). MARAM offers an opportunity for councils to review organisational policies, processes and capabilities and data retention systems for improved family violence and child safety and wellbeing protection and response.

MAV Recommendations

This submission includes suggestions for a number of ongoing improvements to current systems and structures to enhance safety for women and families across Victoria. More specific recommendations that will enhance local government's service provision include that:

1. All Orange Doors implement outpost/outreach specialty family violence face to face client assessment and support joint consultations with the clients trusted primary professional in non-stigmatising universal settings, such as local government integrated children services, community centres and/or community health services.
2. Improvements are made to service sector information sharing so that changes in family circumstances are communicated by Family Violence and Child Protection Services to MCH nurses, and other support services, to ensure a safe work environment for all frontline workers.
3. A seamless referral and access pathway and secondary consultation service is established for universal services staff, such as Maternal and Child Health, which is inclusive of family violence as well as child safety and wellbeing.
4. Standard process for referral agencies to Orange Door for both Family Violence and Child Protection Services are clearly articulated, timely follow up with clients is embedded in practice and clear processes for communication with referral agencies are developed and adhered to to ensure vulnerable individuals do not fall through the cracks.
5. Tailored materials, customised training, and clear processes are developed and communicated to ensure the successful rollout of MARAM in the early years settings.
6. Family Violence Support services are required to provide face to face support to vulnerable/at risk families during the COVID-19 pandemic regardless of restrictions levels (and in line with Public Health Directions) to ensure appropriate support is provided for the safety of vulnerable individuals and families.
7. The State Government works closely with local government in the planning and provision of social housing and emergency accommodation for victim survivors, in their local community where appropriate.
8. Primary prevention activity, including workplace gender equality and community prevention of violence against women initiatives with local government as a key setting, is maintained, supported and enhanced to prevent violence before it occurs.

Introduction

The Municipal Association of Victoria (MAV) is the peak representative and advocacy body for Victoria's 79 councils. The MAV was formed in 1879 and the *Municipal Association Act 1907* appointed the MAV the official voice of local government in Victoria.

Today, the MAV is a driving and influential force behind a strong and strategically positioned local government sector. Our role is to represent and advocate the interests of local government; raise the sector's profile; ensure its long-term security; facilitate effective networks; support councilors; provide policy and strategic advice; capacity building programs; and insurance services to local government.

Local government plays an integral role in preventing and responding to violence against women and families across the state through provision of children and family services, emergency management and other services that present opportunities for prevention activities, and as a partner across the services sector. Additionally, local government is in a unique position to influence community change due to its close relationship with its communities.

As a provider of services, it is also a large employer, and sometimes one of the largest employers in a municipality particularly in rural communities.

Further to the 2016 Royal Commission into Family Violence, a recommendation was made to legislate that local government address family violence through its Municipal Health and Wellbeing Plans – in both prevention and response.

Victorian councils are committed to gender equality and to the prevention, early identification and response to violence against women and children. Councils:

- Provide leadership and/or are partners in the prevention of violence against women in their municipalities;
- Are engaged in the provision of services for the community, including, but not limited to, children and family services, Maternal and Child Health (MCH), Aged Care, Youth services.
- Under legislation, MCH services follow up all birth registrations, and hence connect with every family with children across the state.
- Lead, facilitate or work in partnership with service providers, including the Victoria Police, the Family and Magistrate Courts, with the end-goal of support and improving the safety, health, wellbeing, and outcomes for families.

The MAV's Preventing Violence Against Women Leadership Statement from 2012 commits to provide leadership in preventing violence against women through:

- Advocacy to other levels of government to increase the resources in clarifying, enhancing and implementing legislation and influencing social norms for more equal relationships between men and women;

- Building capacity within this organisation and the sector to understand the prevalence, seriousness and preventable nature of the problem and the roles that local government can play in addressing gender equity and promoting respectful relationships;
- Promoting local government's role, achievements and best practice in preventing violence against women to the sector and other levels of government;
- Championing 'whole of community' approaches to raising awareness and responding to opportunities to promote respectful relationships;
- Supporting local councils in their community leadership roles by facilitating the provision of resources including advice, expertise, networks and policy support.

The significant role councils play is further highlighted by the City of Casey's statement: *'As a government body that works with a cross section of the community in all stages of life, [local government] has the ability to form strong partnerships in the sector and we are in a unique position to influence change.'*

Casey Council has one of the highest reports of family violence across the state and is committed to gender equality and the prevention, early identifications and response to violence against women. As with many other councils, whilst they may not be a direct service provider of family violence services, they are active and instrumental partners in the primary prevention of family violence and violence against women in their communities.

i) How has the family violence service system changed since the Royal Commission?

Community awareness on family violence:

Councils reported an increase in overall community awareness achieved through the:

- Implementation of training for service providers and health professionals
- Education campaigns – targeting community and service providers
- Policies and systems improvements;

which in turn has led to increased reporting. For example, Hume City Council has the second highest rate of family violence incidents per 100,000 population across Metropolitan Melbourne. Hume City Council states that reports of family violence incidents have increased from 2,906 in 2013/14 to 3,376 in 2017/18.

The increase in reporting has improved the availability of supports for families in some areas, but has resulted in increased workloads and challenges for the system to keep up with demand. This is discussed later in this submission.

Council staff working with families have noticed a heightened awareness and understanding of what family violence is; the harm it causes to children and women; and an increased preparedness to talk about family violence with council staff.

A number of councils report that partnerships between *prevention of violence* programs, through Primary Care Partnerships, and service providers, have strengthened community awareness

and capacity, improving training and community awareness and action against family violence. This is illustrated through South Gippsland and Bass Coast Shire Councils' prevention program, *Change for Sam* (funded and supported by the State Government, councils and service providers). The program was born out of community action following the repeated abuse and subsequent death of a local woman at the hands of her former partner. (See Attachment B for subsequent Prevention Project)

Councils have noticed the Royal Commission has provided an impetus to focus on elder abuse awareness and referral pathways, including education programs led by Primary Care Partnerships.

Councils across the state also point out that the Royal Commission into Family Violence has led to improved collaboration between children and family services and family violence services in some municipalities, establishing a clearer understanding of roles and improved collaboration across services in supporting families in need.

Councils partner in the delivery of programs aimed at prevention and support for victim survivors and perpetrators of family violence, such as *Men's Behaviour Change* and Family Programs, such as *Baby Makes Three*. Significantly, MAV has facilitated the rollout, implementation and service alignment of MARAM and information sharing across Maternal and Child Health and councils, with Phase 2 council services to follow early 2021.

Councils are important communicators for their communities, making the participation of all 79 councils in the *Respect Women: Call it Out 16 Days of Activism Against Gender-based violence* initiative in 2019 and 2020 significant. Since the Royal Commission, the MAV has also worked with the Office for Women to roll out the largest investment in primary prevention of violence against women in local government to date, to deliver the *Free from Violence* local government grants program with 35 councils.

Improved service system integration:

Councils have noticed the beginnings of improvements in service system integration. Many positive changes led from the Royal Commission into Family Violence include:

- Improvement in Victoria Police response times to family violence reports and support for families;
- The ability of Victoria Police to take out Intervention Orders has taken the responsibility in the short term away from the victim survivor of family violence
- Delivery of support programs within the judicial system are also providing benefits to victim survivors, with councils noting the positive improvement of *Evidence by Audio*;
- Family Violence Liaison Officers provide support and advocacy;
- Community agencies providing material aid, financial counseling, and
- Centrelink staff supporting victim survivors to access support.

'The most positive change is response times for accurate Intervention Orders and perpetrator information between mandated, justice and community service system, which has kept women and children safer.' City of Greater Dandenong

Public Sector changes to workplaces:

Recommendations from the Royal Commission to implement best-practice workplace programs across the public sector, have resulted in local government placing a strong focus on both the prevention, early identification and response to family violence and the support for employees who are experiencing family violence. Councils have implemented policies within the organisation aimed at improving workplace gender equality, supporting staff, training staff in violence prevention and increasing awareness around the drivers and impacts of family violence. Examples of training occurring in councils include:

- Family Violence training
- Animal Recognise, Respond, Refer family violence training
- Gender Equity training
- Active bystander and unconscious bias training
- Sexual Harassment and Equal Opportunity training
- Awareness days and periods of activism – e.g. 16 Days of Activism
- Specialist training for staff – Child Safe; MARAM practice and alignment, and Information Sharing, (FVISS)

All Victorian councils have included family violence considerations within their EBAs. Supports for staff experiencing family violence include the provision of additional leave entitlements and Family Violence workplace contact officers who are trained in recognising and responding to workplace disclosures of family violence to support colleagues affected by family violence. Staff also have access to counselling via Employment Assistance Programs.

For many councils workplace gender equality and prevention of violence against women programs include in-depth reforms aimed at addressing workplace culture, policies and practices. For example, 19 councils commenced implementation of Our Watch's *Workplace Equality and Respect* process as part of the *Free from Violence* local government grants program, and 75 councils are currently participating in a voluntary staff survey on sexual harassment in local government being conducted by the Victorian Auditor General's Office.

The MAV is currently providing support to ten councils participating in the Gender Equality Act (2020) implementation pilot with the Commission for Gender Equality in the Public Sector. The MAV expects that implementation of The Act obligations from March 2021 will increase councils' commitment to gender equality in their community facing work and their workplaces, resulting in improvements and increased activity in this space.

Maternal and Child Health services across local government are implementing MARAM and Information Sharing into policies and practice; including universal identification and screening for family violence risk assessment and management. A recent poll with the Victoria Maternal Child Health Coordinator's Group in June found that 97% of 63 councils in attendance reported

their council leadership were aware of MARAM and Information Sharing reforms, with 86% aware of MAV supportive resources available. Maternal and Child Health services are utilising the Family Violence Information Sharing Scheme (FVISS) and Child Information Sharing Scheme (CISS) to support early intervention of family violence and staff are currently undertaking training in its roles and responsibilities under MARAM.

Councils note the Family Violence Information Sharing System (FVISS) has improved support mechanisms for families and children, providing an agreed assessment framework and shared understanding of family violence. Several councils have found that the FVISS has meant that workers across the sector are meeting more frequently and building stronger relationships, resulting in a stronger service system and improved outcomes for families.

However, some councils have noted the need to increase information sharing by Victoria Police with their Local Laws teams, particularly in relation to animal management, where council officers are not informed of issues of family violence when Police seek their assistance with animal welfare issues.

Some councils also report concerns with the rollout of MARAM. Major issues include; the lack of clarity regarding clear minimum targets and timelines for alignment; and inconsistencies in alignment of policy and practice impacting current family violence assessment and management across the broader service system while the revised support structures, such as Orange Door, are being established.

In 2020 MAV will also support Phase Two council services, including supported playgroups, in their preparation to become prescribed entities for MARAM and Information Sharing in early 2021.

The ongoing implementation of MARAM and FVISS would benefit from:

- improved and targeted communications, such as consistent updates across peak organisations and updates on rollout, and
- cross department collaboration (between DHHS and DET) to share learnings and identify areas for improvement from Phase 1 in preparation for Phase 2.

Orange Door and funding improvements:

The recommendation to introduce Safety Hubs in each of the state's 17 Department of Health and Human Services regions has been met with mixed responses and outcomes across the state. Five Hubs are currently operating throughout the state.

Some councils report positive changes through the implementation of the *Orange Door*, finding it a useful service to families. However, councils report the Orange Door system still has a long way to go to meet the support and safety needs of families experiencing family violence, for a number of reasons. They consider Orange Door services need to be more widely dispersed across the state and have an 'outposting' capacity, as the geographical distance between services results in weak service provision. Some councils have noticed that since the opening of Orange Door, services and support for families experiencing family violence has been reduced

as pre-existing relationships between local agencies have not been maintained through the transition.

MAV Recommendation 1: All Orange Doors implement outpost/outreach specialty family violence face to face client assessment and support and joint consultations with the clients trusted primary professional in non-stigmatising universal settings, such as local government integrated children services, community centres and/or community health services.

Councils have identified new funding streams for victim survivors of family violence as a key positive. One council provided an example of a CALD family who secured assistance through the Domestic Violence Flexible Funding Package. The family had been subjected to violence by the father/husband and were without family support in Australia to help them escape the violence or seek support. The package was instrumental in helping them to return to their home of origin, paying for transitional housing (during COVID-19) and covering the cost of the children's passports.

ii) Looking forward – what is still required in the family violence system?

Service integration and information sharing:

While councils have reported improvements in some areas there are challenges that need to be addressed.

Councils have noted the crisis responses system has improved, but there are still problems with referrals and case sharing between family violence programs, child protection and other partners such as drug and alcohol services, mental health services and the Office of Corrections.

Issues around information sharing have been consistently identified as a problem by councils who provide Maternal Child Health Services. Too often council Maternal and Child Health nurses only learn of violent situations upon arrival at a residence for a home visit. There have been instances when:

- Nurses are made aware the family is under a Family Violence or Child Protection Order upon arriving at the home;
- A father/partner has been released from prison and is now living in the home and the nurse has not been notified;
- There has been a major incident in the family with children removed with the MCH nurse unaware of the change in circumstances.

It is not a good or safe practice for Maternal and Child Health nurses to not receive notification of major incidents/risks prior to attending a home, placing them in situations of increased risk. Nor is it acceptable for Victoria Police to request council local laws officers attend a property for animal welfare issues without being alerted to the context/risk. Improved service sector information sharing is required to provide a safe work environment for frontline workers.

MAV Recommendation 2: Improvements are made to service sector information sharing so that changes in family circumstances are communicated by Family Violence and Child Protective Services to MCH nurses, and other support services, to ensure a safe work environment for all frontline workers.

MAV Recommendation 3: A seamless referral and access pathway and secondary consultation service is established for universal services staff, such as Maternal and Child Health, which is inclusive of family violence as well as child safety and wellbeing.

Awareness of Family violence:

There continues to be a lack of understanding across the community and within the service sector in recognising the many forms family violence can take, with various media campaigns emphasising physical abuse. Councils argue that other forms of family violence need to be highlighted in media campaigns and diverse cohorts represented.

Municipalities with a higher population of Culturally and Linguistically Diverse (CALD) communities report that further education and targeted resources around family violence need to be directed to support these communities. It is also known that Aboriginal and Torres Strait Islander women, and women with a disability are at higher risk of family violence, and there is increasing awareness and understanding amongst service providers, including councils, that family violence occurs in LGBTIQ relationships as well as heterosexual ones, and that research and services require development.

Family violence disclosures can typically occur in non-specialised services such as libraries, sport and recreation facilities, animal and emergency management settings, playgroups and other parenting and early childhood settings provided by councils. It is critical that the upcoming rollout to early years services, supported playgroups and other settings builds on learnings from the Phase 1 rollout to enable appropriate support for employees and families.

MAV Recommendation Four: Tailored materials, customised training, and clear processes are developed and communicated to ensure the successful rollout of MARAM in the early years settings.

Systems changes - the *Orange Door*; service support and the judicial system:

Maternal and Child Health services have found the referral process to the *Orange Door* can be unclear and confusing. In some instances, council staff have been advised by Orange Door to make referrals by phone, in other cases they have advised to email only. The lack of clarity around referral to *Orange Door* is an ongoing source of frustration.

They also note referrals from the *Orange Door* do not always reflect the needs of a family that can exacerbate risk to disclosing women. Victim survivors of family violence are often wrongly referred to *Parenting Programs* when the referral critically should be to a specialist family violence support worker. This can redirect a woman away from correct care and support;

undermine a mother's confidence and self-esteem, shifting the blame from the perpetrator and on to the mother.

Inappropriate referrals can further disadvantage the victim and her children when matters are brought up in the Family Court. Councils report that *a referral for parenting support can, and has, been used by a perpetrator and his legal team to further undermine the victim survivor in the Family Court system.* Family Courts need to recognise and respond appropriately when making a Parenting Order where family violence is present in separation.

Maternal Child Health staff argue this issue is damaging to the working relationship between MCH services and the *Orange Door*. Mornington Peninsula Council outlines:

'The MCH service spends time with clients assisting them to recognise that what is happening within their relationship is Family Violence - this can be a lengthy process. When victim survivors then attempt to access Family Violence support but are advised that they are not eligible, and referred on for parenting support, this undermines their understanding of the situation and often minimises the risk in their eyes.'

Skilled practitioners have assessed need, MCH have always assessed parenting capacity if they believe parenting support is required, they would make a referral for this. If practitioners refer for Family Violence support, it is because that has been assessed as the priority risk factor/challenge.

This experience challenges practitioner integrity - there have been internal service conversations regarding practitioners' reluctance to refer to Orange Door for Family Violence support due to client feedback about being referred on for parenting support.'

In addition, the impact of the abuse on the victim survivor is compounded. When victims of family violence do not feel heard or supported, they are likely to become reluctant to continue to engage in the 'system', placing them at further risk of harm.

Maternal and Child Health and Enhanced Maternal Child Health nurses have found there can be a lack of follow up from *Orange Door* Family Violence services back to Maternal and Child Health, even when the referral has been initiated by MCH. A notification system back to Maternal and Child Health when children under five years old have been victims of family violence is recommended to ensure families do not fall through the cracks.

Maternal Child Health staff noted service response times to family violence reports can be slow in many instances. Services state that because of this, women are left feeling fearful or insecure following a report and will sometimes withdraw a complaint if it has not been acted upon, or support has not been immediately provided. Councils state that there can be up to an eight week wait for support after referral. The lengthy wait time critically presents a significant and substantially elevated risk to the family. Council support services refer to 'hand balling' of referrals, particularly where geographic boundaries or overlaps are present.

Families who have presented at *Orange Door* do not always have a satisfactory experience – reporting back to council staff that they have felt rushed and unsupported by the service.

MAV Recommendation Five: Standard process for referral agencies to Orange Door for both Family Violence and Child Protection Services are clearly articulated, timely follow up with clients is embedded in practice and clear processes for communication with referral agencies are developed and adhered to to ensure vulnerable individuals do not fall through the cracks.

Councils are advocating for more funding for “on the ground” family violence support, such as case workers considering increases in reporting. Many family violence programs are limited in hours with cases closing quickly, and women losing support before they are ready.

One council stated that ‘women who are vulnerable or in crisis often miss appointments, are difficult to contact and engage with services. Many services are quick to close for non-engagement or lack of contact after the initial three attempts.’

Councils also argue that the current funding models disadvantages many women. For example, Maternal and Child Health Family Violence funding is boosted in lower socioeconomic municipalities, when it is well known that family violence impacts women across the spectrum of socio-economic status.

Communication options for victim survivors of family violence are often inadequate and can be unsafe. Victims do not always have access to a phone that is not controlled by the perpetrator of violence. This is particularly problematic in a COVID-19 working context when a service needs to make a follow-up call to the victim – the perpetrator may field and control calls to the victim, placing her at further risk. For the same reasons the requirement of having to access Safesteps via email can be dangerous. This problem is particularly the case for women living with a disability and women for whom English is not their first language.

There are currently no specialist family violence support services available to women and children living with the perpetrator of family violence. The Maternal and Child Health service can often be the only support service available to families in this situation. The lack of appropriate specialist support services can have a negative and damaging impact on both the worker and the victims.

Access to family violence support services can be particularly challenging for young parents. *The support required by this vulnerable population group is unique, as their ability to parent a young child while experiencing the effects of family violence places them at the extreme end of being disadvantaged,* ‘Youth Support Worker, Casey City Council.

Access to mental health support services and therapeutic interventions for both women and children experiencing family violence continues to be a critical issue. There are excessive wait lists of up to six months. Private mental health services are reported by some council services as easier to access but prohibitive in cost, even with a Mental Health Plan.

‘Children need therapeutic support, but the system is clogged. It is very difficult to access mental health support,’ Maternal and Child Health Team Leader, City of Greater Geelong.

The impact on children is significant and early years services are particularly concerned about the lack therapeutic services and support available for children.

Additional targeted support, awareness, training and funding into the psychological effects of family violence on children could be a first step in addressing this issue.

Access to additional support services, such as financial counselling, legal advice and housing support all incur long wait lists. These support services play a key role in reducing and mitigating risks associated with victim survivors of family violence. It is also critical that access to support services is not means-tested, regardless of family assets or income, as victim survivors of family violence often do not have access to the family income and/or need to maintain confidentiality when accessing services.

Council staff working with families also state that women often report that their partners and ex-partners who are perpetrators of family violence are not being mandated to participate in *Men's Behaviour Change Programs*. Some services also argue there appears to be a lack of funding for men's behaviour change programs, resulting in a 'one size fits all' program model.

Issues remain within the court system for victim survivors of family violence. The experience of court procedures continues to be traumatic and disadvantageous to victim survivors of family violence. Extensive rounds of hearings necessitated by the Magistrates Court, to be granted an Intervention Order, can be traumatic and '*the ability for perpetrators to lodge cross-applications on Affected Family Members as a tit-for-tat strategy, prevails,*' states one council family support worker.

There are ongoing challenges to holding perpetrators accountable for family violence, particularly when Intervention Order breaches do not always appear to be responded to appropriately by police. This can be a significant impediment to recovery and a major cause of repeated abuse and increased risk for loss of life or serious injury. One solution may be to mandate the enforcement of Intervention Orders across the policing system.

The prohibitive cost of legal support continues to be a barrier for victim survivors of family violence, particularly if they are not eligible for Legal Aid. Similarly, victim survivors of family violence are often placed in the extreme and dangerous circumstance of being advised by their legal support provider to remain in the home with the perpetrator in order to position themselves as best as possible in the eyes of the family court, who may inadvertently penalise the victim in a financial settlement if she has left the family home.

Housing support:

Housing has been cited as a major issue facing women and children who are experiencing family violence. The lack of housing options, including emergency accommodation, places families at risk of ongoing abuse and an inability to escape the perpetrator.

In some rural municipalities access to emergency or crisis accommodation can be hours away. This impacts greatly on children and women who can lose contact with school, friends and

support networks. Geographical isolation can sometimes result in victims returning to the home where the perpetrator lives. This has been particularly apparent in CALD communities.

Additionally, access to housing support programs for children over the age of 17 is of concern. Family refuges where teenage males can remain with their family rather than being separated, is required, to reduce unnecessary stress for already traumatised families.

'We were working with a CALD family where the woman had eight children and was the victim of family violence. She sought refuge under a Salvation Army housing program but the eldest of her children, a seventeen-year old boy, was excluded from staying with her. The child was studying for his VCE at the time and had to spend the final eight months of his schooling couch-surfing with friends. This caused great distress to the family.' MCH nurse, Greater Geelong City Council

Where housing support is not available, wrap-around services and therapeutic support must be available to improve the long-term outcomes and opportunities for women and children.

MAV Recommendation 6: The State Government works closely with local government in the planning and provision of social housing and emergency accommodation for victim survivors, in their local community where appropriate.

Impact of the COVID-19 pandemic

The COVID-19 pandemic and associated restrictions have provided several unexpected learnings and opportunities to strengthen the service system.

Technology has of course played a huge part in facilitating positive service delivery *pivots* across the sector, with attendance rates at worker network and case management meetings at a peak during this time due to the reduction in travel and improved technical capacity. Boroondara Council reports that *'the local Family Violence Network Meeting via Microsoft Teams recently had the highest attendance in the last few years.'*

Some councils found that 'telehealth' service delivery has enhanced confidence around using technology, and provided easier access for some families, such as from remote/rural areas. It has also resulted in improved communication skills and the importance of the nuance of interactions.

A number of councils have reported that communication and relationships between agencies, such as Child Protection and Maternal and Child Health, have strengthened throughout COVID-19 restrictions due to additional efforts and impetus to maximise utility of accessible resources across the service system to ensure families are supported.

COVID-19 restrictions have also posed problems. Suspect incidences of family violence have increased across municipalities during the "lockdown" period, beyond what has been reported to police or other services. Services are concerned about the growth in *'silent family violence*

cases' with many victims waiting for post-COVID life to seek support services, because they have nowhere to turn to while restrictions remain in place.

'Lockdown has meant that known perpetrators of family violence have been spending prolonged periods within the home increasing the risk of family violence and limiting access to support services.', Council officer, Mornington Peninsula Shire.

Loss of employment and loss of income has increased stress and consequently raised family violence risk in the community and within families. COVID-19 restrictions have limited access to support services and have made some services cost prohibitive due to income loss.

COVID-19 restrictions have exacerbated issues experienced by victim survivors of family violence, particularly where they are planning to leave the abusive partner. Evidence shows that this is one of the most dangerous times to a victim of family violence, and limited housing options, access to support services and (often) reduced support networks throughout COVID-19 has heightened these existing barriers and risks. Support programs, behaviour-change and parenting programs have discontinued during COVID-19. Such programs are positive platforms for behaviour change, education and social connection.

COVID-19 restrictions have presented stressors on the Maternal and Child Health system. With less face-to-face support from Child Protection and family violence support agencies, there has been additional pressure placed on MCH services, due to it being one of the only services delivering a face-to-face support to families. Many councils state that this situation has placed additional stress and risk on Maternal and Child Health staff.

Limited face-to-face service delivery from family support services has also reduced the ability for services to undertake comprehensive family violence screening and risk assessments during the COVID-19 pandemic and associated restrictions. Council staff are concerned that the safety needs of women and children are not being met. Some MCH staff continued to deliver short scheduled consultations at the service; however parents were sometimes reluctant or fearful to attend a centre for a scheduled visit.

While Maternal and Child Health services have adapted to new and additional service delivery models under COVID-19, such as telehealth practices, it has become increasingly challenging to screen for family violence, particularly if the perpetrator is home and controlling the victim's interactions, responses and conversations.

Interpreters have been engaged to work side-by-side with Maternal and Child Health staff to support families, however this is not always appropriate in small CALD communities where they might personally know the interpreter.

'At times if the client knows the interpreter clients may not be willing to confirm issues with family violence as they do not want the interpreter to know about family violence.' Council Officer, City of Greater Dandenong.

Overall service capacity has been reduced during COVID-19 restrictions, with some Child Protection staff unable to deliver face-to-face service which has a flow-on effect to Enhanced Maternal and Child Health staff within council services, who are consequently 'holding' more vulnerable clients.

As restrictions ease there is also growing concern amongst councils that staff who work directly with the community such as libraries, customer service, local laws, and sport and recreation staff will receive a high number of disclosures of family violence. As staff not traditionally required to provide family violence support it is vital that they are trained to appropriately respond to such instances and refer community members to appropriate services. The MAV is currently piloting Recognise, Respond and Refer training for local government with the Eastern Domestic Violence Services (EDVOS). For the initial sessions we received expressions of interest from 152 people from over 30 councils within just a few days.

MAV Recommendation Seven: Family Violence Support services are required to provide face to face support to vulnerable/at risk families during the COVID-19 pandemic regardless of restrictions levels (and in line with Public Health Directions) to ensure appropriate support is provided for the safety of vulnerable individuals and families.

The impact of COVID-19 on families has been significant, with both a 'silent' and reported increase in family violence across the state. Councils have expressed concern about the impact of continued and increased family violence on children. One way forward may be the provision of additional supports across education settings (early years services and schools) to ensure vulnerable children can easily attend centres/school throughout current and future lockdown restriction period/s.

Primary prevention of family violence and violence against women

To end violence against women and children a focus on primary prevention must be maintained, supported and enhanced. Councils are well established as leaders and a key setting to deliver primary prevention activities. As already mentioned in this submission, councils play an important role in the lives of those in their communities from birth to old age offering important opportunities to influence attitudes, and behaviours as well as their own workplace policies and practices.

Council initiatives in a variety of council settings have been successful and are being shared for tailored replication in other local government areas. There is also an increasing number of councils demonstrating their commitment by adopting formal Leadership Statements, Strategies and Plans. Ongoing investment and development, however, is required to maintain the momentum built on previous years' work.

MAV Recommendation Eight: Primary prevention activity, including workplace gender equality and community prevention of violence against women initiatives with local government as a key setting, is maintained, supported and enhanced to prevent violence before it occurs.

Victoria's family violence response and early intervention efforts will only be strengthened by a comprehensive approach to primary prevention. Local government is critical to prevention as councils enjoy unrivalled reach and access to community from birth to old age, and through settings of home, health, work, learning and social. Through gender equality workplace plans, policies and procurement, and primary prevention programs via early years, youth services, community grants, positive aging and urban planning, to name a few, councils can lead their communities in challenging the drivers of violence and shift attitudes and behaviours at the individual level, and those that lie in our social systems and structures, to achieve our shared vision of a gender equitable society where violence is prevented before it occurs.

Attachment A: Case studies

The following Case Studies have been provided by MCH Nurses, MCH Coordinators and Family and Children's Services Managers within councils. They provide firsthand experience of many of the issues raised in the MAV submission.

Case Study One

"Kate" disclosed to me that she was experiencing very serious FV as were her two daughters. She told me that she had tried to tell many people before me, including during her pregnancy, but she was not heard. She showed me photos of bruises to her daughter's buttocks from thongs and bruises to her face. A child protection notification was made, and the family were moved to a motel. They were moved to three different motels in five days. They were not given money or vouchers; the motel was given money (\$30 per day) to provide food but that only covered breakfast and they went hungry till the Monday when they came to my office and I fed them and arranged Emergency relief. I helped them get a private rental (a one bedroom for a family of three as there is no public housing available) and Centrelink and EDVOS engaged with the family. The family accessed funding but not enough for a car, so the family are driving an un-roadworthy car. English is not the first language for this client which created many problems particularly as she didn't understand the laws or the system and even filling out forms was difficult. This family have never gone back to their home to pick up their possessions. The ex-husband has all the money and has been able to engage top legal advice whilst my client is using Women's Legal Service. Counselling for the child through ACF requires fathers consent so this traumatised child was not able to access specialised counselling. This family is still struggling, and I feel like we haven't done enough for her and her young daughters.

Case study Two: This example is when the system works well – services work alongside each other and the family

A woman from CALD background presented for her Key Age and Stage check with her eight-month old baby. She disclosed that she was experiencing family violence from her partner and that she did not want to return home. The MCH Nurse called EDVOS who sent a worker, Police attended and an interpreter was already present. All parties worked for several hours to obtain an excellent result for this mother, locating alternative accommodation for the mother and child and was escorted home by police to retrieve clothing etc.

Case Study Three

A 26 year old mother has her three children under the age of five living with her. Two remaining children live with other family members permanently. The mother was herself a child under Child Protection with an experienced Child Protection worker saying she had experienced 'the worst she has seen.'

The mother is living in a two-bedroom unit supplied by Dept Housing and is extensively involved with Child Protection. The mother has a learning disability, with very low literacy levels, as well as mental health issues. The children have different fathers. The fathers of the children are violent towards the mother and the children. One father frequently visited the house and threatened the mother, broke in, broke doors etc even though court orders were in place

The mother is verbally aggressive in front of children. She is verbally aggressive to health providers and has physically assaulted a provider in the past. MCH /EHV cannot visit the house due to their own safety concerns. The mother has no transport and is unable to attend a centre

as she has to come by bus, which is difficult with three small children and takes 45 mins each way, she cannot drive as she has lost her licence. The mother cancelled 11 appointments for the youngest (0-18mths) and gave differing reasons as to why.

The children attend childcare but the two older children are very aggressive to each other, they cannot be in the same room with each other. Staff have reported the children have significant behavioural issues. They once “destroyed the room when the mother was very late to collect them, one often tries to strangle other children and swears at everyone.”

Placement at childcare lasts about six weeks before the centre refuses to have the children, due to their behaviour and the mother’s aggression toward staff. This is repeated across several childcare centres. Her oldest child is now due to attend school, but he is not ready, with limited social skills, very low Brigrance scores (as do their siblings), and uncontrollable behaviour.

Various agencies are involved with the family, Child Protection, Vacca, NDIS, but the mother disengages with all of them. The Council has advocated to Child Protection at the highest level for several years with no resolution. The Court would not remove the children even though they were, and still are, at risk of serious cumulative harm, were developmentally delayed and had serious social and emotional issues, mostly as a result of experienced family violence.

Case Study Four

Case study four involves a refugee arrival to Australia with one child and husband. The husband was violent and controlling toward the mother. He hid both her and the child’s passports, birth certificates and other important papers. He closely monitored the mother’s movements through her phone and FaceTime throughout the day. She was connected to a small ethnic group where she could not disclose her situation. The partner also attended most appointments with the mother including MCH Key Ages and Stages visits. On one occasion when he did not accompany her to a MCH appointment, the mother made a disclosure which followed with a safety plan. At this time, she was referred into the Supported Playgroup. The partner attended a number of playgroup sessions, but quickly allowed the mother to attend without him. He did however, Face Time her regularly. All he ever saw was his partner chatting with other mothers, never the professionals behind the scenes, including Family Services professionals who worked with the mother on leaving her situation from the playgroup. Shortly after that the mother found her identification documents. The mother packed her things and made her way to playgroup as per her plan. FV Services were advised and she was able to leave this very dangerous relationship. MCH received a text message two weeks later informing them that she had successfully left and was in a safe place ready to start her new life without FV. The system needs to think differently about how we support victims when they are in the “getting ready to make that step” stage.

Case Study Five

A mother and her 18-month-old child fled from their interstate family home due to family violence. The mother was initially from overseas and her only safe place to go to was a friend’s home in Melbourne. She was couch surfing with her 18-month-old at her friend’s house for a few months. The mother was referred to a housing case worker, and transitional housing was found on other side of the city. The mother’s case workers were some distance away and found it difficult to provide support to her due to geographical distance. The mother and her child were referred to Enhanced MCH by her housing case worker. The mother was fearful at her new

residence, felt socially isolated from friends and cultural community (she had to catch train to access Halal meat). The mother was a victim of racial slurs when out walking to take her child to the park. She was teary, depressed and isolated. She informed housing she was scared, lonely and did not want to leave the flat.

The mother received frequent visits from Enhanced MCH, who attempted to engage her in the local community. She would not take her child to playgroup or other local services. She was supported with provision of material aid from Enhanced MCH, as she had no toys or books for child. In the local vicinity there were no local multicultural groups and the mother spent time initially travelling back to stay at her friend's house, until she became too fearful to do so. Enhanced MCH contacted the mother one day, as she was not home for a scheduled visit. She called back and reported to the Enhanced MCH nurse that she had returned interstate, as she was too scared being alone and isolated from culture and community.

Case Study Six

The location and amenity of some public housing is not suitable and unsafe for women alone and traumatised by family violence.

A mother had come to Australia from overseas to study. She met her husband in Australia while studying at university. They married and had a child. The mother experienced family violence and made the decision to flee her home with her three-year-old child. Safe Steps supported her as she fled to a refuge. When leaving the refuge, the mother and her child were placed in a public housing complex, with a poor reputation. The mother was isolated, as all her family are overseas. She was a young single woman, already traumatised by violence, and found herself in a public housing complex with many significant experiences of anti-social behaviour from other tenants. The mother and her son were fearful of their living circumstances. She reported strangers banging on the door late at night looking to buy drugs from the previous tenant. The mother raised concerns with housing and was eventually placed on priority housing transfer list in May 2019. She was finally relocated in January 2020 (eight months later) to safe and suitable housing.

Case Study Seven

In May 2019 an EMCH nurse attended the Orange Door with a client to access Family Violence support. The visit did not meet the needs of client. The Orange Door Practitioner did not address visible physical abuse (the client had a black eye) and several disclosures of physical and psychological abuse; emotional and financial control or mentions of the effect the ongoing violence was having on her children. When the client stated she was not planning on leaving the perpetrator that day, and she was not in immediate danger, she was informed she was not eligible for Family Violence Case Management. Rather the best support would be a Family Services referral- Specifically to reduce social isolation. The client left the appointment feeling unheard, defeated, unsupported, questioning her ability as a parent and distressed.

Two days later the EMCH service received an email from Orange Door advising that transition through Orange Door had been completed with a referral to Anglicare for Family Support Case Management for support with:

- Connecting with community and overcome isolation
- Better manage day to day / routine for children.
- To have a better understanding of the impact of trauma on the children.
- To monitor, review and further undertake Safety Planning.
- To make other referrals as appropriate.
- To link the family into family violence and mental health support services.
- We will keep mum 'on active-hold' for the purpose of any information, support and advice required until allocation received by preferred service, and then close this case.
- This information was not provided to the client by Orange Door

Further communication between the EMCH service and Orange Door did not rectify the situation. The client has not engaged with Family Support Services and has declined referrals back to Orange door as the process has been “unhelpful”.



Korumburra
Primary School

WHERE TO FROM HERE?

The South Coast Prevention of Men's Violence Against Women will continue this essential work in our community.

The partnership will commit to seeking additional funding from the Victorian and Commonwealth Governments in the near future.



For any enquiries please contact:
admin@southcoastpcp.org.au



DOMESTIC VIOLENCE IS NOT OK
#VICforWomen #orangetheworld #16daysofactivism
25 November - 10 December

THERE'S NO EXCUSE FOR ABUSE
#VICforWomen #orangetheworld #16daysofactivism
25 November - 10 December

It was beneficial to have a subregional group completing activities in South Coast that supported and enhanced regional priorities like 16 day of Activism and MATE. The South Coast Partnership to Prevent Men's Violence Against Women enabled the engagement of more organisations in the prevention of men's violence against women work as well as upskilling workers in PMVAW and gender equity. This increase in reach will support the attitudinal change that is required to prevent violence against women.

GIPPSLAND WOMEN'S HEALTH

16 days of activism campaign was a really positive experience for our organisation and the wider community.
SARAH GREEN, Gippsland Southern Health Service

Great collective impact approach and imperative that we had the South Coast Primary & Community Partnership as the backbone organisation. The Partnership enabled a wide reach across the region and built the capacity within each partner organisation to work in the Family Violence space.
GIPPSLAND SOUTHERN HEALTH SERVICE



It was a great opportunity for the network to be able to support this young person's initiative and have Clementine Ford present to the girls, and for the MATE trainers to offer this program to the boys.

- Girls in Years 9, 10, 11 and 12 attended the forum to empower young women;
- Boys in Years 9, 10, 11 and 12 participated in MATE training and discussions of the implications of toxic masculinity.

QUOTES FROM YEAR 11 STUDENTS, POST TRAINING:

"We need to move away from overly masculine culture."

"RESPECT WOMEN!"

"That we as a male society, need to change our ways."

"I learnt a lot about how society influences us to act in a certain way."

"The way in which men treat others, especially women, needs to change."

"That it's OK to talk about your feelings."

"It's OK to show emotion as a man, and girls aren't just objects."

"Challenge the foundations of our development."

"Masculinity is commonly related to strength and power."





The MATE Program gives us the knowledge we

need to recognise an issue, empowers us to take responsibility, provide the tools we need to effectively interrupt the behaviour, and the confidence and capacity to do so.

Bystander training has proven to be highly successful in assisting people to understand the concept of gender equity, unconscious bias and assisting individuals to understand how they can make a difference in preventing violence against women through their own attitudes and behaviours.

- **27 MATE sessions delivered in community settings, schools and work places across Bass Coast and South Gippsland;**
- **470 participants trained;**
- **21 community members trained as MATE facilitators enabling them to deliver the program to others.**

79% of MATE participants identified a moderate to significant increased knowledge about the prevalence and causes of violence against women after attending the session;
81% identified that they had gained skills to use the bystander approach;
And, 84% indicated they felt confident to be an active bystander.

An unexpected

outcome of the work being conducted in **MATE** and through the funding, was the approach to the group from Leongatha Secondary College student, Lizzie Harms,

who advocated to bring feminist Author, Clementine Ford to Leongatha to facilitate an **'Empowering Young Women'** forum for young women, aged between 14 and 17 years.

While the girls attended the forum, the boys participated in workshops that reject toxic masculinity, and confronted those messages that encourage them to disconnect from their emotions, devalue authentic friendships, objectify and degrade women, and resolve conflicts through violence. These gender stereotypes interconnect with race, class and circumstance, creating a maze of identity issues boys and young men must navigate to become **"real"** men.

RESOURCES & ACTIVITIES DEVELOPED BY THE PARTNERSHIP SPECIFICALLY FOR OUR COMMUNITY:

- The Department of Justice and Regulation supervised offenders on Community Correction orders to collate and fill the 1,500 orange bags with resources.
- Orange bags delivered to business by community members;
- 1,500 local businesses participated by displaying family violence awareness materials;
- Bass Coast Shire Council staff planted 1,000 orange marigolds in Inverloch and Wonthaggi town gardens;
- South Gippsland Shire Council staff put up 52 signs in 26 towns;
- Partnered with Gippsport and Gippsland Women's Health in the 'Orange Round' July 2018 with the AFL Gippsland League taking a stand against family violence, and men's violence against women and children, and showcasing gender equality in sport;
- Held a community event with a screening of the film 'Call me Dad'. The facilitator from 'Heavy Metal' who is featured in the film, attended for a panel discussion with Victoria Police at the conclusion of the film.



'YOU THE MAN' AT SECONDARY SCHOOLS

'You The Man' is a live play about dating violence that addresses bystander intervention and prevention. Facilitated by Deakin University, the play is followed by a panel session with local members of Victoria police, local counsellors, prevention of violence against women specialists and the performing actor.

At the completion of the play, students were given the opportunity to ask questions to the panel. Some of these questions, which related to violent relationships, were actually quite confronting.

- **685 students attended 'You the Man' performances;**
- **Partnered with Department of Education & Training, Respectful Relationships Gippsland team, to promote 'You the Man' sessions to secondary schools.**



United Nations Entity for Gender Equality
and the Empowerment of Women

**International Day for the
Elimination of Violence
Against Women & 16 Days
of Gender Based Activism.**

The aim of the '*A Future Free of Family Violence*' campaign is to raise awareness of gender-based violence.

Promotional materials with key messages were distributed in 1,500 orange bags across Bass Coast and South Gippsland.

Orange was identified by the **UNITED NATIONS** to symbolise a brighter future and a world free from violence against women and girls.

The colour orange is used across the globe for prevention campaigns.



PARTNERSHIP MEMBERS:

- Bass Coast Health
- South Gippsland Hospital
- South Gippsland Shire Council
- Gippsport
- Leongatha Community House
- YMCA Bass Coast
- SalvoCare Eastern
- Gippsland Southern Health Service
- Bass Coast Shire Council
- Phillip Island Nature Parks
- Gippsland Women's Health
- Gippsland Centre Against Sexual Assault
- Department of Education & Training Respectful Relationships
- Department of Justice & Community Safety
- South Coast Primary & Community Partnership



In 2017, the Partnership was successful in obtaining a grant of \$140,000 from the Victorian State Government, Department of Premier & Cabinet, to facilitate prevention of violence against women activities and interventions in Schools, Workplaces, Sporting Clubs, Service Clubs and Community Organisations across Bass Coast and South Gippsland.

KEY OUTCOMES OF THE PROJECTS WERE:

Expand Bystander Awareness Training (MATE) - Empowering bystanders to recognise and intervene in problematic situations.

This program aimed to raise awareness of the level of abusive behaviour in our culture as well as the subtler issues that support a harmful and abusive environment.

We challenged the root attitudes, beliefs and behaviours that normalise problematic behaviour and worked to create a safe environment for people to share their opinions and experiences about these volatile issues.

Participants were asked, and supported to think critically and to personally empathise about issues while opening a dialogue about the dynamics and the context of all forms of violence.

COMMUNITY PARTNERSHIPS FOR PRIMARY PREVENTION PROGRAM CHANGE

OUR STORY



SOUTH COAST SAYS NO TO FAMILY VIOLENCE

SUMMARY OF OUTCOMES 2017/2018

The South Coast Partnership to Prevent Men's Violence against Women brings together 15 members representing State and Local Government, Health Services and Community Agencies to address the prevention of family violence and violence against women in Bass Coast and South Gippsland. The partnership members collaborate, share resources, tailor and deliver prevention activities that create positive change in our local community. Our members are committed to reducing the incidents of family violence.



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