Response to the Family Violence Reform Implementation Monitor's Call for Submissions: Monitoring the Family Violence Reforms – July 2020

Submission #114 – Organisation – Monash Health - Publish

Organisational submission:

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

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? Please share specific examples from your own sector or organisation. We welcome comment on changes to both your sector or your organisation's service delivery, as well as any broader system issues

- **Increased collaboration** – opportunities to work together to improve service system issues. For example, Safe Steps response improved with the implementation of a hospital/emergency services only phone line. This streamlined Safe Steps response, reduced wait times (for call backs and assessments) for hospital inpatients and thus improved patient outcomes and hospital length of stay. Similar has also occurred with local family violence specialist service WAYSS, where a closer partnership has been developed between WAYSS and the hospital's Social Work Department.
- **Elder abuse** – Establishment of the Integrated Model of Care placing an Elder Abuse Liaison Officer within Monash Health, Family Safety Victoria media campaign (e.g. TV commercials), World Elder Abuse Awareness Day has had more focus which has increased community awareness
- **Opening of the Orange Doors –** Better Place Australia has an Elder Abuse Liaison based at several Orange Door's, this role assists staff and clients with concerns related to older people. Orange door has also collaborated with the local SHRFV and mental health teams.
- **Children –** the safety of children is being considered in family violence assessment more routinely. In hospitals this means that children are being considered even if the adult is the patient (children at home are taken into consideration).
- **Mental Health –** our local Department of Health and Human Services (DHHS) has developed and driven the ongoing 'area implementation committee' as well as a steering group bringing together Monash Health and the other organisations in the local community such as WAYSS Specialist Family Violence Service & EACH AOD program and this includes the development of a variety of Communities of Practice. These collaborations are aiming to break down the silo nature of welfare and health agencies to enable to easier access for women and children to services as well as seamless movement through the sector. The Communities of Practice are designed not only to bring staff in the sector together but to educate and support them through the ever developing and changing systems within the family violence sector in Victoria.
- **Education –** accessible and free family violence education as a result of initiatives at Monash Health: Strengthening Hospital Responses to Family Violence, Integrated Model of Care for suspected Elder Abuse, Mental Health Family Violence Project.

How has the experience of accessing services and support changed since the Royal Commission for victim survivors, including children, and perpetrators of family violence? Please share specific examples or case studies where possible. NB: Please ensure when you are providing case examples that individuals are not identified.

- Increased responsiveness and access to specialist services
- As a result of the Integrated Model Of Care for suspected elder abuse there is increased awareness of referral options in relation to older people

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?

- MARAM alignment within health
- Information Sharing Scheme establishment
- Perpetrator assessment, support, interventions and pathways.

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

- **Response to perpetrators –** the focus has rightly been on victim survivors to ensure they remain safe. However, in order to make perpetrators accountable there needs to be more work/research in appropriate perpetrator response and the roll out of practice guidance to embed into the family violence service sector and other services such as health.
- **Official dates for implementation –** Information Sharing Scheme within health and MARAM possible March 2021, so there have been significant delays.

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

- **More consultation and collaboration –** some aspects have been designed with the specialist family violence sector with limited consideration in relation to how this can be aligned to the health setting, which is a complex multidisciplinary workforce. This also applies to the Information Sharing Scheme. It will take time to implement successfully.
- **Funding –** to support the embedding and implementation of family violence reforms in settings outside the family violence specialist service areas, such as health, particularly in areas of clinical service delivery, maram alignment and information sharing.

Impact of the COVID-19 pandemic

What has been the biggest impact of the COVID-19 pandemic on your organisation or sector? How have the services that your organisation or sector provides had to change?

- There appears to be an impact evidenced by current statistics; 35 women, 18 children and 83 men killed in the context of murder or manslaughter in 2020 (Source: the Red Heart Campaign, 13 July 2020).
    - Severity and frequency of family violence has increased
    - 20-40% increases at Monash health
- Suspension of face to face service provision and move towards Telehealth (video) appointments. This creates additional privacy and safety risks, such as:

    - Unable to ensure the person is alone during appointments
    - Perpetrator may have access to a call log or message history creating a potential safety and privacy risk.
- COVID-19 related isolation and quarantine has led to:
    - Further social isolation
    - Victim survivors shut inside the home with the perpetrator, and unable to leave the home to access help
    - Victim survivors less likely to access family violence support as may be unable to get away from perpetrator.

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

- **Strengths:**
    - Ability to adapt and be flexible
    - Opportunity to provide education to a broader audience via webinar, reaching clinicians that may otherwise have been unable to attend face to face training.
- **Weaknesses:**
    - Reliance on technology, may not have access to systems required, technology isn't always reliable
    - Limitations to accessing people

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

- Webinar education as can have greater reach, recording sessions to increase accessibility
- Services could consider continuing to offer video conferencing options

General Comments

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

- Funding for The Strengthening Hospital Responses to Family Violence finishes in June 2021 which means that current resourcing to health systems for the implementation of family violence reforms will cease before these changes can be adequately embedded
- Funding for the Integrated Model Of Care for suspected elder abuse is due to cease later in 2020.
- Thank you for the opportunity to feedback on our progress in addressing family violence