



Royal Commission
into Family Violence

WITNESS STATEMENT OF ROBYN SPRINGALL

I, Robyn Springall, Accommodation Services Manager, of VincentCare Victoria (**VincentCare**), Melbourne, in the State of Victoria, say as follows:

1. I am authorised by VincentCare to make this statement on its behalf.
2. I make this statement on the basis of my own knowledge, save where otherwise stated. Where I make statements based on information provided by others, I believe such information to be true.

Current role

3. I am the Accommodation Services Manager of the Northern Community Hub at VincentCare. I manage the Initial Assessment and Planning (**IAP**) team as well as the Tenancy and Property Management Program. I also manage the two family violence services that VincentCare have at the Northern Community Hub.

Background and qualifications

4. I have a Graduate Certificate of Social Science in Housing Management and Policy from Swinburne University of Technology and a Diploma of Business - Frontline Management from Northern Melbourne Institute of TAFE.
5. I began working at the Salvation Army 20 years ago as a Tenancy and Property Manager in housing and homelessness. When transitional housing programs started, that became my area of focus.
6. Approximately ten years ago, I accepted a role at VincentCare as the Team leader of the Tenancy and Property team and the Community Connection Program, one of the outreach teams. I then became Coordinator of these programs in addition to overseeing the IAP team. When VincentCare restructured five years ago, I became manager of the family violence programs in addition to management of IAP and Tenancy and Property Administration.

VincentCare

7. VincentCare's core strategic mission is focused on addressing homelessness and homelessness risk. Built around this are specialist services in homelessness and housing, community and residential aged care, alcohol and drug treatment, trauma and mental health, family violence, disability and young adult support. Our responses include direct services with individuals and groups of people as well as building capability into local communities.
8. VincentCare Community Housing is a registered housing provider, and a wholly controlled entity of VincentCare. VincentCare uses VincentCare Community Housing as its registered housing provider for residential property ownership, stewardship and tenancy and property management. VincentCare manages over 215 crisis and transitional units on behalf of the Victorian Department of Health and Human Services (DHHS). It owns a further 63 independent living units targeted to adults aged 55 years and over. The occupants of our various owned and managed housing stock include a variety of groups across all age cohorts and through which VincentCare is able to address a range of housing needs in response to the different drivers for disadvantage and vulnerability.
9. VincentCare's Northern Community Hub in Glenroy serves as the initial point of contact for people seeking housing and homelessness services in the Hume/Moreland area of Melbourne. The Northern Community Hub also operates, amongst other services, two family violence services:
 - 9.1. Marian Community, based in Shepparton, provides regional family violence support, crisis accommodation and a 24 hour crisis response for North-Central and North-Eastern Victoria.
 - 9.2. Olive's Place, a purpose built secure refuge serving the needs of family violence victims and their children in Melbourne's Southern Metropolitan region.
10. At our Inner Melbourne Community Hub, a well-known homelessness drop-in centre, Ozanam Community Centre, we see approximately 200 people each weekday in response to homelessness and homelessness risk. Ozanam House is a 59 bed homelessness crisis accommodation unit for men that also provides extensive support and early intervention in response to the complex issues that see men using our crisis accommodation.

11. One fifth of the drop-in centre users who attend for meals, primary health services, welfare, homelessness and housing support are rough sleepers and one third are women. These women are often middle aged and older and have also experienced and endured family and relationship violence as the means to avoid sexual violence on the streets or in marginal housing such as room and boarding houses.
12. Many of the men and women who come through these services and programs have extensive experiences of trauma, mental health and alcohol and drug disorders as well as institutional histories in orphanages, psychiatric hospitals, youth training centres and other justice and corrections facilities.

Initial Assessment and Planning

13. Initial Assessment and Planning (**IAP**) is the program or team at the Northern Community Hub that responds to any person who presents as homeless or at risk of homelessness. This response will involve an initial meeting with that person; triaging what their needs are; doing an initial assessment; working out what we can and cannot offer them; assessing them for their support needs and placing them on the prioritisation list for that support if appropriate. If a person identifies as experiencing family violence, the IAP worker will endeavour to do the Common Risk Assessment Framework (**CRAF**), unless Safe Steps has indicated that they consider a homelessness response, rather than a family violence response, is required.
14. People may present at the VincentCare IAP by either walking through our front door, or they may seek support over the phone. We have an appointment based system for undertaking an assessment. We moved to an appointment system because we think that works best for many of the people we see, however we still get drop-ins to the service. We try to leave some time free for this group of people, even if that only allows us to quickly triage what their needs are.
15. We have a client space for people to wait before seeing an IAP worker, with couches, a play pen for children and glazing on the windows to prevent people looking in from the street. If we identify that people are vulnerable, we can put them into a separate room. When couples present, we try to talk to them separately if we think that there may be family violence issues in the background. We try to deal with families with children first as the children can be disruptive for everyone, as well as the parents, but sometimes it cannot be helped. Appointments can take up

to one hour to complete. If we need to use an interpreter, the appointment may take longer.

16. There is no limit to the number of people we will see. We have to see everyone that comes through our door, work out what their needs are and determine how we can assist them.
17. In line with funding agreements, IAP record the number of contacts that we provide to people at the Access Point, rather than just the number of people we see. In June 2015, we provided 1,205 contacts, which is slightly higher than the average per month. We are funded to provide 8,500 contacts per annum, but we tend to provide around 12,000 contacts. A contact may entail dealing with the same person a number of times; including via appointment and follow up phone calls, or it may just be a one off contact.

Accommodation

18. The range of accommodation options available to our IAP staff to provide to people who require urgent assistance is very limited. Usually accommodation is provided either in a motel (and there are only small number that will take our clients) or in a rooming housing, through private rooming house operators.
19. Some people will not accept the accommodation options that we have to offer them. We see this particularly with rooming houses, and people who have been in the system before. In a rooming house, you are in a house with four or five other people. Clients will have their own bedroom but must share kitchen and bathroom facilities, there may be drug use going on, and they are often dirty and not well maintained. Residents are paying up to \$200.00 per week for what is often substandard conditions. Motels are comparatively cleaner, but we need to be careful about who we place there: we don't want to burn bridges with motels and we have burned bridges in the past. We can sort of tell where there is likely to be trouble and we just cannot risk that. This is not a good situation for the affected high risk individuals, because clearly they have significant issues and they require support, but we have to have an eye to maintaining relationships with motels in the interests of future clients.
20. We try to avoid putting women and children in a rooming house, and we will prioritise them for crisis accommodation, although there is only a limited pool of money available to us. Single men are more likely to be placed into a rooming

- house, although there is the possibility of going to Ozanam House, if there is a vacancy there and support needs identified and acknowledged by client.
21. We maintain a daily budget for crisis accommodation, so that we do not run out of funds by the end of the month. If we overspend on the budget on one particular day, we will try to spend less, and only on crisis accommodation, not rent in advance or rental arrears, the following day. Nevertheless, if we need to, we will eat into the following month's budget to provide support to women and children, or anyone who is particularly vulnerable.
 22. If a woman and her child/ren arrive on our doorstep at 4.45pm on a Friday afternoon, for instance, we will find them a motel for the weekend, and make an appointment for them to return on the following Monday. In that situation, there would not be sufficient time to do an assessment when they present: we would just get some key initial details, find out that they had nowhere else to go, and try to find them a motel. There are two or three motels that we are able to utilise in our region.
 23. Sometimes these women are not going to have transport or be able to use public transport, so we will have to organise a taxi, which again we do not have the funds for but we organise anyway. We will try to organise the person some food vouchers as well if they have nothing and will not be paid for a few days. We are fortunate at VincentCare that we have a number of programs co-located at the Northern Hub, some of which have some brokerage attached to them, and so from time to time we can organise things like food vouchers when really required and there are no other options available.

Case management & prioritisation lists

24. Anytime we provide crisis accommodation at VincentCare, we will try to do an assessment of the recipient so that we can get a picture of what is going on, and begin to make some longer term plans for that person in conjunction with their identified needs.
25. We will make an assessment of the kind of support the client needs. If it is a youth specialist service, for instance, we will make a referral to the appropriate organisation. Based on that assessment, our clients are placed onto a prioritisation list for support services. We have approximately 630 families sitting on that list for support services currently.

26. A separate prioritisation list is maintained for people seeking access to transitional housing properties. To be eligible for a transitional property, a person needs to be first linked in to a support service. Transitional housing is limited in that way, because it was originally set up to be a stepping stone into public housing, or into private rental. Transitional housing was initially designed to be for nine or 12 month tenancies, at a maximum, but now it can last for two to three years. Often the need for that support service isn't particularly acute. The support may be just a phone call once a month from the attached support service to ask "how are you going?" but if they do have a crisis or something happens, it is important to have that support to fall back on.
27. Both lists are prioritised by need, rather than time spent on the list. If a woman comes in with four children, and often they may have disabilities, she will receive prioritisation in front of a single woman who has lower needs. People's prioritisation on the list will change as their vulnerability does. Sitting on the prioritisation list without support for six months will generally lead to people either working out what they need to do to manage, and actually improve their situation through their own resources, or they will fall down completely and their situation becomes more critical. We have a worker position that regularly calls clients to monitor their needs for the purposes of the prioritisation list.
28. Most of the people on the transitional housing prioritisation list will never receive it. Last month we had ten vacancies, or ten new tenants in, from a waiting list of over 400. Support workers are advised that for a client to be offered transitional housing is a bonus, and that they should not count on it as the only housing outcome. Other housing options need to be looked at in the case plan made with the client.
29. For women who are eligible for support services there are a number available in the region. WISHIN, Crossroads Family Support Services and Merri Outreach Support Service provide the most support vacancies. VincentCare, through the Northern Community Hub, also provides programs that are funded by the joint State and Commonwealth Supported Accommodation Assistance Programme (SAAP) and accessed via the prioritisation list. These include Young Adults program, Accommodation Options for Families and Crisis Support Service.
30. In theory, these SAAP programs provide 12 weeks of support, but they often run for longer because a person's needs cannot be settled in that period, particularly if they are not in stable housing. Support workers may tend to focus on stabilising housing

before addressing other issues. This is consistent with the workers' area of expertise and, in my experience, this is what works best for most people: if someone is uncertain about where they are going to be sleeping that night, or they're worried about their immediate safety and accommodation, then it is difficult for them to grapple with other issues.

31. VincentCare also has a Community Connections Program (**CCP**), which is funded by the Commonwealth Home and Community Care Program (**HACC**), for older people with health requirements. There is a cohort of older people that present to our service, and they tend to be really desperate for support when they do present. Often they have endured a great deal by the time they present to us, possibly at the hands of manipulative children. When the abuse begins it is a totally foreign experience, and older people may be unaware that support is available for some time. In some ways this cohort has more options available to them, because they present less frequently than some other groups and there is a Commonwealth source of funds. I think that there is probably a lot more of this older abuse that goes on, however it is totally hidden. CCP support lasts for approximately six weeks. Clients are able to self-refer to this support; this program is not tied to getting clients from the prioritisation list.
32. Single women are probably the most likely of our clients to re-present. We may put them into a rooming house or a motel, however if they do not get the family violence support then need, they are going to go back to that relationship, and reappear one or two months down the track. The system is a revolving door for them: they are moving through it but there is nothing to catch them. These women may have come initially because they had been abused by one partner, then they come back months later after being abused by another. We are not providing these women what they need; society is not providing them what they need.

Intersection with family violence

33. The majority of the women we see at the IAP have family violence as a part of their back story. However, when women present initially, they may not identify family violence as the reason for their homelessness.
 - 33.1. It may be that the woman does not herself identify that she is experiencing family violence. For instance, there may be cultural explanations for a woman accepting her mistreatment.

- 33.2. Alternatively, the woman may have already requested family violence support and been told that they need to see a homelessness service. This can occur where a woman has cobbled together some sort of interim housing solution between leaving the violent relationship and walking through our front door. They will ring Safe Steps, inform them of their circumstances and the Safe Steps response may be "that is not a family violence situation anymore – now you have a homelessness situation. You need to go to homelessness services, go to your closest Access Point".
34. When these women do present to us, we will put them in a motel, however that motel may be just a suburb or two away from the relationship they have just left. These women really need a family violence response but they do not get it. We can refer them to specialist women's services for support, however it is not a family violence specific response: Safe Steps is the only place to refer women for that specific response.
35. If a woman does identify family violence as the cause of her homelessness, we will try to refer her to Safe Steps. If Safe Steps is able to take the referral, our worker will do the CRAF and then provide that to Safe Steps. If Safe Steps is not able to take the woman based on the assessment, then our workers are unlikely to do the CRAF, because of the number of people we have to see and the time that it takes; it is physically not possible to do one for each presenting client. Our worker should still be identifying family violence as a relevant factor on the Specialist Homeless Information Platform (**SHIP**). However we know from a recent survey in the North and the West that there are some issues around proper recording in SHIP which needs to be addressed within individual services.
36. It is not the norm for women to identify family violence initially. Ordinarily, the woman will have left the relationship a week or so ago, and have found somewhere else to stay in the interim, perhaps with friends or family. The priority is then seen as getting the woman into the homelessness system and their family violence needs are not addressed.
37. If the woman is linked into a homelessness support worker, and there is a later disclosure of family violence, that worker may be required to do some family violence work for which they do not have the expertise. However family violence will be viewed as a secondary issue, after homelessness, and there may also be drug and alcohol and mental health issues to deal with as well.

38. We have had specialist family violence staff from our Marion Community refuge come to the Northern Community Hub to provide some basic training with our homelessness support workers at the Northern Community Hub. Our homelessness staff had been asking for that training, because of the increasing number of women with family violence issues they are encountering in generalist support work. Our Hub staff otherwise have only received CRAF training in relation to family violence. There is certainly a need for further family violence training.
39. If we are not able to get women an immediate family violence response through Safe Steps, then family violence issues are often pushed aside. If Safe Steps advise that they are not able to provide a response under the explained circumstances, those women with family violence issues may well fall through the cracks. A specialist family violence service is required to address those issues properly. Once women are placed into a refuge, they're provided with one-on-one family violence support immediately, and there is a support network. The refuge will link people to medical services and address their legal issues. However if a client is not able to access refuge then often family violence related issues will not be addressed.

Improving IAP workers' response to family violence

40. In its submission to the Royal Commission, VincentCare has recommended, amongst other things, that transitional housing be maintained and strengthened to protect women and their children who are escaping family violence from the damaging experience of homelessness. Attached to this statement and marked "RS-1" is a copy of VincentCare's submission to the Royal Commission, dated May 2015.
41. I am certainly of the view that more housing, including transitional housing, would assist IAP workers and the system to better respond to victims of family violence. The lack of transitional housing creates a bottleneck at the refuge level, and there are women who need refuge accommodation who are not getting it. Women realise they are in a bad situation, and want to leave it, but they have nowhere to go.
42. A general lack of affordable housing is also an issue for women experiencing family violence. When I first started at VincentCare ten years ago, Broadmeadows was an area affordable for private rental for single women, but that is no longer the case.

For women with one or two children, on benefits, private rental is even more unaffordable as they are not as readily able to share accommodation.

43. In addition to more affordable housing, I would recommend that support services available to victims of family violence at refuges be made available to women who are not able to access refuges. I believe that some sort of family violence specific counselling or support that is family violence specific would be of great assistance to these women.

VincentCare's family violence programs

Marian Community

44. Marian Community in Shepparton has a central office and three dispersed properties to provide accommodation for women experiencing family violence. Marian Community is also funded for after-hours and other supports. They are often putting people into motels overnight. This may follow the program being contacted by the Police to provide immediate assistance, either in the form of a motel or accessing transportation to Melbourne for a Safe Steps response.
45. Women can self-refer to the Marian Community service, so it is comparatively a much broader program than Olive's Place. Marian's staff will be working with women who have not yet left their partner, but who have made contact with the service for information or support with a view to changing their current situation. This allows women to get linked in with a support worker who will make safety plans with them and offer other support as appropriate.
46. They also have a much higher rate of turnover in the Shepparton program, because there are more exit points allowing people to leave the refuge than there are at Olive's Place.

Olive's Place

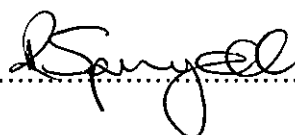
47. Olive's Place is a secure refuge in the Southern region of Melbourne. It consists of a number of discrete properties within the region:
- 47.1. A purpose built facility with three units and an office space, where we house three families;

- 47.2. A six bedroom property, in which we house up to five women at any one time and which can be very problematic; and
- 47.3. There are two other properties used for family accommodation in the area.
48. Traditionally, Olive's Place was for women from a Non-English speaking background and although that has now changed, we are confronted with a lot of immigration issues at the refuge. There seems to be increasing numbers of people arriving from other countries, who do not have citizenship or employment status. Apart from a family violence response, the situation of these clients is even more complex with issues relating to their lack of income and not speaking, reading or writing English.
49. The women and children that access the refuge at Olive's Place have often come from other parts of Melbourne or Victoria. We have a very good relationship with local schools, so the children in our refuge are able to go to school with as limited disruption as possible. Olive's Place also previously offered art therapy for children, which is now provided by Emerge, as well as play therapy for the children in the refuge.
50. Unfortunately, there is very limited capacity for these women to remain in the area, and the children in that school, after their time at the refuge is finished. This is partly because the refuge is located in a relatively affluent suburb, and there is no way the women can afford the price of local private rental. A further move is very hard on the women and children, and we are conscious of working to lower people's expectations about their capacity to remain in the region from the outset.
51. All of the referrals to Olive's Place come from Safe Steps. We take whoever Safe Steps refer, so long as they are going to fit with the current cohort of women at the refuge. We might have to say no to someone, at this time, who had undiagnosed or untreated mental health issues if we already have other residents at that time who have similar issues. We find that if we have too many of one of those cohorts, it just becomes too volatile particularly in the large property where facilities are shared. We have to actively manage who is in the refuge. This is a particular function of the communal living environment: because they are going to be living in such close quarters, the refuge becomes a real melting pot. The women are facing each other in the kitchen all the time, and only have their bedrooms to retire to.

52. On some occasions we have had to shut down the six bedroom facility for a period of time (usually two weeks), because we have had situations where some of the women were allegedly bullying others. We had to move those women on to other crisis accommodation. In the last instance a perpetrator had visited the property and had picked the women up: it really wasn't working. It was just a mess for all concerned and that happens regularly.
53. The women we see often have no income. We have had to impose a limit that we can only have two people who are on no income at the refuge at any one time. It is pretty rare for women to continue working once they are at Olive's Place. I do not think that many of the women who come through the refuge have the capacity to work by that stage. Many will have drug and alcohol issues that mean in the medium to short term they cannot work. If they were working previously, and their relationship has turned violent, they will usually have to give that employment up because he will know where their work is. However the majority have come from family environments where they have remained in the home. Women who have worked may also have savings that they can draw upon to find a more suitable alternative to the refuge and do not enter the refuge system.
54. In theory the age limit on boys at the refuge is 12 years old. We have however taken boys older than that from time to time, depending on the individual circumstances and whether we are able to house them. For example, we had a child with an intellectual disability who we allowed to stay. The rule may be bent, depending on the personal situation of the client. I can't help but think, when I see these boys in the refuge, 'what have they been witnessing? What are they growing up to think is normal?' Violence in front of children perpetuates the whole family violence problem. We need to concentrate on breaking that cycle so they don't grow up to do this themselves.
55. As a generalisation, I think that the women we see with children have a bit more of a purpose than the single women to move on. They are often determined to make their situation better for their children, whereas single women do not have that issue to concentrate on. That is where personality issues really come out: in the families that we have at the refuge, they will often do things together and try to create a sense of normality. Their children are their driving force.
56. If we used a separate unit model rather than a communal living model, we would not need to manage personalities as closely as we do.

Secure refuges

57. Some of the clients at Olive's Place are escaping really dangerous men. However, recently, a lot of women are coming in with drug and alcohol, and mental health issues, rather than threats to their immediate safety. It is difficult to know with these women which they experienced first: the family violence or the drug and alcohol or mental health issues.
58. I think that there probably is a need for the traditional, secure refuge model for some clients, who are facing really serious threats or violence, but not necessarily for all. I know that Marion Community, for instance, is secure, but it is not as tightly secure as Olive's Place.
59. People find out where refuges are located anyway, even when they are secure. This is particularly so in a small town like Shepparton, where Marian Community is very well known in the area. We receive a lot of donations and goodwill from the Shepparton community. However people knowing the location of the refuge has meant we have had to swap properties with other DHHS funded programs and also transfer women to another property on several occasions.
60. I support the Royal Commission looking at other options for refuge accommodation, beyond the traditional model.

**Robyn Springall**

Dated: 20 July 2015