



Jan Shuard PSM  
Family Violence Reform Implementation Monitor  
GPO Box 4912  
Melbourne VIC 3001  
Via online submission

20 July 2020

**Re: Monitoring the Family Violence Reforms**

Dear Ms Shuard

I am writing in response to the call for submissions to inform the Final Report of the Family Violence Reform Implementation Monitor.

Women's Health West (WHW) provides specialist family violence services to women and their children across Melbourne's western metropolitan region. We also undertake advocacy and run programs that promote equity and justice for women and girls, including leading a regional partnership for the primary prevention of violence against women. Receiving over 20,000 referrals every year, many of which are L17s from Victoria Police, we see firsthand how the family violence service system has changed since the Royal Commission into Family Violence (RCFV).

The Monitor has requested information on three different aspects of family violence reform; however we've chosen to focus this submission on the critical changes that still need to occur. This submission does not cover reforms relating to the primary prevention of family violence. These are explored in Gender Equity Victoria's (GEN VIC) submission, which has been endorsed by WHW.

In summary, the specialist family violence sector continues to require increased funding to meet ongoing and increasing demand, as do other sectors related to effectively delivering family violence services—like public housing, mental health services and services for children and young people affected by family violence. In addition, the sector also requires a resourced exploration of alternative models of support, as well as funding for better coordination of services overall.

**PHONE** (03) 9689 9588  
**EMAIL** [info@whwest.org.au](mailto:info@whwest.org.au)  
**FAX** (03) 9689 3861  
**WEB** [www.whwest.org.au](http://www.whwest.org.au)  
**ABN** 24 036 234 159

317 - 319 Barkly Street  
Footscray VIC 3011

## **Funding of the family violence sector**

WHW congratulates the Victorian Government on its dedication to family violence reform since the RCFV. However, the speed with which the state government acted to allocate funds to improve service access for victim-survivors meant that planning and review of classification levels and pay rates behind funding models did not occur. Nor did we anticipate the increase in complexity of work undertaken as a direct result of recommendations designed to improve client experiences of service access, continuity and accountability. These two factors have, ironically, further entrenched inequalities for women working in specialist family violence services (SFVS).

### Differential funding models

SFVS are funded under a different model compared with other sectors funded to undertake family violence work post the RCFV – including child and family services, Orange Door services, sexual assault services and services that respond to men who perpetrate family violence. These sectors can afford to pay a higher classification and therefore wage to their family violence staff for the same work, either as a result of higher rates of funding, and/or their ability to cross-subsidise program costs. SFVS do not have this option. This has contributed to high turnover and resultant costs in an intensively competitive market, perpetuating gender inequity by inadvertently creating a two-tier wage structure within the family violence response sector.

The establishment of Orange Door services (recommendation 37 of the RCFV) is one example that highlights this pay disparity. Differential funding models lead to SFVS staff in the ‘home’ agency being paid at a lower rate, for the same work, than staff working in the hub – or to financially-stressed SFVS having to reduce staff numbers to offer wage parity in a high-demand environment, contributing to burnout and turnover. Similarly, recommendations 31 and 32 of the RCFV promote collaboration, even unification, of family violence and sexual assault services. Yet the funding model for sexual assault counsellors is significantly higher than that of SFVS.

While we acknowledge the role of all organisations in building an attractive employee value proposition, SFVS operate in an economy created by differential funding models, not by a free market. It is therefore only possible to be competitive if the funding model is relevant to its operating context, including the new, highly-competitive market that the RCFV recommendations have created.

Differential funding models also result in SFVS that, for decades, have responded to the most extreme impact of gender inequity – violence against women – having to implement a funding model that does not support wages that reflect the complexity of work undertaken by our workforce, largely made up of women.

### Increased complexity of work undertaken

RCFV recommendation 209 outlines the need for a 10-year industry plan leading to the introduction of a mandatory social work (or equivalent) qualification for all family violence practitioners in funded services within five years. WHW has already transitioned to the employment of social workers. To attract and retain a skilled workforce who can provide high-quality, seamlessly-integrated and consistent services, it is critical for SFVS to offer competitive wages that recognise the complexity of work required.

Not only have recommendations arising from the RCFV led to multiple new compliance regimes that take significant time away from front-line service delivery, without matching funds, they have also ushered in much higher expectations of staff in holding risk and managing compliance.

Further, significant and growing demand for services post the RCFV has led SFVS to introduce demand-management strategies that prioritise the most complex and at-risk clients. SFVS staff are no longer dealing with a continuum of risk; high risk situations have become the norm.

The current funding model for SFVS is not based on a classification level that reflects the complexity of work undertaken by specialist family violence response staff in a post-RCFV environment.

WHW recommends that the Victorian Government reviews and updates the funding model for SFVS to recognise and adequately remunerate staff for the complexity of work undertaken.

## **Housing**

WHW, like most family violence organisations, is a transitional service. This means WHW is generally funded to support clients for up to 12 weeks. This would be adequate if there were appropriately resourced services to refer clients on to. However, far too often WHW clients have nowhere else to go.

This problem is particularly stark when trying to secure housing for WHW clients. Housing (and by extension homelessness) is the primary concern identified by clients accessing WHW's family violence first response service. However, a lack of affordable housing means securing long term stable housing for clients is oftentimes impossible. Further, a lack of affordable long-term housing creates a backlog in crisis (refuges, hotels) and transitional accommodation, meaning women and children cannot move from short-term accommodation and therefore, there is not enough space for new clients. While there is inadequate accommodation across the family violence continuum (crisis, transitional and long-term), insufficient public housing and an unaffordable private rental market are the most pressing concerns for family violence victim/survivors.

In the absence of sufficient, affordable housing, family violence is the main cause of homelessness for women, with 40 per cent of women citing family violence as the main reason for seeking homelessness assistance (Council for Homeless People, 2017-2018). Further, a quarter of all people seeking accommodation at specialist homelessness services are there because of domestic and family violence (Mission Australia, 2019).

In order to seek safety from family violence, women often have to leave their homes. Because of the different forms of abuse – particularly financial abuse – women often leave with very little or no money, resources or assets. As demonstrated in Nahla's case below, this leaves women fleeing violence in a precarious position and often in need of housing.

### **Nahla's story**

Nahla and Sean were in a relationship for 25 years, throughout which Sean perpetrated emotional, physical, sexual, psychological and finance abuse towards Nahla. Nahla fled the home with their three children after Sean made threats to kill her. Sean had choked her to the point of unconsciousness in the past. The magistrate's court in Queensland granted Sean custody of their three children as he had stable housing and Nahla did not. Sean moved to Melbourne with the children and Nahla also moved to be near her children. She sought housing support through a local housing agency and family violence support through Women's Health West. She was couch surfing at this time and trying to keep her location secret from Sean. On Newstart Allowance, Nahla could not afford a home, which was a necessity to have the children back in her care. She worked a casual job and struggled to find permanent work.

Nahla secured a transitional house through a local housing agency. Eventually she was awarded 50 per cent custody care of her children. The magistrate, however, mandated that she live in the Deer Park area as this was where the children went to school. Nahla had to give up her transitional property and look for a private rental property near Deer Park. Nahla was referred to the Rapid Housing program and secured a private rental property. She signed a 12-month lease as a subtenant and paid a subsidised rent under this program. At the end of the 12 months, the landlord agreed to sign her on for another 12 months, under her own name. However, the rent was now more than 55 per cent of Nahla's income. Because of this, she was unable to apply for a bond loan and rent in advance, putting her under considerable financial strain. Nahla continued to look for work and was linked in with a job services agency. While Nahla now has her children in her care and a lease in her name, she is living in poverty and her tenancy is at risk given her low income and high rent.

Anglicare's (2018) annual national rental 'snapshot' looks at rental affordability for people on low incomes. On 24 March 2018 there were 67,365 properties listed for rent across Australia. For single people on Newstart Allowance there were only three affordable rental properties across the entire country, representing fewer than 0.01 per cent of all rental properties available. In March 2019 there were no private rental properties available in Melbourne's western metropolitan area that were affordable for someone on Newstart (Western Homelessness Network, 2019).

This highlights that even though WHW is funded as a transitional service, WHW staff cannot find clients secure, long-term housing solutions. This means we cannot respond adequately to family violence as too often WHW clients are faced with the decision of returning to a violent partner or homelessness.

### **Mental health services**

WHW staff are faced with the same problem when trying to refer clients on to longer term mental health support. The community mental health sector does not have the resources to support the number of victim-survivors requiring support and care. Further, WHW family violence workers report that many mental health services are still building their capability around family violence and trauma-informed care.

### **Appropriate models of care**

There is currently one main model in the family violence sector: remove the victim-survivor (and children) from the perpetrator/family. However, there is growing evidence supporting whole of family approaches, particularly where adolescents are using violence (ANROWS, 2020).

There are many instances when the victim-survivor cannot or does not want to leave the perpetrator or family. One example is when the perpetrator of violence is younger than 18 years old, which is the case for several WHW clients. This means many victim-survivors who could benefit from support do not seek it because having to leave their partner, child(ren) or family creates a barrier to seeking help.

Further, over 90 per cent of WHW clients have children in their care. At any given time, a family violence caseworker may have 14 clients. These 14 clients could each have children who are not included as funded clients. Despite this, each child requires an individual response.

While a caseload of 14 clients in itself is quite high, as each client can require the case worker to manage high risk situations, safety planning and other needs such as mental health, housing, finances, and injury, if each client has two children, that is an extra 28 individuals requiring risk assessments, safety planning, risk management and recovery responses. Funding models must recognise that a staff member funded to work with 14 clients may be managing 42 clients. This cannot be done safely or thoroughly. We recommend updating the funding model to recognise the reality of client numbers.

WHW pilot program Keeping Safe Together provided support to families at lower risk of violence who wanted to stay together and create greater safety in their family. Over 18 months the program supported 77 families, ensuring safety for all where each parent and children had separate workers. The program was externally evaluated by Melbourne University which showed that the 'all of family' approach worked for victim-survivors (including children), perpetrators and staff. Notwithstanding this, the program was not funded beyond the pilot phase.

It stands to reason that one model of care cannot work for all people who experience and/or use violence, nor accommodate the many forms of violence and the many types of family and relationship structures. The Victorian Government has demonstrated its appetite and ability to lead this country, and others, in prioritising family violence as a public health issue. Allocating specific funding to explore a greater variety of models of support for perpetrators and victim-survivors, as well as support perpetrators to stop using violence, would be an excellent next step in expanding the sector's lexicon around alternative models of response.

### **Coordination of services**

While there has been an improvement in service coordination and information sharing since the RCFV, much of this occurs in our region because WHW volunteered to organise weekly case allocation meetings with those services newly-funded to deliver family violence services to ensure integration. This has led to individual organisations reviewing policy and practice to enable collaborative practice and activities, also supported by the Western Integrated Family Violence Committee. However, WHW recommends the coordination of sectors and services can be further improved, particularly between justice, mental health, housing, child and youth and alcohol and other drug services. This requires these services to be sufficiently funded. It also requires family violence services to be funded for service coordination activities and secondary consultations.

In conclusion, WHW commends the Victorian Government on its dedicated efforts to implement all 227 recommendations of the RCFV. These reforms have seen significant investment in trialling new approaches to build an evidence base, improving the quality and nature of support available to clients and dedicated family violence capacity building programs (and roles) within organisations. In order to continue this momentum and follow through on the progress made, adequate resourcing for all services supporting victim-survivors must be prioritised.

Thank you to you and your team for your extensive work on this issue during your tenure as Implementation Monitor. I look forward to reading your final report.

Yours sincerely



**Dr Robyn Gregory**

CEO

Women's Health West

robyng@whwest.org.au

317-319 Barkly Street

Footscray VIC 3011