

Royal Commission into Family Violence – Written Submission on behalf of Whitehorse Community Health Service, trading as Carrington Health.

May 2015.

Background

Carrington Health (CH) is a medium sized community health service located in the Whitehorse local government area, providing comprehensive primary health care and support services and programs across the Eastern Region. CH provides people in vulnerable circumstances with local access to family-centred health services. We create family-centred programs that are tailored to local needs; partner with others in the health and community sector to deliver affordable services close to home; and equip our community to build skills for healthier happier lives through prevention and early intervention programs. CH is also involved in a number of key networks and regional groups, and is regarded as a key stakeholder in the Eastern Region.

Activity

Primary Prevention

CH has identified the “Prevention of Violence Against Women” (PVAW) as a key priority in its 4 year (2013-2017) Integrated Health Promotion (IHP) Plan. CH has been undertaking work in the field of primary prevention of violence against women throughout the past nine years through the Baby Makes 3 (BM3 - included in a separate submission to the commission) program; work with local government in the previous IHP plan; and the Bbkayi research project with new Chinese mothers. Given the continued high prevalence of intimate partner violence in Victoria with 1 in 3 women experiencing violence in their life time and the clear link between violence against women and poor mental health outcomes, CH will continue this focus toward improving mental health and wellbeing in Whitehorse.

To date, our primary prevention work has focused on work done both internally (ie within the Organisation), and externally, often as part of a partnership approach. CH is an active member of the local “Together For Equality and Respect” PVAW strategy, chaired by Women’s Health East, and has worked closely with Manningham Community Health Service and Monashlink Community Health to explore the gender equity norms of different CALD communities, and their impact on PVAW in these communities.

Work in the primary prevention of violence against women requires societal change. Achieving this requires cross-sector collaboration and willingness to work together. The CH experience to date has highlighted the time (years) that it takes to make a real difference, and the challenges faced in building partnerships. It is critical that funding in the area of PVAW consider the time required, and reflect this in the way that it is provided, and the targets that are set. Funding which promotes intersectoral collaboration (education, local council, health, employment etc) should also be encouraged, to facilitate a common goal for different service sectors. Currently funding is often quite siloed, with each sector reporting to its own goals and timeframes. If goals or timeframes don’t align, there is a greater chance of work being fragmented or dropping off altogether.

Organisational Gender Equity

CH has also started activities to achieve a workplace that is gender equitable. This requires change at a structural level, to implement the systems and support that facilitate this practice. Again, time is a

key issue – not only the time required for change to occur, but the challenge of raising this issue to a priority for everyone within the Organisation, when they are already time poor, and required to meet other targets. If core funding recognised time spent on primary prevention as being equally important as the provision of clinical services, this would make a significant difference to increasing awareness, understanding and implementation of gender equity across the Organisation. If all funding bodies could recognise the importance of PVAW, this would truly make a difference to the time that can be allocated to changing our practices.

Secondary/tertiary prevention

Carrington Health currently receives funding for 240 hours of Family Violence Counselling per year. This is less than 5 hours of counselling per week. This level of funding has remained unchanged for many years.

This level of funding is completely inadequate for the current demand for Family Violence Counselling. It is extremely concerning that in such a large hub as Box Hill we cannot promote our counselling service to housing and legal aid services and in other settings that encounter large numbers of victims of family violence. We are not funded adequately to be able to respond to the increase in referrals that would come from promotion of the service. It is not acceptable to have women waiting many weeks or months to receive a counselling service. However many women remain unaware of the availability of Family Violence counselling in the Box Hill area.

Carrington Health receives no funding to provide individual counselling to men who are victims or perpetrators of family violence. Similarly, there is no core funding for children who have been affected by family violence, yet we see many children through an ATAPS funded program, which is session limited, and currently uncertain regarding its longevity.

The number of counselling sessions available to each client fails to recognise the intensity and duration of support that women need, particularly if they are not in stable housing and need to pursue legal action. Women may need family violence counselling for well in excess of 12 months in these circumstances. While funding allows for flexibility in the determination of how many counselling sessions are provided to an individual client, if one woman is provided with 30 or more sessions this reduces the number of clients who can be seen.

Many women leaving situations of Family Violence lack the financial resources to enable them to engage with skilled clinical assistance which will address both the impact of the violence and the pre-existing complex background and mental health issues of the women. Funding needs to be made available to women impacted by family violence which allows the woman to access more sustained counselling assistance. There are no avenues of funding available which enable victims of Family Violence to access affordable long term counselling.

CH strongly advocates for an increase in funding for local, long term counselling services for those affected by family violence.