

GLCH Response - Family Violence Royal Commission.

Introduction

Gippsland Lakes Community Health (GLCH) is a high profile health service provider to the population of 43,000 in East Gippsland a shire of some 21,000 sq km. The organisation is noted for its extensive range of health and community services, its ability to relate to and provide services to the most disadvantaged members of the community, and its capacity for championing the social model of health.

GLCH values and promotes excellence of service and prides itself on delivering coordinated and accessible health services and health promotion programs. There is a focus on the health of populations, as well as the health of individuals. The organisation maintains its reputation for valuing the principles of community health and has a strong focus on developing appropriate models of service that meet the unique needs of rural and remote communities.

GLCH takes a lead role in reconciliation with Aboriginal communities, in social and service planning initiatives with local government and the primary care partnership, and in service developments including chronic care, early year's development, and integrated health promotion.

GLCH's service sites are in Lakes Entrance, Bairnsdale, Bruthen, Metung and Nowa Nowa. Outreach services are provided throughout East Gippsland through its network of partnerships and its commitment to providing an extensive service reach across a large geographical area. Services are divided into units with a strong multi-disciplinary approach:

- Aged Care Services
- Clinical and Nursing Services
- Community Health Services
- Family Youth and Children's Services
- Corporate Services

GLCH provides family violence services to the East Gippsland Shire through the Family, Youth & Children's Services Unit which also contains the following programs:

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| <ul style="list-style-type: none"> • Disability Services • Youth Justice Community Support Services • Integrated Family Services/Child FIRST • Maternal & Child Health/School Nursing • Family Violence Outreach • Men's Behaviour Change Program • School Focused Youth Service | <ul style="list-style-type: none"> • Counselling Services including Women's & Children's Family Violence Counselling • Alcohol & Drugs Services • Housing Support • Youth Services • Youth Pregnant & Parenting group • Emergency Relief • Services Connect |
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Which of the reforms to the family violence system introduced in the last ten years do you consider most effective? Why? How could they be improved?

The reforms conducted to date have all had a positive impact on the issue of family violence in particular in relation to increased public awareness, improved response to victims and improved capacity to hold perpetrators accountable.

Public awareness campaigns have brought the subject out into the open so that it is no longer seen as something that happens in the privacy of the home but rather something everyone should be concerned about. The establishment of the Statewide steering committee introduced and promoted a whole of government approach, the new code of practice for Victoria Police and the introduction of legislation in the Family Violence Protection Act 2008 have all had a significant impact on responding to and addressing family violence.

GLCH has been part of a number of the public awareness campaigns and believes when they are conducted in partnership, by multiple agencies with cross sector representation then they seem to have the most impact and visibility. Examples include the walk against family violence held in Gippsland, commencing in Far East Gippsland and led by local Aboriginal Controlled Organisations but involving most local agencies. This was evaluated by the then Monash University through Dr Chris Lamming. White Ribbon Day events have been held each year by GLCH and these have included:

- promoting family violence awareness in partnership with the police at local football grand finals
- men's breakfasts (in partnership with the police) where key local figures have attended and spoken out against family violence.
- presentations to local service clubs such as Lion's and Rotary.

Very few have been formally evaluated as GLCH has limited capacity and funds to conduct formal evaluations in this area. However feedback from the events has been positive and the local media have always covered and promoted the activities. GLCH believes that local campaigns involving locally recognized service providers and personalities are important in rural communities if local people are to see family violence as something that happens within their community.

The redevelopment of the family violence response and the introduction of an integrated response in 2006 allowed for the provision of an increased number of family violence providers in rural and remote areas. In East Gippsland for example the change was made from a regionally centralised approach to one provided by agencies already established and known in the local area. GLCH believes this has increased the capacity to respond to the local community and allowed the development of an Aboriginal specific response through the local ACCO. Close relationships have developed with other local providers including the police, courts and legal firms but equally as important in a rural area it has allowed local communities to feel comfortable in accessing services from a known and trusted local agency. In addition to this because the service was provided by agencies already working in the community GLCH and Gippsland & East Gippsland Aboriginal Cooperative have been able to build on the services they already have and develop innovative ways of addressing the needs of victims through their well developed local knowledge.

The provision of funding for Men's Behaviour Change programs allowed the service sector to shift from only looking at the victim to ensuring there is a focus on the perpetrator, the importance of recognising their role, the importance of them being held accountable and the importance of recognising their behaviour is a problem and needs to be addressed.

Whilst the reforms have made many and varied improvements to the service system in relation to family violence, for rural and remote communities there are still some areas where the response could be improved or where different solutions need to be explored. Many of the reforms that were implemented were city centric in that they require access to specific courts and specialist services or the models developed needed the structures and service system of a city or large regional centre to work. Eg in rural areas there is a lack of specialist courts, lack of 24 hour police stations, large distances, lack of public transport, lack of alternative accommodation. If the needs of rural and remote communities in relation to family violence are to be addressed then they need to be done so with the knowledge that there will never be enough funding to completely replicate what is provided in large regional centres/cities. The interventions, services and supports need to build on what is already there, utilise local knowledge, resources and be developed in partnership with those communities and service systems on the ground. Any models that seek to address family violence, hold perpetrators accountable and provide supports to victims in rural and remote communities need to be developed to meet the unique and specific needs and challenges of those communities.

What circumstances, conditions, situations or events, within relationships, families, institutions and whole communities, are associated with the occurrence or persistence of family violence?

GLCH has observed family violence across all types of relationship; heterosexual, homosexual, children to parents and grandparents, siblings, across all types of families, ethnic groups and communities. Locally there is a large Aboriginal community and family and community violence is high. Family Violence is particularly observed and difficult to address where there is intergenerational trauma and where there is intergenerational family violence with children growing up believing that this is the normal way to have a relationship. Mental health and drug and alcohol issues compound the situation and also make it more difficult to provide support to the victims and address the behaviours of the perpetrators. The complexity and multiple issues with which many victims and perpetrators of family violence present means that it is unlikely any one service can respond to, meet and address all the needs of these clients. Multidisciplinary responses need to be developed based on local services rather than a silo response by specialist services.

What circumstances and conditions are associated with the reduced occurrence of family violence?

Family violence is reduced where there are strong family relationships built on mutual respect and trust. Where children are in situations that allow them to grow up with good role models and able to see and learn about positive relationships. Family violence is less likely to occur where families have sound supports in place and strong intergenerational supporting and loving relationships. There needs to be good connections to community, opportunities to improve self worth, the ability to secure safe and affordable housing and access supports locally. Ultimately GLCH believes that making changes to the experiences of children will have the best long term outcomes for everyone as they need to grow up experiencing a different culture to the one that currently sees family violence as acceptable. Conditions in early childhood centres and schools need to model this change in culture.

Tell us about any gaps or deficiencies in current responses to family violence, including legal responses. Tell us about what improvements you would make to overcome these gaps and deficiencies, or otherwise improve current responses.

GLCH has observed over a number of years that there is a tendency for governments to respond to significant social issues/problems through the development of new programs, tests & pilots that do not take into account the current service delivery system. This often results in a more siloed service delivery response and the development of services that claim exclusivity to client groups or problems and often result in duplication. When this is applied in rural and remote areas tiny amounts of specialist funding are provided and expected to support large geographical areas. A smaller number of agencies and staff are expected to establish and try to meet another new programs guidelines and reporting requirements. This exacerbates the problems for the rural service system by increasing demands on limited resources through duplication and increased reporting. An example of this is the roll out of the recent RAMP funding whereby rural agencies were told it had to be implemented strictly according to the guidelines which have clearly been developed on modeling that is city/large regional centre based. There was no acknowledgement of the challenges of the rural service system and no flexibility to build on and utilize current structures. As identified earlier to avoid this it is imperative that new or additional funding seeks to build on what is already there rather than set up new systems which run a significant risk of duplication and place increased pressure on the already limited resources and responses in rural areas.

There is limited funding to address perpetrators and once again the lack of flexibility in how these programs are implemented means that men who live in remote areas are often unable to access support. In addition this is compounded by the very rigid requirements to achieve formal training in this area which means that rural services and rural workers are significantly disadvantaged. There is only one provider of the current Men's Behaviour Change Program facilitator's course and no flexibility in how the training can be accomplished requiring rural services and staff to attend Melbourne. Currently the Men's Behaviour Change Program is the only funded response in rural areas for perpetrators and this does not accommodate young people who are perpetrating sibling violence and violence against their parents or grandparents.

Legal responses in rural areas are determined by local magistrates who sometimes appear not to be up to date on the latest thinking and do not appear to have the most recent education in this area which often adds to their conservative view of the issue. Depending upon who the visiting magistrate is for the day can have a huge impact on the outcome for both the victim and perpetrator. This adds to the confusion of victims and concerns of workers as the outcome can often seem like a lottery. Different responses impact on the victim's confidence in the legal system and result in victims not wishing to take further action. There is a lack of accessibility or readiness of the courts to utilize technology such as video conferencing. If used this could limit the impact of further trauma and improve the safety of victims especially in rural areas where the courts whilst beautiful old buildings are not always conducive to maintaining victim safety, security and confidentiality. The court system is difficult to influence in relation to improving services and seeking to make change with a feeling that there is limited avenues open to clients in which to provide feedback on their experiences.

The constant change of Police officers at local stations and their rotation through roles mean that police education around this issue is critical to the responses provided. The current rates of family violence and the significant role the police have in responding to both incidents and breaches of IVO's suggests that this should be a core part of the initial training they undertake when joining the police force and should become a regular part of ongoing professional development.

Does insufficient integration and co-ordination between the various bodies who come into contact with people affected by family violence hinder the assessment of risk, or the effectiveness of (early intervention, crisis and ongoing) support provided, to people affected by family violence? If so, please provide examples.

Integration and coordination in rural and remote communities is much more likely as there are limited players in the service system juggling small amounts of funds and trying to provide a holistic response. Consequently they are more likely to know each other and work well together. That has been the experience of GLCH locally where integration and relationships across services and the various bodies operating in the family violence space are very good. There are very strong relationships with the police, child protection, our local ACCO and the courts as well as the other social support services in the area. Locally rather than a lack of integration, what appears to have more impact on assessment of risk, effectiveness of responses and support is the following:

- Lack of good education, training and understanding within the magistrates and some courts where family violence isn't their core business. Outcomes become a lottery depending upon who is sitting that day.
- The need to develop an easier mechanism for taking and resolving issues with the operation of rural courts in relation to Family Violence. Currently they have so much autonomy that it is difficult to change and impact on some of the more conservative views and operation of these courts.
- The lack of stability in the Police around key Family Violence positions and the need for good training in this area.
- The need to build on and make better use of the current rural service system with less reliance on 'specialist' services of which there will never be enough in rural areas.

What practical changes might improve integration and co-ordination? What barriers to integration and co-ordination exist?

In East Gippsland limited funding and the need to cover large distances has meant that family violence services have been integrated with other services where there were clear synergies. Joined up work with police, courts and child protection has ensured a coordinated response and reduced the barriers to service provision and victim access to supports. This sort of approach needs to be explored in partnership with local agencies and developed further in rural areas rather than implementing new programs and creating a reliance on a single response through a 'specialist service.' As stated above there will never be enough specialist services so if victims and perpetrators are to be assisted in rural and remote areas then local models built on what is already available need to be explored in each rural and remote area. Flexibility needs to be built into the system and into the funding provided so that the unique challenges in each area can be explored and addressed. Some brokerage should be provided so that challenges around limited accommodation and transport can also be addressed. Barriers to integration and service provision for rural communities are exacerbated when specialist sectors seek to remain isolated and specialised and resist the need to incorporate responses into more mainstream services.

At GLCH we have implemented an integrated model of service provision that incorporates our Family Violence Outreach program, Child FIRST and 'Opening Doors' (initial response to homelessness) into one integrated highly skilled team of workers. This has ensured that clients accessing our services are able to receive a holistic response that attempts to meet all of their needs, looks after the best interests of any children involved and avoids duplication. Clients only need to make contact with one entry point rather than three separate entry points for each of the above

programs. Through this one team clients are provided with access to a range of services available through GLCH and actively supported to access other external services that GLCH does not provide. This model has been in operation now since 2009 and has ensured greater efficiency, improved effectiveness in meeting the needs of clients and managing risk and increased client satisfaction. The above is demonstrated through:

- GLCH's capacity to provide access to Family Violence Outreach support Monday – Friday every week despite sick leave, training and holidays.
- Management of 577 L17 referrals and provision of feedback on each referral to the police last financial year
- Comprehensive support to 166 victims including court support, support to meet with and provide statements to police, etc last financial year
- Positive feedback on our approach via detailed interviews conducted by a staff member independent of the team with 9 clients.

GLCH is funded for 1EFT of Family Violence Outreach and has 52 targets for the year. The above service would not be possible if GLCH operated the program as a separate independent specialist service resulting in many victims not receiving support and being at increased risk.

What are some of the most promising and successful ways of supporting the ongoing safety and wellbeing of people affected by violence? Are there gaps or deficiencies in our approach to supporting ongoing safety and wellbeing? How could measures to reduce the impact of family violence be improved?

Confidentiality and ease of access is very important to rural clients where communities are small. Therefore location of the family violence service with GLCH as a recognised local community health service has been particularly useful for the rural and remote communities we service. Clients can receive support through an agency that does not make their family violence easily identifiable in that they could be accessing our organisation for a range of supports such as Maternal & Child Health, GP, Allied Health. This assists with confidentiality around the issue and increases safety as a result. It also allows for greater integration with universal programs increasing their knowledge and understanding which in turn improves the safety and well being of people affected by family violence. Models such as this should be explored for other more rural and remote communities where the local health service would be seen as non threatening and trusted.

To what extent do current processes encourage and support people to be accountable and change their behaviour? To what extent do they fail to do so? How do we ensure that behaviour change is lasting and sustainable? If you or your organisation have offered a behaviour change program, tell us about the program, including any evaluation of its effectiveness which has been conducted.

GLCH has a MBCP which successfully runs two 16 week group programs per year. Success has been measured by the regular attendance of participants for the whole 16 weeks, reports from partners of improved behaviour and positive feedback from corrections and child protection in respect to change of behaviour in clients referred through their programs. Some men choose to attend the group for a second time to support their own personal change process and we believe support and capacity within the program to do this is important. Their attendance at subsequent groups is not only valuable for themselves but also for new participants as they are able to provide a peer support process. The MBCP at GLCH was evaluated as part of a Monash University PhD students study, Dr Chris Lamming should be able to provide advice on the outcomes of this evaluation.

Challenges for GLCH as a rural and remote provider of MBCP are the need to support access from across the East Gippsland Shire which is difficult as distances are vast and there is limited transport. The availability of a small amount of flexible funding to facilitate this would be helpful. Whilst one on one counselling for perpetrators is not seen as best practice in facilitating change some support for this would be beneficial for the perpetrators that present from very remote areas where the numbers are never going to enough to support running a group and distances are too far for clients to travel to attend groups.

What barriers prevent people in particular groups and communities in Victoria from engaging with or benefiting from family violence services? How can the family violence system be improved to reflect the diversity of people's experiences? How can responses to family violence in these groups and communities be improved? What approaches have been shown to be most effective?

As identified previously there is concern that the specific needs of rural and remote communities are not adequately catered for in the current system. A response that only accommodates service provision through a specialist service is going to disadvantage rural and remote communities where access to specialist services is always limited. Any response needs to be flexible and based on what will assist the individual or family within the local context and environment and needs to be developed in partnership with the local community and service sector.

Summary

- Ensure there is capacity and flexibility in future reforms to work with rural and remote communities to develop local solutions that work within the local service system and build on what is already working on the ground.
- GLCH believes that local awareness campaigns involving locally recognized service providers and personalities are important in rural communities if local people are to see family violence as something that happens within their community.
- Ultimately GLCH believes that making changes to the experiences of children will have the best long term outcomes for everyone as they need to grow up experiencing a different culture to the one that currently sees family violence as acceptable.
- Consider a variety of models in responding to all perpetrators of family violence especially developing responses that can be provided into small communities and to limited numbers.
- Review the current qualification and mandated educational requirements for Men's Behaviour Change Program facilitators and explore a more diverse range of options for the provision of this training.
- That the use of video conferencing technology be better promoted and more universally utilized within the courts.
- Ensure that there is a more consistent approach from the magistrates either through better education or through family violence matters being heard only by specific nominated magistrates with expertise in this area.
- Family Violence training should be a core component of Police training and a regular part of their on-going professional development.
- Flexibility is required and access to some brokerage to ameliorate the challenges of rural and remote areas around transport and housing
- Models that incorporate family violence services into local services should be explored for rural and remote communities where the local health service would be seen as non threatening and trusted.