



**MacKillop
Family Services**



VACCA
Connected by culture



29 May 2015

Royal Commission into Family Violence
PO Box 535
Flinders Lane Vic 8009

Dear Commissioners

We present this joint letter to the Royal Commission on Family Violence from a group of significant agencies in the field of operating services to disadvantaged and vulnerable children, youth and families affected by family violence in Victoria. Our agencies, (Anglicare Victoria, Berry Street, MacKillop Family Services, The Salvation Army, Wesley Mission, Victorian Aboriginal Child Care Association, (VACCA) and the Centre for Excellence in Child and Family Welfare), represent a significant part of the children youth and family service delivery system.

Our unique and collective vantage point brings an informed view of the capability and capacity of the system to respond to the challenging circumstances that Family Violence presents.

Our combined services represent significant service profiles in the areas of Family Welfare, Child FIRST, Out of Home Care and Family Violence service delivery.

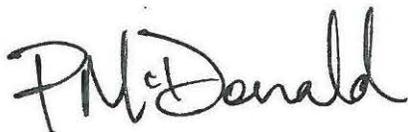
To prepare this joint submission, we have met a number of times as a group to discuss our mutual observations and views of the architecture, condition and capability of the service system to respond to those in contact with or affected by Family Violence. In particular, we are concerned about the impact that Family Violence has on infants, children and young people.

We would welcome the opportunity to meet with the Commission to present our collective, system-wide insights, which we believe are critical. Our experience shows us time and time again that no one organisation can solve the complex and escalating nature of family violence in Victoria.

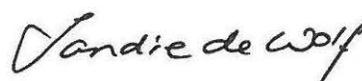
Separately you will find each of our organisations have made individual submissions to the Commission that cover deeper specialised perspectives.

We look forward to actively participating in the Commission's Inquiry and contributing to robust, practical solutions which drive systemic change for the most vulnerable families in Victoria.

Yours sincerely



Paul McDonald
Chief Executive Officer
Anglicare Victoria



Sandie De Wolf AM
Chief Executive Officer
Berry Street



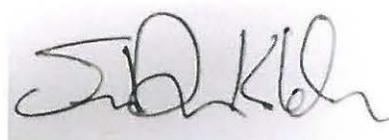
Deb Tsorbaris
Chief Executive Officer
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Kelly Stanton
General Manager Services
Wesley Mission



Muriel Bamblett AM
Chief Executive Officer
Victorian Aboriginal Child Care Agency



Jason Davies-Kildea
Manager
Victoria Social Programme and Policy Unit
The Salvation Army



Micaela Cronin
Chief Executive Officer
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JOINT SUBMISSION ON SYSTEM-WIDE OPPORTUNITIES TO IMPROVE FAMILY VIOLENCE RESPONSES IN VICTORIA

THE NATURE OF THE PROBLEM

The damaging and lifelong impacts of family violence on children and young people in many cases occurs well before the service system is aware or able to respond.

- Family violence can be both episodic or multiple events of intimidation, anger and aggression, to violence or threats of violence.
- It is our collective view that it has a highly detrimental (yet underrated) impact on infants, children and young people, and as such they have learnt to live in survival mode and with the constant fear of unpredictable responses.
- Children may also be exposed to other issues stemming from violence, such as parental mental illness, drug addiction and unpredictable events.
- Overwhelming research indicates that living with family violence and related harms can damage children's brain development, often resulting in lifelong mental health problems and behavioural issues that diminish life chances.

Despite the inclusion of cumulative harm into the Children Youth and Families Act (CYF Act), it is our view that the key welfare responders to referrals of families in need, Child Protection or Child FIRST systems, are not able to act sufficiently or quickly to sensitised to the cumulative harm that can occur on children as a result of repeatedly exposed either directly or indirectly to family violence. We collectively believe that the early trauma experienced by a child/young person in this regard is let down by a system overwhelmed by the multitude of cases and referrals hitting both the Child FIRST and Child Protection platforms. Our views to this extent are:

- The CYF Act 2005 recognises that intervention by services can happen as a result of both cumulative and episodic harm.
- However, an intensive service response to family violence that protects children is only triggered when Child Protection becomes aware of severe or entrenched violence, even if they had previously received reports about a family that indicated risk was escalating.
- By the time Child Protection act, children and young people have usually been exposed to cumulative harm for an extended period of time.
- Child FIRST and Family Services are currently managing demand from the overburdened Child Protection system inhibiting significantly these models to effectively respond earlier with families, as has been recently highlighted by the Victorian Auditor General in his report on the Child FIRST and Integrated Family Services Model in Victoria.
- As a result this precludes these services from carrying out their intended early intervention function, including intervening early with those families who exhibit warning signs of a descent towards family violence.

Early warning signs are evident and can be visible to professionals in the universal service system where professionals have been attuned to the impacts of family violence on children and young people.

- Maternal and child health nurses, child care agencies, kindergartens and schools often observe the signs a child/young person is living with family violence, well before child protection and or the criminal justice systems are involved.
- However these observations and early warning signs do not routinely trigger an adequately intensive system response.
- As a result, the trauma of living with family violence remains under-reported and the system is largely unresponsive to these early signs or to the families that we believe would be amenable to interventions in this regard.

RECOMMENDATIONS

1. Resource additional capacity within Child FIRST and specialist family violence services in response to unmet demand so families, community, primary health and education providers (the universal service system), will confidently seek out and refer families for access to services early and hence prevent cumulative harm.
 - The legislation includes the need to address cumulative harm, however, services like Child FIRST are clogged with L17s and child protection intake referrals so have no capacity to deal with non-crisis referrals.
 - Child Protection and ChildFIRST capacity issues have resulted in ChildFIRST not being able to carry out its core purpose, early intervention.
 - Opportunities exist to engage with children, young people and their families in the environments and communities in which they live, so support is accessed well before an intervention order is considered.
 - For opportunities to be realised, the universal service system requires a better understanding of what family violence is, what to look for, and their role in facilitating early intervention.
 - At the same time, Child FIRST must have the capacity to respond (no long delays) so people referring from the universal service system have confidence their referrals will be acted upon and cumulative harm will be addressed well before the situation escalates to more statutory interventions.
 - The Auditor General has concluded that the role of the early intervention service system such as ChildFIRST and Family Services have been overrun by the requirement to respond to the demand impacting on child protection.
 - Whilst we note the recent budget announcement to address demand issues in Child FIRST, we believe that without targeted resources to respond to the numbers coming into the system, such as those coming through the L17 pathway, we will not be in a position to meet the collective expectations as effective early interveners into family violence.

2. We have observed that the most opportune time to provide service intervention into a family violence scenario is often at the point of crisis. We feel that the system does not capitalise effectively enough on responding to families where the attendance of police has been required. Thus we are of the view that we need to involve a specialist family violence practitioner as part of the police first response team to capitalise on this contact with families experiencing family violence and better engage family members when they may be open/willing to seek help.
 - By involving a specialist family violence practitioner from the non-government sector, immediate action can be initiated for family members.
 - This takes away the reliance on 3rd party interpretations and a referral moving through another organisation's processes which delays and/or can even fail to initiate a response.
 - More flexible working models should be considered so family violence practitioners were available when requested by early responders. In this regard we note the effectiveness that has been realized through colocation of services as part of the Multi Disciplinary Teams with Victoria Police on child sexual assault matters, and we believe this architecture has merit for consideration on multi disciplined responses that can jointly involve the police arm and the welfare arm of the system.
 - The value created from this early response is the opportunity for an immediate connection to the most appropriate pathways.
 - Once referred, immediate priority access would be required, especially to services such as specialist family violence services and Child FIRST.

3. Broaden and diversify the capability within Child FIRST and specialist family violence service systems to enable differentiated responses to the needs of all impacted by family violence (infants, children, young people, women and men), those using violence within their family (young people, women and men), and the full diversity of families within the Victorian community:
 - Currently when families reach a certain threshold, the system kicks in and offers a relatively generic speed of response, and one that given history, has a strong focus on women and children.
 - Colocation, integration, and differentiated responses are required to address the trauma experienced by the infant, child and young person, and to support the couple, the mum, the dad and the family.
 - Families don't conform to a nuclear (or other) model but have structures that form and change through a unique web of relationships and interactions.
 - The system requires the capacity to dial up an intense, differentiated response to match need, particularly in the early stages of connecting with families in crisis.
 - These involve capacities to fast track into men behavior change programs, groups orientated to assisting dads in their roles, therapeutic services for children and young people traumatized by family violence and accessible family therapy options that are responsive to resolving issues of conflict between family members. We note that such differentiated responses are not 'docked' into ChildFIRST platforms adequately enough.
 - In addition, Indigenous specialist responses are required for Aboriginal families and communities dealing with intergenerational aspects relating to the trans-generational trauma of colonisation and disconnection from culture.
 - Workforce flexibility will also need to be considered to enable the diversity of responses from involving family violence specialists as part of the initial response to providing after school and work hours support.