bendigo Community Health services

24 July 2020

Department of Premier and Cabinet

Office of the Family Violence Reform Implementation Monitor

To the Office of the Family Violence Reform Implementation Monitor

Re: Organisational Call for Submissions

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

When composing this feedback consideration was given to the breadth of reform that has been implemented and is required. It has been helpful to reflect on some of the key points within the foundational work highlighted by the 2019 Implementation Monitor's Report.

This report provides a clear systemic overview of the reform implementation to date. This can be used reflectively to identify how these strategic impacts translate into work within the sector, within the organisation, and within direct service provision.

The systemic approach

Cross Sector – A Regional response

- Bendigo Community Health Services (BCHS) Management has been a part of the Cross-Sector Implementation and Planning Committee created as an outcome of the Family Violence Advisor Guidelines (phase one) for over two years. BCHS support a collaborative approach to the implementation of the reforms and are working to support the ongoing work of these meetings following the completion of phase one (Feb 2020).
- BCHS Management has been working with the City of Greater Bendigo Council on the development and authorisation of the Regional Gender Equity and Diversity Strategy. BCHS Management has further endorsed the development of a stand-alone Organisational Strategy to support an improved response across all areas within the organisation.
- BCHS Management are approaching the MARAM reforms in a holistic, whole of organisation framework, and where possible support the ongoing reflection and improved response to minority and oppressed communities. Specific to gendered oppression, BCHS are looking to affect meaningful and sustained change across whole of organisation. With this in view, BCHS has authorised and created a cross sector working group to improve responses to non-fatal strangulation. Impacting all genders, non-fatal strangulation is a common risk indicator of family violence and disproportionately affect's women and children. This project will result in direct practice adjustments within the BCHS medical team and will provide support to GP's in regional locations with the required tools to effectively

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and safely respond to presentations of non-fatal strangulation. This project has active support from the Bendigo Family Violence Unit and includes endorsement and training from the Victorian Institute of Forensic Medicine and Professor Kelsey Hegarty one of the architects of the MARAM Framework.

- To support best practice responses, and in acknowledgement of overarching frameworks BCHS AOD psychosocial programs have developed a “Substance Use Power and Control Wheel” and an “Equality Substance Use Wheel” to support the identification of common tactics when substance use is present in Victim/Survivors or in people who use violence. BCHS has taken steps toward refining these tools for use within the AOD Sector as well as the family violence sector and hope to receive endorsement from Duluth following further community consultation.

Within the Loddon AOD Sector:

- State-wide systems have offered a staggered response to many elements of the MARAM reforms. The lack of coordination means that the AOD Sector must develop a project management response to understand the limitations and implications of the reform as it progresses. This change must be viewed within organisations strategically, to ensure sustainable and meaningful modifications are implemented.

  For example: data systems and direct service provision do not align.

  Services have been prescribed under MARAM to implement changes to direct service provision, which include family violence risk identification, assessment and response. Many practitioners have now embedded these elements into their practice; however, they are unable to capture this work in a meaningful and accurate way as both practice guidance and current data systems do not support this change. As a result, AOD programs are unable to simply and efficiently capture the work being completed.

  Following their review, guiding documents that articulate how the AOD sector will be resourced and how this resourcing will be captured will be highly beneficial.

  The Loddon Alcohol and Other Drug Family Violence Advisor is seeking clarity from DHHS as to how some of these direct service provisions from the MARAM Reform and Implementation can be captured in a sustainable and meaningful way via the Victorian Alcohol and Drug Collection (VADC) data collection system.

Systemic Governance arrangements

One of the challenges identified above and within your last report, is lack of an authorising environment within each sector and overarching across the reform project. This has created many challenges with consistency, accountability and sustainability of implementation. VAADA have represented the sector well with visibility and professional development opportunities. They have

also partnered with Murray PHN to support the sector with the provision of workforce readiness and development training as well as networking opportunities.

One identified gap in collaboration and systemic accountability, has been through limited consultation with the AOD sector about the MARAM reform requirements. A good example of how the AOD sector can value add to the broader system response to family violence, is in the identification and curiosity around a Victim/Survivors substance use. This has been excluded from the MARAM intermediate and comprehensive risk assessments. Consideration of her substance use is essential when understanding her risk of harm from the person using violence, for example, if he injects her he has the power to cause her overdose, if he withholds alcohol from her and she is dependant, this withdrawal can result in her death. The inclusion of external sectors such as AOD within a family violence reform authorising environment, will add significant value to understanding and identifying nuanced risk exploited through substance use.

If resourced well, an authorising environment could support a greater scheduling of reform, a greater transparency around reform expectations and could provide the consistency that the AOD sector is requesting. A State-wide strategic coordination would identify elements of change within the MARAM reform and could coordinate structured, timely and sustainable change.

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

Major changes implemented by BCHS include the prescription of the MARAM framework across two State funded programs, the alcohol and other drugs programs and the family services programs. The inclusion of these programs under the MARAM framework, as well as the successful application for the State Funded Specialist Family Violence in Alcohol and Other Drugs Advisor role provided an additional layer of support to regional reform planning and implementation.

The Specialist Alcohol and Other Drugs Family Violence Advisor (SFVAODA) role is a capacity building program established within recommendations 98 and 99 of the Royal Commission into Family Violence. BCHS successfully applied for the funding on behalf of the Loddon Catchment, and have supported ongoing collaborative practice and co-location opportunities regionally and within rural areas.

- The SFVAODA supports services in the AOD sector through both direct service change and the implementation of system wide and legislative reform changes.
- The SFVAMH functions as a subject matter expert in both clinical family violence practice through secondary consultations, coaching and mentoring to practitioners and provides a role of subject matter expertise about the family violence reform work required internally across organisations, and externally within the broader local and state service system. The role also requires a high level of leadership to drive the reform and complete work and projects associated with these changes.

- Professional development opportunities have been provided by the SFVAODA across the state and the region to support capacity building and family violence proficiency within the MARAM reform.
- Work is ongoing across a range of services and areas to embed change within systems, policy and practice.
- The role is uniquely placed within a Community Health Service, within an agency that is seeking to prepare for whole of agency reform. Senior leadership have identified opportunities across whole of agency in which reform has been penned to begin, ensuring the whole of agency is responding to evidence based best practice at all times.
- AOD Practitioners are deeply invested in responding to the reform requirements, to support better change outcomes for their clients, and identify within the 'no wrong door' framework.
- Four critical areas of reform for AOD to continue to focus on are:
    - The alignment to the Multi Agency Risk Assessment Management (MARAM) framework.
    - Implementing further required changes in response to the Family Violence Information Sharing Scheme and the Child Information Sharing legislation.
    - Identifying opportunities to collaborate, identify systems and pathways to support AOD services working with Adolescents Using Family Violence.
    - The alignment of the State-Wide AOD VAOD tools and guidelines, and VADC data collection to support the statewide alignment to the Multi Agency Risk Assessment Management (MARAM) framework.

MARAM PILLARS

Pillar 1 –Shared understanding of family violence

- Across the Loddon Alcohol and Other Drug Sector, MARAM has provided an opportunity to strengthen and contribute to risk management processes for family violence through support with victim survivors, but also in increasing the visibility and accountability of perpetrators of family violence.
- The introduction of the Information Sharing Scheme has provided AOD practitioners with the opportunity to understand patterns of behaviour through historical service intervention, where in the system the risk sits, and how best to ensure risk protection mechanisms can be employed. For the first time, AOD practitioners are able to depend on criteria within assessments that are not solely based on self-reporting. AOD practitioners have been identifying:
    - Patterns of behaviour as they connect and intersect across the service system.
    - Nuanced risk as it presents in the AOD sector i.e. How a perpetrator controlling injecting practice impacts on the victim/survivor.
    - How patterns of escalation present in the AOD sector, and how this translates to an increase in risk to women and children.
    - How to develop a client led safety plan, and how to use the broader service system to increase safety.
    - Increased understanding of the impacts of complex trauma on a victim/survivor's substance use, and the best pathway for treatment.

- AOD practitioners across the catchment have been participating in integrated practice meetings to support risk assessment and risk management of family violence.
- The exposure practitioners are given through the Information Sharing Scheme and the integrated practice meetings provides an opportunity to change current practice to center the safety of victim/survivors and to increase visibility and accountability within the service system of the person using violence.
- Most if not all AOD practitioners within the Loddon catchment have completed the Introduction to Family Violence training run by the Family Violence Sector.
  CASE STUDY:
  - Referral was received by the AOD intake and assessment practitioner. Family violence was identified at intake by the intake practitioner, after the client identified he was currently homeless as he had been excluded from his home by way of a Family Violence Intervention Order 3 weeks prior.
  - FVISS was completed, which further identified a long history of offending behaviour including offences of family violence against the same victim/survivor. Vic Pol FVISS included persistent breaches to the current FVIO which included stalking and persistent contact (Up to 60 calls a day).
  - An expediated comprehensive assessment was completed within the same week, by the same AOD practitioner, where further risk was identified, and no other current service intervention.
  - The AOD practitioner consulted with the SFVAODA and discussed the controlling and oppressive nature of offending, with the Victim/Survivor reporting in FVISS of feeling suffocated. It was also noted that the Victim/Survivor had not previously initiated contact with the police.
  - The AOD practitioner explored the possibility of securing a place in a residential rehabilitation facility out of region – which will allow the person using violence to address his treatment outcomes, while also supporting the Victim/Survivor the freedom of thought to seek service support safely if desiring to do so.

Pillar 2 – Consistent and collaborative practice

- BCHS and the SFVAODA have been a part of the VAOD assessment tool and clinical guide reform, supporting the AOD sector in meeting the expectations of MARAM alignment. Once released, this tool will provide a consistent and safe measure to identify, assess and respond to family violence risk as it presents in both Victim/Survivors and Perpetrators.
- The introduction of this tool to the sector will provide a visible expectation of family violence assessment embedded within core practice, while also making assessment accessible, however current funding and practice guidance does not adequately support the resources required to fully explore and respond.
- Many AOD practitioners in this catchment have begun using the brief or intermediate assessment tool once family violence is identified, when working with victim/survivors to support an assessment of risk.
- In cases where the family violence agency is connected and working with the client, with consent AOD practitioners are initiating integrated practice meetings to support best

practice outcomes for clients. When meetings are not possible, AOD practitioners are requesting completed risk assessments from the family violence agency.

CASE STUDY

- The AOD intake and assessment practitioner received a referral for a client who self-identified as having recently assaulted his partner.
- After completion of the intake and comprehensive assessment, the practitioner completed FVISS enquires to Vic POL, Corrections and the Victorian Magistrates Court.
- Using client centered practice, the AOD practitioner developed an AOD treatment plan and identified with the client which services they were working with. The client provided consent to discuss support needs, and risk.
- The AOD practitioner consulted with the SFVAODA who recommended service collaboration with all ISE services involved.
- The FVISS returned both current and historical charges and convictions for family violence offences, and current breaches to the existing FVIO. The FVISS also indicated substantial risk toward the children through Police narrative, and the existence of a FVIO revocation application in court to be heard in 2 weeks.
- A mandatory notification was made to Child Protection to support the safety of the client's children.
- While providing treatment for substance use, The AOD practitioner also initiated an integrated practice meeting with all services involved, which included Mental Health, AOD, Clinical AOD, CP, FV.
- The AOD led and initiated fortnightly meetings to increase the client's visibility in the service system, until services could initiate contact with the victim, and the court could respond to the risk.

Pillar 3 – Responsibilities for risk assessment and management

- As a condition of the MARAM alignment work being led by BCHS, most if not all BCHS AOD practitioners have completed both the brief and intermediate assessment tool training, and the Information Sharing Scheme training. BCHS AOD practitioners across a range of teams, clinical and non-clinical programs, and levels of service have participated in capacity building and educational processes which have supported a strengthening of family violence literacy.
- This capacity building across the sector has strengthened the opportunity for service intervention at multiple levels to increase the visibility of the person using violence, increasing the direct safety of victims/survivors. It also allows for AOD practitioners to provide a dynamic assessment and respond in flexible ways to identified and perceived risk.

CASE STUDY

- A referral was received to a residential rehabilitation program in Loddon. It was identified in the referral that the client was seeking early release from a period of incarceration, incarcerated for offences of family violence.

- After consultation with the SFVAODA, the practitioner completed information sharing to ascertain the nature of family violence offending, and discovered family violence offending included physical assault, threats to kill, harassment, controlling behaviour, verbal and emotional abuse, financial abuse, pet abuse and stalking.
- Convictions relating to current sentencing included over 60 persistent breach charges to the current intervention order and threats to kill. Assessment that the risk threshold meets the requirements of serious risk upon release.
- The narrative in the Vic POL FVISS advised of the Victim/Survivor's connection to a FV Agency.
- The AOD practitioner pro-actively shared the client's intention to seek early release to a residential rehab facility with the family violence agency.
- The AOD intake and assessment practitioner finalised the referral, and assessed the referral as appropriate for treatment, supporting the client to engage in the most appropriate treatment outcome.

- There have been challenges identified in the rollout of the State-wide training, including the sequencing, transparency and communication around training provision, but also within the content. Some agencies across the sector reporting to experiencing change fatigue as a result of the persistence in expectations of alignment, as well as issues of clarity around core and required trainings.
- Most, if not all AOD sector senior leadership and management staff across Loddon have completed the MARAM Leading Alignment and Collaborative Practice training.
- AOD youth treatment teams report that there is a gap in available training and opportunities to collaborate in risk management around the youth cohort, particularly adolescents using family violence. The FSV Adolescents Using Family Violence Team have been approached and have identified a future opportunity for collaboration with the AOD Sector.

Pillar 4 – Systems, outcomes and continuous improvement

- One of the challenges with the reform roll out across the AOD sector, is that the reform requirements call to embed family violence practice in policy, practice guides and in direct service provision. The embedding of this work across multiple agencies and programs is detailed work, and current AOD service funding models do not provide for adequate time for practitioners to assess, identify and respond to incidents of family violence.
  In part to alleviate some of the pressures:
  - The Loddon SFVAODA has initiated a working group with relevant Specialist Family Violence Advisors across the State to support the Salvation Army reform. This is authorised and managed by the Loddon Area Manager for The Salvation Army.
  - The Loddon SFVAODA in partnership with the ACSO COATS Team Leader are piloting reform for the State-wide provision of ACSO COATS. This focus is on systems, assessments, policy and practice guides and will provide a pathway of reform to other ACSO AOD Programs.
- The SFVAOD Advisor supported by BCHS completed user testing of the Behavioural Insights Unit and FSV embedding guide as a consultation opportunity for the AOD Sector.

- BCHS are continuing their work with the Behavioural Insights Unit (From previous AOD Sector work) to support the development of tools to be issued with the BIU and FSV Embedding guide.
    - As a result of this work, BCHS has started a working group to begin working through the embedding of policy and practice reflections.
- In efforts to align the MARAM reform BCHS senior leadership have focused on cross-sector integration across multiple levels to support operational and systemic gaps and barriers as they are identified.
- The AOD Sector has made great progress in accessing and utilising the Information Sharing Scheme, primarily through the Family Violence Information Sharing Scheme.

  The Information Sharing Scheme provides practitioners with direct knowledge around how they can positively affect treatment outcomes for Victim/Survivors and people using violence. The Information Sharing Scheme further provides an opportunity to expand practitioner understanding of patterns of behaviour as presented to the broader system.
  CASE STUDY
    - One complex client with 4 current perpetrators was linked in with both; AOD treatment and family violence case management support.
    - The family violence agency advised they had been unable to complete a risk assessment due challenges in engaging, triggering the AOD practitioner to offer a platform to engage with the client.
    - After consultation with the SFVAODA, a brief assessment was completed following a file review, which returned an assessment of serious risk. The AOD Practitioner completed family violence and overdose prevention safety planning with the client and discussed options for immediate support.
    - A few days later, the client was admitted to the Emergency Department, and then the Acute Mental Health Unit.
    - Information relating to the client's risk following the brief assessment, was proactively shared with the Acute Unit. Known information relating to the 3 additional perpetrators was also shared with the Acute Unit.
    - An integrated practice meeting was immediately called by the Acute Unit with the family violence practitioner, the mental health treatment team and the AOD practitioner.
    - A platform was provided to support the family violence agency to complete an assessment of risk for the 4 known perpetrators, to support the Acute Unit manage risk within the Unit as well as upon discharge.
    - An integrated practice meeting took place with all practitioners to discuss risk and support safety planning. The family violence practitioner was not able to attend.
    - The AOD practitioner completed a FVISS request on the known perpetrators.
    - The client opted to move out of region with 1 known perpetrator of family violence.
    - With consent, the AOD practitioner referred the client to a similar program in that region, and proactively shared a summary of the known assessments of family violence and substance use risk.

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

The AOD direct service implications resulting from the reform translate into a 'no wrong door' framework, where practitioners are highly skilled and able to respond to a range of dynamic and complex support needs. When working with victim survivors, this includes AOD practitioners completing a brief or intermediate risk assessment when family violence is identified, when safe to do so, and when the local family violence agency has not been involved.

This has been an empowering development process for AOD Practitioners as they expand their understanding of the family violence sector including systems, pathways and services funded to directly support this cohort.

The work being completed by AOD Practitioners when working with the person using violence has changed considerably, through the development of standardised integrated practice meetings to increase visibility and accountability and the employment of the Information Sharing Scheme once a person using violence is identified.

Some of the challenges with this increased visibility and accountability is that practitioners are hyper aware of the risk the individual poses to victim/survivors. In some instances, the AOD service provision may be the only engaged service working with the person using violence, and the level of risk identified can be held within. In these instances, practitioners are looking for an service with authority to disrupt or intervene (Such as a Men's Behaviour Change Program), and during these cases, when there is no agency leading the collaboration, AOD practitioners have reported that they feel as though they are 'holding the risk' which feels uncomfortable.

An additional challenge that has presented as a result of the implementation of the Information Sharing Scheme, is that AOD treatment pathways are being limited by increased knowledge of risk, and the ambiguity that a lack of practice guidance creates when working in complex systems with complex client needs.

Looking forward – what is still required in the family violence reforms

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

- The Orange Door will open in Loddon later this year. This is expected to support a greater integration of service delivery across sectors, as well as support a strong focus on culturally appropriate referrals and treatment outcomes with the strong presence of the ACCO's within the management matrix.
- A significant gap in service provision is with offenders being released from periods of incarceration. BCHS AOD programs have identified a significant gap in system resources to meet the needs of this cohort particularly as it relates to perpetrators of family violence being released back into the community. Further exploration is required to support systemic collaboration between family violence services, ACSO and Corrections Victoria to ensure perpetrators of family violence are not released into the community without oversight of housing

needs (Particularly when the person using violence has been excluded from his primary residence by way of a Family Violence Intervention Order).

- Another key piece of reform is within the adolescents using family violence programs, particularly as the subject matter expertise is held by services currently providing this intervention (Including AOD and Mental Health).
- There are ongoing reforms within the AOD sector which will significantly support direct service provision in some areas. This includes the Turning Point VAOD assessment tools reform, as well as the attached clinical guidance.
- VADC data specifications and DHHS practice guidance are integral components of all information systems reform. Organisations are waiting on practice guidance to be released authorising how MARAM alignment should be documented through direct service delivery. Once this is clarified information systems can be upgraded to meet the expectations of these guidance documents. These systems will then support AOD services to identify output of family violence practice within current service provision. This has transformative and research opportunities around gender of person identified as a person using violence, number of people using family violence engaged in treatment etc. This may also provide a platform for the sector to justify and seek further funding. Capturing this work, having a data collection system can consistently capture this information. Easily and consistently.
- Turning Point will be completing an analysis of how risk to children is perceived by practitioners across family services, Child Protection, Child FIRST and AOD treatment programs. This analysis will touch on gendered bias (conscious and unconscious) toward substance use, and discriminatory risk based on the substance being used. This analysis will provide important insight into unconscious bias across community services programs and will be influential in how the implementation of MARAM reforms continue to evolve.

  Multiple programs within BCHS supported the principal development of this survey.
- A review of the AOD service system is required to support a greater understanding of the barriers to date, in appropriately responding to the family violence reform. A review may find that the increased expectations placed upon the AOD service sector to deliver without the oversight of additional resources has been challenging, The Loddon AOD sector have identified the need for an additional service stream that supports a family violence practitioner within each service to mentor, collaborate and consult on co-occurring presentations to create a sustainable and meaningful change across the sector.
- There is a lack of support and intervention available for perpetrators of family violence, specifically a lack of diversity and change models. The AOD service sector is well placed to deliver some early intervention support models which identify and respond to people who use violence, as this work is already occurring within the AOD sector around substance use with notable success. Overall, the community would benefit significantly from a greater sweep of services that are available to provide perpetrator interventions to support accountability, visibility and to ensure the safety of victim/survivors remains central to the work that we do.

Are there any parts of the family violence reform that have not yet progressed enough and require more attention? Are there any improvements that could be made to the implementation approach of the family violence reforms?

Following enquiries in early July, the VADC reform has been earmarked to begin ion the 1st of July 2021. This will delay any possible information systems reform until (at least) 2022/2023 by which time AOD services will have been adhering to the reformed assessment and response guidelines for 2/3 years.

Current advice from VADC does not provide any guidance on the recording of the work currently being completed, specifically, the completion of family violence risk assessments, information sharing requests and participation in integrated practice meetings.

There has been no update from DHHS around the reform of the AOD practice guidelines.

Impact of the COVID-19 pandemic

Are there any changes resulting from the COVID-19 pandemic that you think should be continued? What has been the biggest impact of the COVID-19 pandemic on your organisation or sector? How have the services that your organisation or sector provides had to change?

- COVID-19 has had significant impacts on AOD and family violence. Some of these have been documented by the service system through research projects and have been reported in the media.
- The AOD sector have noted that most services have ceased face to face contact with our community members and clients. Mental Health services are the other notable sector offering this level of service delivery. The AOD sector through both withdrawal and rehabilitation units continue to operate across the State, and Pharmacotherapy and NSP programs continue with limited operational disruptions.
- Many other sectors, such as family violence, have shifted service options to telephone only based engagements to respond to the increased risk of COVID-19. As a result of this shift, some AOD services have reported significant difficulties in securing a service. This has also impacted direct service provision, and some AOD practitioners are reporting they are holding a higher level of family violence risk due to a torpid systemic response. It has required AOD practitioners to maintain a high level of engagement while also proactively share further family violence risk information with family violence services.
- One of the strengths of the AOD Sector is in the way practitioners are able to engage in a meaningful way with most if not all clients. AOD practitioners offer a range of flexibility in their service provision, choosing to meet clients where they feel most comfortable i.e. Text message support, frequent or infrequent phone contact etc. As a result of this flexible service delivery, when standard methods of communication shut down (Challenged by COVID-19), the AOD sector have been able to maintain high levels of contact with their clients. Consultation with the Family violence sector offers a different view of engagement, through reports that there has been difficulty 'getting clients to engage.'
  Client outcomes would be improved if there was consideration for family violence services in adapting their practice proactively in rural and regional areas to increase or drive client

engagement opportunities. Particularly with vulnerable and complex client cohorts through existing engagement opportunities, such as through AOD services.

- Family Safety Victoria released a COVID-19 note/practice guidance on how to work with adolescents using family violence. This update did not recognise the expertise of the AOD or mental health sectors who are currently contributing to this work. Retrospectively, the AOD and mental health advisors were invited to contribute to the practice note following consultation with relevant youth services. Correspondence with family safety Victoria has highlighted a gap in consultation process, which will be review before the practice guide on this cohort is released.

General Comments

The Monitor invites you to make any final general comments around the family violence service system reform.

Thank you for the opportunity to provide this feedback.

Submission Completed by:

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On behalf of Bendigo Community Health Services