



Submission to

The Treasurer of Victoria for the 2019-2020 State Budget

Submitted by

Women's Health West
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Introduction

This submission is made by Women's Health West (WHW), who are primarily funded by the Department of Health and Human Services (DHHS) in Victoria.

The submission sets out some key challenges/opportunities that WHW face in meeting the needs of women and children in the western metropolitan region of Melbourne who experience family violence, including in assisting the government to meet their policy commitments to rolling out all recommendations from the Royal Commission into Family Violence (RCFV), and to gender equality and the prevention of family violence.

Primary prevention, early intervention and timely response to family violence can improve productivity, deliver savings and assist in driving the Victorian economy. Family violence places an avoidable cost burden on a range of services across government. Investment in WHW ultimately represents a cost saving measure to the government by reducing the downstream costs to portfolios including human services, mental health, disability, housing, justice, healthcare and hospitals.

This submission outlines why investment in WHW represents a value for money return on investment across those portfolios, outlining the value of WHW in boosting productivity and assisting the government with major legislative and policy reform that supports a better quality of life for Victorian communities through assisting women to:

- Become and remain safe, healthy and capable of participating in the workforce
- Develop the skills necessary to be financially independent of government
- Protect children from entering states of vulnerability and
- Avoid family violence-related homelessness, disability and inter-generational poverty and disadvantage

The submission makes the following recommendations, with the rationale for these outlined on the following pages.

Recommendations

1. The Victorian state government commit funds to WHW as a specialist family violence service in order to provide parity in unit price funding with child and family services.
2. That this commitment be extended to all funding for specialist family violence services across Victoria.

1.0 Background

WHW has actively contributed to the health, safety and well being of women and children in the western region of Melbourne since 1988. Our core business includes the development and implementation of strategies to prevent, intervene and respond to the homelessness, ill-health, dislocation and trauma facing women and children who experience family violence. We are leaders in the development of regional strategies to further this work, seeing partnership within and outside the sectors in which we work as crucial for bringing about effective and sustainable outcomes for families living in vulnerable circumstances.

Our Strategy, Advocacy and Community Engagement stream offers a range of programs and projects targeted to prevention and early intervention strategies to improve outcomes for women and children's health, safety and wellbeing. A major organisational achievement is the development of *Preventing Violence Together 2030: Western Region Strategy to Prevent Violence Against Women*. This coordinated, action-based collaboration of over 23 partner organisations in the west, established in 2010, is designed to build sustainable environments through local initiatives for the primary prevention of violence against women and children.

WHW's Integrated Family Violence Services deliver a suite of effective high-quality services for women and children ranging from first response, to case management and court support, to housing establishment and crisis accommodation options, to counselling and group work programs. We also run, in partnership with Lifeworks and other agencies, the only whole-of-family program for families who choose not to separate, working with men, women and children. WHW has been an active and strong supporter of family violence reform at a regional and statewide level, integrating and coordinating family violence services in our region, and ensuring the integration of those services with a range of related sectors, including housing, employment, community and mental health, alcohol and other drugs, and child and family support.

WHW is in a unique position to offer a continuum of responses from primary prevention to early intervention to crisis response. Our strategic plan sets out our approach to partnership and our client-centred approach to service delivery and outcomes that support women to take control over their decisions and their lives. We have over 730 members, as well as a significant number of partners and stakeholders, including clients and communities, peak bodies, women's and community health services, local government, state government departments, primary care partnerships, magistrate and family courts, hospitals, universities, essential services, sporting clubs, general practitioners, and police and legal services.

2.0 Current Situation

In the 2017-2018 financial year WHW experienced a 47 per cent turnover in our family violence workforce. High turnover continues in 2018-2019, resulting from two key problems – a decrease in the percentage of ongoing compared with fixed-term funds, and staff unrest arising from wage differences across the sector. This results in significantly increased costs for recruitment, training and development, and impacts on the quality and continuity of services delivered.

One of the outcomes of the RCFV is the increase in the number of mainstream agencies that received funds to undertake work in response to family violence. The speed with which the state government acted to allocate funds to improve service access meant that

planning and review of classification levels and pay rates was not undertaken on a statewide basis. This has resulted in inconsistency among agencies now employing family violence staff, with differences in unit price funding – for instance to child and family and sexual assault services – resulting in agencies having different capacities to offer competitive wages to staff undertaking the same work. This impacts on and drives competition in our sector.

It also leads to staff unrest as unions point to similar positions in other organisations being paid at a higher remuneration level. Around 73 percent of WHW’s budget is allocated to wages, while service demand negates staff reductions to provide a more competitive salary. WHW undertook a benchmarking exercise with like-services in 2017-2018, which showed clear variations in classifications across the sector for the same roles. This exercise indicates the importance of a sector-wide solution.

The current Social Services Pricing Framework and Family Violence Funding Reform process is designed to provide more consistent and transparent pricing across sectors, using a consistent methodology for estimating the reasonable cost of service delivery and so pricing approach. This is an admirable goal towards achieving more flexible, integrated services and funding models.

This sector faces systemic disadvantage in our ability to pay competitive wages – an irony that is not lost in a sector working to deal with the worst result of gender inequity, violence against women.

Trying to achieve this within overall existing funding allocations, however, ignores the urgent need to increase unit price funding to the specialist family violence service sector. Our ability to provide continuity in service delivery to women and children who experience family violence rests with experienced, quality staff.

Parity in unit price funding is the foundation on which we can build a responsive, integrated and

quality service system that consistently meets the needs of women and children who experience family violence.

Parity in unit price funding is essential:

- **To support the growing professionalisation of the family violence workforce and the quality of service provision to clients**

The Royal Commission into Family Violence (RCFV) recommended the development of a 10-year industry plan leading to the introduction of a mandatory social work (or equivalent) qualification for all specialist family violence practitioners in funded services within five years (rec. 207). An increase in unit price funding will allow agencies to offer competitive wages to attract qualified social workers.

- **To attract and retain a skilled workforce**

Building from Strength: 10-year Industry Plan for Family Violence Prevention and Response outlines a vision whereby we ‘are able to attract, recruit and retain skilled workers’ in ‘a career of choice’, where the ‘available career pathways and security of employment reflect the complexity and importance of preventing and responding to family violence across sectors and settings’. The plan recommends that at ‘the core [of the workforce] is a valued, skilled, diverse, safe, empowered and supported specialist family violence and primary prevention workforce’ (FSV 2017).

It is imperative for family violence services to offer competitive wages with other sectors. Parity in unit price funding will support attraction and retention of skilled staff.

- **To support strong partnerships and collaboration**

Recommendation 37 of the RCFV outlines the establishment of support and safety hubs – Orange Door services – in each DHHS area, where a range of sectors work together to provide a seamless and well-integrated client-focused service. With child and family services funded at a higher unit cost than specialist family violence services, staff will either be paid at different rates for the same work, or specialist family violence services will be put in the position of subsidising their staff via higher classifications in the hubs than able to be sustained in the rest of their service. An increase in unit price funding supports parity, which is in turn supportive of a strong partnership model.

Similarly, recommendations 31 and 32 promote collaboration, even unification, of family violence and sexual assault services, yet the unit cost funding for sexual assault counsellors is significantly higher than that provided to family violence services, including for specialist family violence children’s counsellors.

- **To achieve gender equity**

Gender inequity is one of the key drivers of violence against women. Parity in unit price funding supports a framework for remuneration for specialist family violence workers that reflects the outcome that the Victorian Government is seeking for women and girls in Victoria in order to reduce and prevent family violence – gender equity.

3 Consistency with Victorian Government Policy

Parity in unit price funding is consistent with current government policy, including gender responsive budgeting; the recognition that failure to deliver gender equality is economically costly;

The Victorian Government has released several strategies over the last three years that, together, commit to ‘a series of founding reforms, to lay the groundwork for enduring and sustained change over time’. They are:

- *Free from Violence: Victoria’s strategy to prevent family violence and all forms of violence against women*, in May 2017 (rec 187 RCFV). This document is a key priority of the government’s 10-year plan to reform the family violence system, and builds a case for ‘the Victorian Government to **use its power and influence to lay the foundations for gender equality**’ (p. 10). A component of the strategy is for the government to ‘**put a gender lens on policies, budgets and economic planning**’ (p. 11). This includes through gender responsive budgeting, which ‘reviews and adapts budgetary processes and policies so that expenditures and revenues reflect gender differences and gender inequalities’ (p.11). The government has committed to applying their levers in ‘legislation, policy development and budgeting’ in order ‘to achieve gender equality and prevent violence against women and girls’ (p. 16).
- *Safe and Strong: Victoria’s Gender Equality Strategy*, 2016 notes that ‘Gender equality is a precondition for the prevention of family violence and other forms of violence against women and girls’ (p. 7). In this document, the Victorian Government states: ‘**Every day that we fail to deliver gender equality we pay the economic price**’ (p. 7). The document sets out the economic impact of gender inequality, providing clear evidence that women do not receive equal pay compared with men, and also that women are ‘far more likely to be in insecure work, reflecting the growing insecurity of service industry and community services sector’ (p. 23). Women’s workforce participation is still 12 per cent lower than men’s, significantly impacting on their

economic security. Lower rates of pay, long work hours and inflexible conditions contribute to these figures, while lower graduate pay and lower lifetime earnings contribute to long term financial insecurity for women. **‘Leadership from the Government...on pay...equity and the strengthening of fair work entitlements are critical to closing the gender pay... gap’** (Discussion paper, p.7). ‘There is a significant evidence linking gender inequality and violence against women’, while ‘equalising access to power and resources between women and men’ is one of the methods to address the gendered drivers of violence against women as a priority (Discussion paper, p. 12).

Other key documents that point to the Victorian Government’s commitment to investment in gender equity and reform of family violence services include:

- Ending Family Violence: Victoria’s Plan for Change, November 2016
- The rolling Action Plan 2017-2020 in May 2017 and \$1.91 billion in the 2017-18 state budget
- The Prevention of Family Violence Bill 2018 to establish Respect Victoria as a statutory body (rec 188)
- The Gender Equality Bill, August 2018

An increase in unit price funding to specialist family violence services is not only consistent with existing Victorian Government policies and strategies, but would also serve to enact the expressed commitment to gender equality and investment in reform.

4.1 The Economics of Investment in Family Violence Services

The Australian Bureau of Statistics has found more than 60 per cent of family violence cases go unreported.ⁱ While widespread under-reporting means that the available data cannot capture the true extent of violence perpetrated against womenⁱⁱ the reported incidence alone constitutes significant cause for alarm. Research shows that over one in three Australian women have experienced physical violence since the age of fifteenⁱⁱⁱ and 16 per cent of Australian women have experienced violence at the hands of a current or previous partner.^{iv} Family violence is also a factor in half of substantiated child protection cases in Victoria and children are present in at least 30 per cent of police attendances of family violence – in some areas in the western metropolitan region it is as high as 80 per cent.

In Victoria alone, intimate partner violence is responsible for 9 per cent of the total burden of disease in women aged between 15 and 45 years; more than any other single risk factor, including diseases related to obesity, alcohol, drug use, and smoking.^v

Research from the World Health Organisation demonstrates that women who experience violence are far more likely to engage in alcohol and other substance (mis)use as a coping mechanism, which vastly increases their risk of ill-health and disease.^{vi}

Unsurprisingly, women who are victims/survivors of violence report poorer general physical and mental wellbeing than other women.^{vii} They are also at increased risk of contracting sexually transmitted infections and a range of gynaecological problems; are

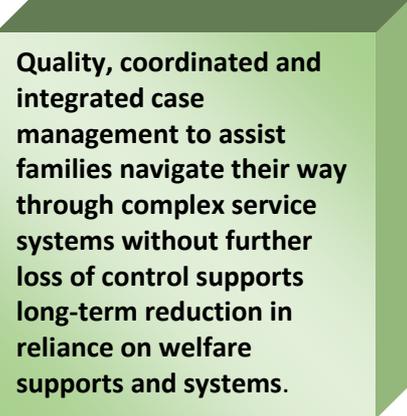
more prone to adverse pregnancy outcomes, including miscarriage, low birth weight and preterm births;^{viii} and are more likely to experience an unplanned pregnancy and seek an abortion when compared to women who live free from violence.^{ix}

The level and duration of violence experienced by women and children leads to significant mental health problems as it destroys the foundations of their identity, affects their sense of belonging, control and self-worth, and undermines self-confidence and self esteem.^x This is compounded by the homelessness that regularly accompanies a move forced for safety reasons leading to a loss of relationships and support networks. Statistical information collected by the Victorian government indicates that family violence is the overwhelming reason for women to seek housing assistance. For example, in 2010, government-funded agencies reported that one in every two women with children seeking homelessness services was escaping a violent home situation.^{xi}

The consequences of violence against women are significant for the Victorian economy. For example, family violence limits participation in the labour force, affecting women's ability to generate independent financial resources to gain and sustain housing. A KPMG report shows that costs associated with violence against women exceed \$3.4 billion per year in Victoria alone.^{xii} It is estimated that unless action is taken, this figure will grow to more than \$3.9 billion by 2021. Of these costs, the largest cost category of pain, suffering and premature mortality is borne by victim/survivors and comprises 40 percent of the total cost. The next largest is borne by government at 19 percent.^{xiii}

Evans, in her study of 134 women survivors of family violence, found, though, that given sufficient time and resources to re-establish themselves, women are able to enter or re-enter the workforce.^{xiv}

While significant improvements have occurred in legislation, public policy, and police and service delivery processes since the RCFV, reported incidents of family violence continue to increase – whether due to an actual rise, or a greater willingness on the part of victims to report to police – and trending data indicates sustained and increasing service demands over the coming years.



Quality, coordinated and integrated case management to assist families navigate their way through complex service systems without further loss of control supports long-term reduction in reliance on welfare supports and systems.

Responding to and preventing family violence reduces the cycle of homelessness, poverty, instability and intergenerational disadvantage currently seen, as well as reducing avoidable burdens on the health care system. Preventing family violence, intervening early and responding in a timely and consistent manner is clearly cost effective, and will be best achieved via a quality, stable workforce – which in turn is achieved through fair and competitive remuneration.

4.2 Return on Investment in Women's Health West Delivers Value for Money

WHW has an impact on over 300,000 women across the western metropolitan region through our projects, programs and work to influence policies and legislation that effect women. Further information about key achievements leading to significant outcomes for women is available on request. WHW pays specific and particular attention to the groups of women living in the most vulnerable circumstances, tailoring our services to the demographics of our catchment.

WHW has a membership of around 730 individual, organisational and associate members who subscribe directly to email and newsletter lists – with a further 1200 newsletters delivered to individuals and agencies in the region. All members are eligible to become board directors and to vote in elections, supporting women’s formal participation on boards and influencing service delivery. Thousands of women receive services who do not necessarily become members, while a commitment to community participation and client engagement allows them to influence service delivery and directions regardless.

This provides the state government with significant reach to deliver targeted support to vulnerable women and children.

In addition, WHW delivers outcomes across multiple government portfolios. While the investment may come from health and human services, savings are achieved across a broad range of health, justice, disability, mental health, education and human services, representing value for money returns.

5.0 Conclusion

Return on investment in WHW prevention, early intervention and response services delivers value for money outcomes across a range of government portfolios and reduces downstream costs on hospital emergency departments, the justice system, child protection, community health services, human services and housing, and assists to prevent a range of vulnerabilities. Parity in unit price funding will result in significantly decreased costs for recruitment, training and development, and positively impact on the quality and continuity of services delivered to women, children and communities.

As a result, our recommendations are:

1. The Victorian state government commit funds to WHW as a specialist family violence service in order to provide parity in unit price funding with child and family services.
2. That this commitment be extended to all funding for specialist family violence services across Victoria.

Endnotes

- i For example the Personal Safety Survey (ABS 2007 p. 204); ABS Crime and Safety Survey (2006).
- ii It is widely held that fewer than 20 percent of incidents are reported to police (OWP 2002; VicHealth 2004).
- iii Australian Bureau of Statistics (2006) Personal Safety Survey, Cat. No. 4906.0, Canberra.
- iv Australian Bureau of Statistics (2006), op.cit.
- v VicHealth, 2004, The Health Costs of Violence: measuring the burden of disease caused by intimate partner violence, Vichealth, Melbourne.
- vi World Health Organisation (2002) World Report on Violence and Health, World Health Organisation, Geneva.
- vii World Health Organisation (2002) World Report on Violence and Health, World Health Organisation, Geneva.
- viii A. Taft & L. Watson (2007) 'Termination of pregnancy: associations with partner violence and other factors in a national cohort of young Australian women', Australian and New Zealand Journal of Public Health, 31(2), 135 - 142.
- ix World Health Organisation (2010) Social Determinants of Sexual and Reproductive Health: Informing future research and programme implementation, WHO Press: Geneva.
- x Chung, D., Kennedy, R., O'Brien, B., and Wendt, S., 2000, Home safe home: the link between domestic and family violence and women's homelessness, Commonwealth of Australia, Canberra.
- xi FACT SHEET #01 © 2010 Council to Homeless Persons, accessed at <http://www.ittakesahome.org.au/wp-content/uploads/2010/08/CHP-Fact-sheet-01-Homelessness-in-Vic.pdf>.
- xii State Government of Victoria (2009) A Right to Respect: Victoria's Plan to Prevent Violence against Women 2010-2020, Melbourne.
- xiii Counting the Cost of Violence Against Women, Natasha Stott-Despoja, Chair the Foundation to Prevent Violence Against Women and their Children. New Matilda 29 Oct 2013
- xiv Evan's, I (2007) Battle –scars: Long-term effects of prior domestic violence. Centre of Women's Studies and Gender Research, Monash University, p 24.