



**WESLEY MISSION VICTORIA**

**SUBMISSION:**

**ROYAL COMMISSION  
INTO FAMILY VIOLENCE**

**May 2015**

### **About Wesley Mission Victoria**

Wesley Mission Victoria (Wesley) advocates for a more just society and has been supporting people across Melbourne for 120 years. Wesley provides 50 different services from more than 100 sites across Victoria. Our purpose is to support people experiencing disadvantage and vulnerability to improve their life outcomes.

Wesley's services include, residential, community based and business services: in the areas of:

- Aged Care Support Services
- Disability Services
- Crisis and Homelessness Services
- Children Youth and Family Services
- Social Enterprises
- Employment Services
- Lifeline

Wesley's current strategic plan defines the organisations central commitment to:

- Ensure our clients are at the centre of what we do
- Do our core work well
- Be innovative and find new solutions and responses
- Use our voice to influence community attitude and government policy

Wesley Homelessness and Support Services is based in Ringwood and has been providing homelessness support, material aid and emergency relief, predominantly to people living in the eastern metropolitan area for almost 25 years. Similarly Wesley Footscray Outreach has provided emergency relief, material aid, prepared meals and a no interest loan scheme in the City of Maribyrnong since 2003, continuing the work of the Footscray Yarraville Outreach Mission which commenced the program in 1973.

Wesley is committed to developing partnerships with organisations that have similar ethos; that is, supporting disadvantaged and disempowered people with complex needs. To optimize social inclusion and positive outcomes for clients Wesley is linked with a number of community service networks and key stakeholder partnerships. These partnerships increase access and provide greater opportunities for the people we support across organisations and provide a seamless transition process for participants to improve personal outcomes.

### **Relevant Questions from the Issues Paper**

#### ***Question Eight***

*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.*

#### ***Question Ten***

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

**Question Fourteen**

*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 behaviour change is lasting and sustainable?*

**Wesley Submission****Secondary Services Training Regarding Family Violence**

There is little doubt that the reported incidence of family violence in Victoria has increased during the past ten years and has received significant prominence in the media. The resulting pressure on the service system means that family violence services are necessarily targeted toward assessing and managing the highest level of risk.

While it is likely that workers in Crisis and Homelessness Services, Community Health, Hospitals, Disability, Mental Health Agencies, Drug and Alcohol Services, and schools frequently see families and individuals who are experiencing family violence, the understanding of the indicators of violence and knowledge and skill in implementing screening tools and assessment frameworks across these sectors is inconsistent. Though family violence is not the only focus of these agencies; they are well placed to detect women and children subject to violence, undertake an assessment and provide an appropriate response.

Coupled with this, environment is emerging evidence that many victims will have contact with a range of health or community services workers on up to six or more occasions before disclosing family violence. This is not surprising in the context of the fear of further abuse, loss of control, stigma, gender inequality and lack of financial or alternative accommodation options which accompany family violence.

It highlights however, that there may be significant missed opportunities by such services in for the provision of early intervention, safety and support. There is a growing body of evidence regarding the value of disclosure and early intervention to prevent violence against women and the long term developmental consequences for children.

Maternal and Child Health, Child Care and Early Childhood are also services which work closely with vulnerable families and potentially have a valuable role in the initial screening and referral of instances of family violence. UK based research however identified a lack of professional confidence as a primary barrier for workers in the children's sector to acting on family violence when identified.<sup>1</sup>

The Family Violence Risk Assessment and Risk Management Framework, also known as the Common Risk Assessment Framework (CRAF), was developed under the auspice of the Department of Health and Human Services (DHHS) in conjunction with the Family Violence Sector in 2007 and reviewed in 2012. It aims to help practitioners working in a wide range of fields to understand and identify risk factors associated with family violence and respond consistently and appropriately.

The framework comprises six components to assist individuals to identify and respond to victims of family violence:

- A shared understanding of risk and family violence across all service providers

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<sup>1</sup> Guy J. Early Intervention in Domestic Violence and Abuse. Early Intervention Foundation.

- A standardised approach to recognising and assessing risk
- Appropriate referral pathways and information sharing
- Risk management strategies that include ongoing assessment and case management
- Consistent data collection and analysis to ensure the system is able to respond to changing priorities
- Quality assurance strategies and measures that underpin a philosophy of continuous improvement.

The framework is well researched and respected as an appropriate screening and effective tool for family violence. Two training programs were developed to embed the framework both within the family violence sector and mainstream agencies including, Child Protection, Integrated Family Services and Child First, Health Care, Drug and Alcohol and Disability Services, Police and Justice.

Training was delivered initially via a consortium of family violence agencies and Swinburne University which also developed handbooks and learning materials. Training is now provided free of charge by the Domestic Violence Resource Centre. Three practice guides targeting differing professional groups are also components of the framework.

While training has been available to family violence and secondary sector agencies consistently since 2008, there are two issues which impact on the current inconsistent use of the CRAF framework by agencies.

- Where family violence is identified and assessed by secondary sector agencies, current CRAF training promotes referral to family violence agencies however referrals pathways have become overloaded and family violence services cannot adequately respond.
- Training for secondary sector agencies needs to be more comprehensive. It currently does not include all elements of the framework and resources focussing instead upon the identification, screening and assessment of family violence.

High volume agencies including Crisis and Homelessness services which already provide services to victims of family violence require access to the broader scope of CRAF training which is currently only available to Family Violence sector workers. Crisis and Homelessness services currently work with many people who have experienced family violence and require broader training to adequately respond. If people experiencing family violence are not eligible for the high security refuge managed by family violence services then Homelessness services are required to respond but are not resourced adequately.

Further training will enable the provision of effective assessment and intervention strategies for women and children experiencing family violence but who do not require placement in a high security refuge. This will reduce demand on Family Violence agencies.

The CRAF is a worthwhile assessment, however the current CRAF training package for family violence agencies needs to be tailored and modified for the context of work undertaken by Homelessness services. Training needs to include strategies to assist workers in the

homelessness sector to embed the framework into their work. Often women will present requesting accommodation but do not easily disclose their family violence experience.

Of particular importance is the need to incorporate the practice guide developed by DHHS related to Assessing Children and Young People Experiencing Family Violence in CRAF training to ensure appropriate assessment and early intervention for children subject to violence.

Such amendments to current CRAF training may also need to address any significant philosophical approaches to work within mainstream agencies.

**In the current context of family violence service provision, Wesley considers there is a need for consistent knowledge and skills for intervention in high volume secondary sector agencies. We would support the following measures;**

- **The CRAF training package needs to be broadened, modified and delivered for specific sectors, such as in Crisis and Homelessness services. This training should include strategies which build a consistent level of confidence and competency regarding family violence for those working in relevant universal services including Children's Services, Child Care and Maternal and Child Health.**
- **Opportunity for joint delivery by the secondary and family violence sectors.**
- **A renewed focus upon completion of CRAF training by staff in secondary sector agencies across the state and a strategic plan to ensure effective distribution of trained staff across the state.**
- **The development of professional education strategies to further embed family violence skills and knowledge, including opportunities to include family violence content in relevant vocational and higher education programs beyond those existing currently.**
- **Strategies which increase the capacity of the wider system to provide services where violence is identified or suspected.**

#### **Case Management for Perpetrators of Family Violence**

The most significant policy response targeting perpetrators of family violence in Victoria has been the implementation of Men's Behaviour Change (MBC) programs. There is evidence of positive outcomes of such programs in effecting behavioural change, but as the sole primary program for perpetrators of violence there is considerable demand.

Evidence that demand continues to outstrip supply can be seen in the current average waiting time for individuals to gain a place in Eastern metropolitan region programs which is approximately 12 weeks. While this figure may vary at different times during the year it is consistent with the average waiting period reported in 2011 and represents a significant barrier to utilising an individual's potential openness to help and motivation to change precipitated by the crisis of their removal from the family home. Wesley has observed in a number of instances the lengthy wait time impacts on the willingness of some individuals to follow through on initial motivation to participate and on achieving successful outcomes.

Funding is a significant issue affecting waiting lists and the capacity to increase program delivery. In 2011 state government funding was identified as meeting less than 60 % of the overall program delivery costs for approximately 60% of locations in which programs were run by survey respondents, and between 60% and 80% of the costs for a further 23% of locations.<sup>2</sup> Though one agency within the Eastern region was successful in securing alternative funding to conduct several additional programs in 2014, these have now ceased and there has been a significant reduction in the numbers of programs and availability of Men's Behaviour Change programs as a result.

Wesley acknowledges that gender inequity is the main reason for Family Violence. There are a range of factors that accompany the occurrence of male family violence including drug and alcohol use, mental illness and financial hardship. Ongoing drug and alcohol use and mental illness however are generally barriers to participation in MBC programs. There are often difficulties referring men to programs which will assist them to work on these issues. These factors, in addition to the lengthy waiting period for successful applicants of MBC mean that for many men removed from the family home, no work at all is undertaken to address the issue of violence itself, or the associated factors listed above (which may improve an individual's eligibility for a behaviour change program).

High volume agencies including Homelessness services frequently provide services such as material aid to male perpetrators of family violence. Wesley Homelessness Services also provide short term crisis accommodation for men who are removed from the family home by the police. When placed in crisis accommodation, the men are invited to attend the office for housing assistance and referral to support services.

Between April 2013 and March 2014, 45 men were placed by the police, for a total of 92 nights in Wesley's crisis accommodation program. Thirty of these men made contact for a one off appointment for housing support. Though most of the men placed by the police have a range of issues and factors which have contributed to their violence, current funding provides no scope for assistance beyond a one off contact with no capacity to undertake short to medium term case management.

As a consequence of the limited follow-up provided to these men, little or nothing was known about them after their acts of violence. Our data indicated they were from a range of cultural backgrounds and had been violent towards partners, children, siblings and elderly parents/grandparents. Some men went on to stay with other family and or friends, others found alternative housing and anecdotal evidence tells us that many returned to the family home increasing the likelihood of further violence and trauma for family members. It was not uncommon to see men 'reappear' at a new address with a new partner so we knew the cycle was often repeated.

To address this perceived gap, in 2014 Wesley was successful in obtaining philanthropic funding for twelve months to extend the crisis housing program to include case management with perpetrators of violence removed from the family home by the police. This work provides a focus on assisting individuals to become accountable for their actions and address the underlying cause of their violent behaviour. It also provides assistance with finances, employment housing, social relationships and engagement with specialist advice and support services where appropriate. To date this has been a worthwhile and effective investment.

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<sup>2</sup> No to Male Family Violence Prevention Association Inc. Men's Behaviour Change in Victoria A Sector Snapshot 2011

Clearly the current policy emphasis upon MBC programs as the primary therapeutic response to male perpetrators of family violence fails a significant number of men who are assessed as not suitable for the program or who fail to access the program after lengthy waiting periods. Such outcomes leave partners and family members vulnerable to men returning to the family home and the reoccurrence of violence without effective intervention. Currently MBC programs are often the only response available and Wesley believes additional responses such as one on one counselling and case management would be of considerable benefit.

In a study into the benefits of early intervention in cases of family violence, the Early Intervention Foundation (UK) identified there is good evidence of the need for approaches to be carefully personalised to the individual rather than a generic approach to perpetrator programs.

The perceived benefits of case management focused on perpetrators of family violence are well documented. In a survey conducted by the "No to Family Violence Prevention Association Inc" with Victorian MBC providers in 2011, the need for one on one case management for MBC group participants was identified as one of three highest priorities for additional resourcing.

A number of community services have identified the need for family violence perpetrator focused case management and counseling programs. Eastern Health has implemented a useful model and some regional providers provide fee for service counseling. Few clients utilising the Wesley crisis accommodation service however could afford to make use of this.

Wesley considers the absence of case management availability for male perpetrators of violence is a gap in the current family violence service system. Case management has the potential to, assist individuals to be accountable for their violence, to address other factors which contribute to their violent behavior, to engage with relevant specialist services (including drug or alcohol services) and reduce the reoccurrence of family violence. It will help to keep women and children safe

Case management also has capacity to better position individuals to gain future entry to MBC programs and maintain their motivation until this occurs. Anecdotal evidence from partners of violent men suggest they would be less likely to offer a premature reconciliation if they are aware that housing and case management support was being offered to perpetrators.

**Wesley would support measures to resource perpetrator focussed case management programs attached to high volume community based services, particularly Crisis and Homelessness services which already provide housing support to men removed from the family home due to violence.**

#### **Assessment and Therapeutic Treatment for Children**

The impact on children of witnessing violence and abuse between parents is well documented in the literature. Regardless of whether the violence results in direct physical harm for the child it can have a significant and long term effect on their development. Children who have experienced domestic violence and abuse in the home display increased fear, inhibition, depression, as well as high levels of aggression and antisocial behaviour, which can persist into adolescence and adulthood.

“Although it is by no means inevitable that children exposed to domestic violence will themselves become abusers or victims in adulthood, Holt outlines evidence to support the “intergenerational transmission of violence theory” that children who witness and experience violence are more likely to use or tolerate violence as adults”<sup>3</sup>.

Wesley has significant experience in the assisting parents and children identify and manage the impact and longer term effects of family violence. Wesley is the auspice agency for the State-Wide Specialist Children’s Resource Program in the Eastern Metropolitan region which in the past year has developed a number of innovative resources for children and parents subject to family violence.

The Specialist Children’s program also conducts a weekly therapeutic group for children, (“Cool Kids”), from families who have experienced family violence. The group aims to provide a safe space for children to explore and understand their emotional responses to violence and identify helpful ways to manage these. Participants are referred from the Homelessness Services, Family Violence, Child First and other Eastern Regional Agencies. Clearly evident from within the group is that the losses, anxieties and impact of violence for children can be severe, long lasting and very different than the experiences of adults.

There is growing evidence of the benefits of early intervention for children affected by family violence and Wesley considers a rigorous assessment of the impact of violence and ongoing risks and needs of children is critical. In 2012 DHHS produced a practice guide ‘Assessing Children and Young People Exposed to Family Violence Practice Guide’ to assist in the assessment of children and young people exposed to family violence. The practice guide is well regarded by the sector and provides a sound additional component to CRAF assessments.

Our direct experience and feedback from others is that though there are several agencies exhibiting “best practice” with respect to working with children within the family violence sector, assessment of children is not undertaken routinely or consistently by many family violence workers and there is little use of the “practice guide” in the completion of assessments or plans for intervention.

This may in part reflect the lack of training associated with the practice guide and the high turnover of staff within the sector. One round of training was provided to family violence agencies to coincide with the inception of the guide in 2012, however no further training or skill development has been provided. This combined with staff turnover may mean that there are very few workers who received the training still in the sector, and even fewer who are familiar with the guide.

For a child who has experienced homelessness and family violence the Homeless Children’s Specialist Support Program pilot, currently sitting within four of the DHHS regions, provides secondary consultation, intensive case management and therapeutic group work for children. This program does not take the place of the Statewide Children’s Resource Program; rather it provides a thorough means of assessing and responding to children as clients in their own right and the opportunity for greater capacity building of workers to respond to the needs of children who have experienced homelessness and family violence.

This is an existing model that has been effective in increasing both the number of children receiving a service and the awareness of the need for agencies to respond to and refer

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<sup>3</sup> Guy J. Early Intervention in Domestic Violence and Abuse. Early Intervention Foundation



children for support. Not every region has the opportunity to respond to the needs of children in this way.

**Wesley considers a refocus and emphasis upon the need for assessment and appropriate therapeutic work with children is required across the family violence and secondary sector agencies working with children who have been exposed to violence. Our view is that training related to the Assessing Children and Young People exposed to Family Violence Practice guide should be incorporated as a component of a revised CRAF training program and offered several times per year to workers in both family violence and relevant secondary sector agencies.**

**Wesley also strongly supports the establishment of the Homeless Children's Specialist Support Program (including, intensive case management, group work and provision of secondary consultation) in all regions.**

#### **Adolescent Perpetrators of Family Violence**

Wesley Homelessness service is becoming increasingly aware of instances of violence perpetrated by adolescent boys and young men toward their parents and in some cases siblings. In some instances, elderly parents have also reported violence by older sons who may be still living at home or have returned to the family home following relationship breakdown or other circumstances.

Cases of adolescent violence have been disclosed to workers during interviews and contacts related to homelessness, requests for emergency relief and in support groups for children who have been exposed to parental family violence. In addition to these, disclosures directly to Wesley, evidence of increasing instances of adolescent violence are also reported by Wesley's partner agencies represented on the Eastern Crisis Advocacy Response and Eastern Regional Integrated Family Violence Executive.

The incidence of adolescent violence toward parents and other family members is significant given the apparent shortage of programs for offenders. Nine percent of all family violence incidents reported to the Victoria Police in 2010 involved parents as victims of violence from adolescent children and over a nine year period to 2009, Department of Justice (DOJ) approximately 13% of cases recorded by the police consistently involved incidents where parents of adolescent or adult children were victims of violence.<sup>4</sup>

It is possible that the reported incidence of adolescent violence is underreported. In addition to the physical and emotional impact of violence itself, parents report shame, guilt and embarrassment of being the victims of abuse by their children and feeling blamed by professionals to whom they disclose. These experiences and the fear of retaliatory actions by adolescents may result in parents deciding not to seek help. Howard<sup>5</sup> identifies calling police in this context can be a particularly difficult decision made only when parents are at their "wits end".

Instances of violence perpetrated by adolescents against parents involve a similar range of behaviour as adult family violence offenders. The instances of violence are different from normative developmental challenging behaviours. They are intentional and designed to gain

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<sup>4</sup> Howard J. Adolescent Violence in the Home – The Missing Link in Family Violence

<sup>5</sup> Howard J. Adolescent Violence in the Home – The Missing Link in Family Violence

power and control.<sup>6</sup> They include; physical violence, property damage, emotional and verbal abuse, threats, intimidation and denigration of parents and financial abuse.

Though both male and female children are perpetrators of violence against parents there is evidence that perpetrators are most commonly male. While the severity of violence by girls is identified to peak at approximately 13 years of age, boys demonstrate higher rates of violence against parents which positively correlate with an increase in age, size and strength.

Adolescent and adult male family violence are intricately related. Children (raised in violent households) learn that violence is an acceptable way to resolve interpersonal conflict and get what they want. "When violent and controlling behaviours succeed the reward is a powerful reinforcement to repeat the same behaviours"<sup>7</sup> Several studies identify the most significant determinant for adolescent violence in the home is a child and mothers experience of family violence, which highlights the importance of skilled assessment and intervention undertaken as early as possible by mainstream health and welfare agencies and the development of specialist programs which maximise engagement of adolescent perpetrators.

There is a limited range of measures and an apparent shortage of programs designed for adolescents who are violent at home or for parents and family members who are the victims of such violence.

It is Wesley's experience that although the police have capacity to report cases involving adolescents who are violent to parents to Child Protection, those involving children sixteen years of age or older are less likely to receive a service. Police applications for Intervention Violence Orders also constituted only 14% of police call outs regarding adolescent offenders in 2009/10.<sup>8</sup>

While there is limited availability of placements in youth refuges there are no therapeutic residential options for adolescents with violent behaviours outside the out of home care system. A model for such programs may reflect some of the aspects of the current "Time Out" program for Aboriginal men conducted by the Boorndawan Willan Aboriginal healing Service and staffed by professionals trained to work with men who use violence.

In response to the need for early intervention with adolescent boys who display violent behaviours from families of male perpetrators of violence, Anglicare Lilydale conducted a successful program, "Boys to Men" The program is the only one known to Wesley providing services for victims of adolescent in home violence and this ceased in 2014 due to an absence of funding. The program focussed upon appropriate male behaviour and role models, gender equality and respectful adult relationships.

**Wesley considers there is a critical gap regarding services and programs for adolescents who use violence in the home and would support the priority development and implementation of treatment programs which maximise the opportunity for early intervention, provide clear messages regarding equal and respectful adult relationships and appropriate models of relating and accountability.**

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<sup>6</sup> Howard J. Adolescent Violence in the Home – The Missing Link in Family Violence

<sup>7</sup> Howard J. Adolescent Violence in the Home – The Missing Link in Family Violence

<sup>8</sup> Howard J. Adolescent Violence in the Home – The Missing Link in Family Violence

**Wesley believes specific adolescent behaviour change programs would contribute significantly to the service system.**

Howard<sup>9</sup> identifies adult family violence programs to be inappropriate for perpetrators of adolescent violence in the home due to the age and vulnerability of the adolescent perpetrators. They should however inform the development of specialist programs. Such programs require a coordinated community response including justice, family violence, child protection, drug and alcohol, and mental health services, relevant secondary and universal services and consideration of effective measures to triage and manage cases until entry to the program is achieved. Consideration should also be given to the development of time limited therapeutic out of home placement such as youth specific refuges for perpetrators where this is assessed as necessary.

### **Improved Service Integration**

The experience of Homelessness Services is that the Family Violence sector tends to work in isolation. The Family Violence sector needs to work more closely with other agencies toward holistic outcomes. One such example is 'Housing Connect'.

### **Housing Connect – A Best Practice Example**

Violence in the lives of women and children increases the associated risk of homelessness. In 2012-13 the Australian Institute of Health and Welfare (AIHW) found that 32% of all clients identified family violence as the primary reason for seeking specialist homelessness assistance. Of these, the majority were adult females (63%) and children under the age of 10 (19%).<sup>10</sup>

The partnership between Wesley and Safe Futures Foundation (SFF) outlined below is based on the need to provide holistic responses that address the complex needs of survivors of violence and aims to maximise housing stability and tenure.

The risk of sustained poverty after violence is real for women as the costs of leaving the family home are substantial and sometimes prohibitive.<sup>11</sup> Yet safe affordable housing is critical for recovery from family violence. Survivors of violence have identified that finding safe, affordable accommodation post separation is their single biggest concern.<sup>12</sup>

Homelessness as a result of family violence also has a devastating impact upon children. Stability is important in children's lives; however, it is inevitable that routines and predictability will be disrupted as a result of family violence and homelessness. Living in emergency accommodation and future uncertainty places tremendous pressure on families. Many are forced to move several times requiring children to adapt to unfamiliar surroundings, change schools, leave their possessions and friends behind, share living space with strangers and abide by new rules and regulations.<sup>13</sup>

<sup>9</sup> Howard J. Adolescent Violence in the Home – The Missing Link in Family Violence

<sup>10</sup> Australian Institute of Health and Welfare 2013. Specialist homeless services: 2012 – 2013. Cat. No. HOU 27. Canberra: AIHW

<sup>11</sup> Braff, R., Barrett Meyering, i (2011) Seeking security; womens economic wellbeing during and following domestic violence, Australian Domestic and Family Violence Clearinghouse, Sydney, 2011, <http://www.adfvc.unsw.edu.au/PDF%20files/seeking%20Security520Reort%20WEB.pdf>

<sup>12</sup> Braff, R., Barrett Meyering, i (2011) Seeking security; womens economic wellbeing during and following domestic violence, Australian Domestic and Family Violence Clearinghouse, Sydney, 2011, <http://www.adfvc.unsw.edu.au/PDF%20files/seeking%20Security520Reort%20WEB.pdf>

<sup>13</sup> Bartholomew, T. (1999). A long way from home: Family homelessness in the current welfare context. St Kilda, Victoria: Salvation Army.

Homelessness associated with family violence can compound trauma. Families may reside in temporary housing for periods ranging from 3 months to 4 or more years without security of tenure while also managing issues related to ongoing safety, family court, health, legal and property settlement. Often, when families have managed to assemble some form of community connectedness and security, they are forced to move again when longer-term housing is secured requiring them to sever supports and friendship networks.

In a bid to reduce the trauma experienced through family violence, homelessness and the need for multiple moves, Wesley and SFF developed a formal partnership to auspice the 'Housing Connect' program in 2012. The partnership led to a joint submission for funding to DHHS with each agency accepting responsibility for separate program components.

Wesley's Homelessness and Support Services provide an experienced housing worker with sound knowledge and links to the homelessness, public housing and family violence sectors. In addition, the worker has strong case management experience and links with the private rental market. The worker is co-located at both Wesley and SFF and aims to build the skills, knowledge and competence of both sectors.

Housing Connect works with women and children on entry into crisis accommodation and those residing in temporary housing. The worker assists SFF staff in identifying, obtaining and maintaining sustainable long-term housing options. The role enables the negotiation of referral pathways to existing housing resources and utilises networks with public housing and real estate agents to promote better outcomes for SFF clients.

Housing Connect has had a positive impact on the flowthrough of clients placed in crisis accommodation. As a result, the SFF 'Community Connect' program has increased the number of clients able to move to stable accommodation from transitional and crisis properties freeing up these resources for others in need.

The SFF 'Safe in the Community' early intervention response assists women and children still living with violence in understanding what's involved in securing a safe and affordable home when they are ready to leave. This program provides individualised assessment, advocacy and advice regarding tenancies and rights. Through working together, Housing Connect and Safe in the Community have prevented homelessness for many women and children and reduced the pressure on both the family violence and homelessness crisis systems.

This unique Housing Assistance Program provides a truly integrated response with both agencies benefitting from the partnership. It has improved access to 'Opening Doors' and Crisis and Homelessness Support Services; delivered professional development information sessions; provided secondary consultation, and; resourced Safe Futures staff to support women negotiating the barriers in accessing stable and affordable housing.

The relationship has stimulated the exchange of knowledge, skills and ideas and resulted in a strengthened relationship and improved pathways and outcomes for women and children accessing the Opening Doors entry point as a result of family violence.

The outcomes that this partnership program has produced are:

**2013 – March to June** the Housing Connect program supported 21 women, 3 males (adult accompanying children) and 47 children.

- 10 obtained private rental

- 1 social housing,
- 2 Office of Housing (OoH)
- 8 advice and Information

**2013-2014** the Housing Connect program supported 68 Women, 7 males (adult accompanying children) and 143 Children:

- 18 obtained private rental
- 5 social housing,
- 5 OoH,
- 24 advocacy/advice and Information
- 18 (open – outcomes in 14/15 year)

**2015 Year to date:** the Housing Connect program supported 43 Women, and 64 Children:

- 14 obtained private rental
- 4 social housing,
- 5 OoH,
- 11 advocacy/advice and Information
- 9 currently open

#### **Case Study**

Casey (pseudonym) is a single mother with a 13yo daughter who was living in crisis accommodation. Her Centrelink benefit was being reduced as she had assets involved in property settlement being disputed in court. As a result, her fortnightly income was less than \$750.

Casey was stressed as she felt the need to secure safe affordable long-term accommodation before her daughter started high school. Her income was not enough to support private rental in the region where she had built supports.

Casey had been diagnosed with Post Traumatic Stress Disorder as a result of family violence and her daughter was accessing a psychologist to aid recovery. Family court hearings also placed significant stress on the family, as did intimidation from the neighbour.

The Housing Connect worker supported Casey to apply for social housing, however this was unsuccessful. She was then assisted to apply for, and was successful in gaining, subsidised housing through the National Rental Assistance Scheme. This provided long-term affordable housing in a brand new unit that was located in the region where she had created links. The Housing Connect worker negotiated with four separate services to ensure start-up costs and basic essentials were provided.

Casey was able to enrol her daughter into a secondary school and remained linked with the services they already had in place. This sustainable long-term housing option enabled Casey and her daughter to begin the healing process.

This innovative family violence program is achieving significant outcomes. Securing long-term sustainable housing is critical to preventing further trauma and aids recovery for women and children. The key to success is found in the integrated model that utilises the specialist skills and knowledge of both agencies.

### **Supported Accommodation for Women Experiencing Family Violence to Remain In Their Local Area**

The Family Violence Sector is geared to respond to people at high risk of family violence and there is little room to accommodate women and children at medium or low risk who require specific family violence supports and expertise. If women and children are ineligible for a high security refuge, then homelessness services need to respond and the current range of options are inadequate.

Wesley has developed an innovative proposal for purpose built accommodation to provide crisis and short term accommodation for women and children escaping family violence.

The lack of viable and affordable accommodation options presents significant barriers to women leaving violent relationships in order to protect themselves and their children. In circumstances where women have little access to financial or extended family resources, and where risk or impact of further violence is assessed as low to moderate they are rarely able to access safe and affordable housing options. Given the lack of viable alternatives, women may remain in violent relationships longer, exposing both themselves and their children to further trauma and risk.

This proposal aims to provide accommodation enabling women with lower levels of risk to leave violent relationships and remain in their local area maximizing the possibility of continued connection to social supports and employment and training in addition to minimizing the need for children to change schools.

Wesley proposes the development of a formal partnership with a regional family violence provider and the establishment of eight purpose built units on a single site with associated offices and meeting rooms. The program will operate on a wraparound risk recovery model of service delivery comprising a comprehensive range of services including intensive case management, family violence, housing advice and support and specialist counselling and therapeutic services for children. The program will address personal responses to the trauma of family violence and provide an emphasis upon regaining a sense of safety, hope, personal control and building resilience.

### **Shared Access to Electronic Client Files**

Family violence is closely linked to homelessness and frequently occurs within the context of parental mental illness, substance misuse and poverty. There is evidence that victims may seek assistance from a range of health and community sector agencies over a period of time and several presentations before requesting assistance to leave the family home. Currently the information recorded and interventions undertaken by individual agencies remain confidential between the agency and the client, however each contact with a new agency or worker requires individuals to retell their story and provide past details of events which has potential to re traumatise victims.

Confidentiality and privacy of information are critically important in the management of family violence, however Wesley believes there may be value in the consideration of a proposal for client information to be accessed by networked agencies operating on a shared platform on a similar basis to online patient information systems in the health sector. Potentially, such a system may be networked between regional agencies frequently accessed by victims of family violence including; family violence, homelessness, drug and alcohol and mental health services.

The driver for such innovation must be the value add to victims of violence in not having to retell their story at each presentation and their ability to ensure that information held by agencies is accurate. In accordance with Freedom of Information legislation individuals would retain the right to review information recorded on the system and must have capacity to allow or disallow access.

Other perceived benefits potentially include improved case coordination, improved response times to critical incidents and the availability of relevant past history and point in time information relating to service provision, risk issues, referrals and assessment information across the service system.

While the uptake of electronic health records by patients has been slow, Wesley wishes to raise the potential benefits and deficits of shared access to client records in family violence and related issues for consideration by the Royal Commission.

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