



Submission to the Royal Commission into Family Violence



GRAMPIANS COMMUNITY HEALTH

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Contents

1. [About Grampians Community Health](#)
2. [Strengths of the GCH Integrated Family Violence Programs](#)
3. [Innovations in the Family Violence System in the GCH Catchment](#)
4. [Strengths of the Current Family Violence System that requires expansion into smaller rural and remote areas](#)
5. [Most significant reform and proposed enhancements](#)
6. [Barriers to Integration and Co-ordination](#)
 - Properties in rural and remote areas
 - Competitive nature of funding
 - Increase in demand
7. [Changes to improve integration and co-ordination](#)
8. [Gaps and recommended improvements in current responses](#)
 - Training
 - Housing
 - Increase in services
 - Intervention
 - Legal services
 - Prevention
9. [Recommendations](#)



1. About Grampians Community Health

Introduction

Grampians Community Health (GCH) has delivered innovative, community based services across the Grampians and Wimmera regions for more than 29 years. GCH is informed by the World Health Organisation's Social Model of Health, and incorporates a trauma informed model of care for the community, ensuring that all clients are treated with compassion and respect. We emphasise empowerment and community capacity building, working in partnership with other service providers across the region to address the social determinants of health including the social, emotional and economic factors contributing to physical and mental well-being.

GCH is fortunate to provide an extensive range of services; staff work in nine multi-disciplinary teams that collaborate with each other as appropriate through a system of case work meetings, shared care planning and professional and peer supervision:

- *Homelessness and Family Violence Team (Ararat to the South Australian Border)*
 - Family Violence Case Management,
 - Indigenous Family Violence Case management,
 - FV Counselling and support,
 - Safe at Home,
 - Support for Families at Risk,
 - Men's Behavioural Change,
 - Auspice agency for the Grampians Regional Integrated Coordinator
 - Intensive case management,
 - homelessness support,
 - L17's,
 - RAMP coordination and co-chair
- *Primary Care Team*
 - High prevalence disorder counselling,
 - FV Women & specialist Children's Counselling/Therapeutic Support,
 - Early intervention chronic disease,
 - Community health nurses,
 - Indigenous health
- *Community Mental Health team*
 - Holistic approach to clients and their lives and includes working with clients with complex needs.
 - Mental Health First Aid and Youth MHFA courses to the public and other organisations.
 - PHaMS,
 - Mental Health Carer's programs
- *Gambling and Drug Services Team*

- court diversion,
- forensic A&OD,
- dual diagnosis case management,
- ABI clinical support,
- addiction counselling,
- secondary consultancy,
- Home Based Withdrawal,
- A&OD care and recovery and counselling,
- Pharmacotherapy,
- Social emotional wellbeing (Koolin Balit) Budja Budja and Goolum Goolum.
- Gambler's Help.
- *Grampians Support Options*
 - CACPS,
 - EACH/D,
 - Linkages,
 - complex case management,
 - Care@Home
- *Social Inclusion Team*
 - Volunteer services,
 - Rural Access,
 - Carer Respite services
 - Early Intervention Chronic illness lifestyle support
- *Youth Teams*
 - School Focussed Youth,
 - youth counselling,
 - Youth A&D counselling,
 - Drug Diversion,
 - Engage Program,
 - Nexus Youth Centre in Horsham,
 - FreeZa events,
 - Mudmaps to manhood (a school based, early intervention program addressing respectful relationships and resilience).
- *The Client Pathways Team*
 - Coordinated support for people with high complex needs tailored to the client's needs
 - complex case management,
 - reception,
 - Intake and assessment.
- Communication & Marketing Team including Health Promotion staff.

2. Strengths of the GCH Integrated Family Violence Programs

GCH currently offers family violence programs through the Homelessness and Family Violence (HFV) Team. GCH has been delivering specialised Family Violence Programs since 2006 across the LGAs of Hindmarsh, Yarriambiack, West Wimmera, Horsham Rural City, Northern Grampians and Ararat Rural City. These programs include:

Family Violence Case Management

This program involves working with women, and women with children, who are experiencing or have experienced family violence. Support includes emotional and practical assistance, court and legal support, mediation with other family members and services, advocacy, safety planning, assistance to obtain safe, affordable housing, collaborative (shared care) client centred care planning with, and referrals to, other external or internal programs as appropriate. The current case management approach to responding to family violence has proven to be an effective and vital support for women and children. The case management model enables innovative responses to AFMs leading to tangible outcomes.

Indigenous Family Violence Case Management

This program involves working with Aboriginal women, and women with children, who are experiencing or have experienced family violence. Support includes safety planning, linking with culturally appropriate services, court and legal support, mediation with other family members and services, emotional and practical assistance, advocacy, assistance to obtain safe, affordable housing, and client centred care planning with, and referrals to, other external or internal programs as appropriate. GCH has supportive and collaborative relationships with both Aboriginal Co-operatives in the region, Budja Budja in Hall's Gap and Goolum Goolum in Horsham.

FV Counselling and support

This program offers therapeutic interventions to women who are or have experienced family violence. Additionally, the program works with children who have witnessed or experienced family violence utilising play therapy with an accredited Child Centred Play Therapist.

Safe at Home

This program commenced in 2011 to keep women safe in the family home. Holistic support is offered including emotional and psychological, mediation with family members, advocacy, safety planning, and brokerage for changes required for home security such as security lighting and locks.

Support for Families at Risk

Delivered by GCH since 2011, this program aims to work long term with families who have experienced recurring homelessness resulting from many issues including



family violence. The needs of all family members are taken into account. It identifies that at times the needs of parents and children may be in conflict, thus, the need for a coordinated and integrated response.

Men's Behaviour Change Program (MBCP)

This program was initially offered at GCH from the early 1990's. The accredited MBC Program commenced in Stawell in February 2007, and Horsham GCH in 2010. The introduction of MBCP in rural areas has assisted respondents in family violence cases to focus their attention on their core values, ensuring their accountability for their actions, proven to decrease recidivism in family violence incidents. The Horsham MBC program includes individual assessments and three x 14-week, professionally facilitated peer support educational discussion groups running throughout the year. The Stawell Group is in abeyance currently through lack of resourcing (e.g., training and accredited staff). Additional resources/brokerage that can be allocated to these groups e.g., travel vouchers would facilitate attendance for men from isolated communities and/or lacking transport to access the program.

In addition, the partner contact component of the program provides feedback on the experience of the AFMs to substantiate the behavioural change resulting from participation in the groups.

Family Violence Regional Integration Coordinator and Membership of the Regional Integrated Family Violence Committee(s) and Networks

GCH is the auspice agency for the Family Violence Regional Integration Coordinator position for the Wimmera and Central Grampians Region. Our involvement in the Regional Integrated Family Violence Committee is undergoing a transformation to bring the committee into line with the current DHS boundaries. We will continue our involvement as a funded FV agency in the newly reforming Central Highlands Committee and participate in development of a new committee for the Western District Area, a region of 54,000 square kilometres. This is hoped to develop an improvement in FV and related services integration across this catchment. The process of developing a new committee across this region requires resources commensurate with the time required for travel and participation, and the formulation of a new group from diverse FV service delivery systems.

Intensive case management

Initiated in 2008, this program supports people with long term, complex needs that have impacted negatively on a person's ability to live an independent life. The family violence portion of the HFV team has the funding to support three ICM clients per year. However, both the cross target and family violence programs are able to apply for extra funding for ICM clients.

Homelessness support

Operating since 1996, this program provides support for people who are homeless or at risk of homelessness through seamless case management. GCH does not hold any

housing stocks, nor any nomination rights to any housing for clients. For a family violence agency this is of particular concern. Family violence is not seen as a priority by all crisis and transitional housing providers.

Housing options in rural and remote areas are limited with the situation worsening through increased demand, higher rental costs and reduced housing resources. Currently, clients are waiting for 3 years or more before obtaining a rental home. Since 2009, Ararat has experienced a 41% increase in rental charges, Northern Grampians Shire a 29% increase and Horsham an 18% increase (CHP, 23/04/15).

In addition, there are no refuges in the area of Ararat Rural City, Northern Grampians Shire or the Wimmera. Any referrals needed for a refuge means that women and children are displaced from their local community and placed in a larger regional area. This, combined with the lack of crisis housing and transitional housing allocated to family violence services, makes re-housing women and children a protracted and difficult process at a time when women and children are most vulnerable.

An additional consideration is the emphasis on removing men from the home and enabling women and children to remain in their family home. This is a positive and significant alternative to removing the women and children. However, in the geographical area that GCH covers, housing options are limited for those men being removed. Although vouchers are available (through another agency) to accommodate men in motels, GCH has experienced several issues relating to this:

- Lack of motels and caravan parks willing to accommodate these men
- Lack of ongoing housing options for the men
- Extra travel costs to take men to motels outside of the major towns

It would benefit all involved to have additional resources available for these men.

L17s

GCH provides support for L17 referrals from the Victoria Police. GCH is the only agency in Victoria that responds to both the female and male L17s that facilitates support and responds to both the affected family member (AFM) and the respondent. GCH has been delivering this service since May 2005.

Since the introduction of the L17 referrals, there has been a dramatic increase in women, and women with children, being referred and accepting support from Family Violence services. The process involved in the L17s referrals, ensures that all women are contacted and offered support. This involves initial contact by phone or mail, comprehensive risk assessment, safety planning, sharing of information and literature, referrals to case management and counselling support, recording of all data (requiring two databases), feedback documentation to police, and recidivist meetings with police.



Risk Assessment and Management Panel (RAMP) Co-ordinator and Co-chair

RAMP is a formally convened meeting of a number of senior level representatives from key agencies and organisations where a woman with or without children is at imminent risk of harm at an assessed high level of lethality. From this coordinated action plans are developed for member agencies to undertake to ensure the safety of women and children. The development and initiation of this important service is time intensive for all involved through the set-up, training, meeting and reporting requirements.

3. Innovations in the Family Violence System in the GCH Catchment

Partnership between Victoria Police and Family Violence Services

The partnership between the Victorian Police and Family Violence services has developed significantly from working in isolation to now responding in concert to women, providing a more timely, fluid and easier process for all, in particular the women. An improvement in communication between the services and Victoria Police has increased appropriate collaborative responses but also allowed for preventative measures for responding to family violence through the L17s. Currently GCH family violence workers are members of the local MAISM (Multi Agency Information Sharing Meeting). The MAISM is attended by the Victoria Police, Grampians Community Health, Wimmera Uniting Care, Corrections and Child Protection and aims to bring together key agencies to focus on delivering a collaborative response to women, and women with children, who are at high risk of harm from family violence, particularly recidivist cases

L17s

One of the most significant factors in improving responses to family violence to date, these referrals have enabled family violence services to connect with, and support women who previously were too fearful to report or ask for help. This has also been effective in engaging rural women where they have historically been geographically, psychologically and socially isolated. Prior to the introduction of the faxback/L17 process, women were required to contact the agency, referred via themselves, the police, or by other organisations.

Mentors in Violence Prevention

GCH provides Bystander Training (Mentors in Violence Prevention; MVP) to other organisations and services. MVP is a highly successful violence prevention program created by Jackson Katz in the United States in 1993 and adapted from Dr Ron Slaby's Habits of Thought model, which reflects the thoughts of perpetrators, victims and bystanders during conflicts. MVP views all participants as potential bystanders who can be empowered to confront abusive incidents involving peers. The goals of the program are to raise awareness, challenge thinking, open dialogue and inspire positive leadership.

During 2014-15, GCH has delivered this program to all staff members within the organisation. The second half of 2015, will see this program implemented into the wider community, commencing with the local secondary colleges and sporting clubs. This program has proven to be an effective tool in not only raising awareness of violence against women, but additionally, in challenging how people respond to incidents of abuse that they may witness.

4. Strengths of the Current Family Violence System that requires expansion into smaller rural and remote areas

Increase public awareness

Although in metropolitan areas there has been significant funding allocated for prevention activities, rural and remote areas have not seen the same funding for programs. However, GCH family violence services have attempted to increase community involvement and expand preventative methods into rural regions. This can only occur by incorporating these community education/primary prevention activities into existing roles in our organisation. The preventative events and forums have proven to be a turning point for many community members in their understanding of family violence and violence against women.

Some of these events include:

- White Ribbon day activities – promoting the No To Violence message
- Week without Violence activities – creating awareness regarding violence against women
- Mudmaps to Manhood – targeted at young males in school (Horsham LGA)
- Knowledge is Power – targeted at young females in school and delivered at the same time as Mudmaps (Horsham LGA)
- Presentations, forums and programs – that not only promote awareness but additionally inform the community what they can do to challenge views about violence against women

The funding for preventative programs needs to go further than metropolitan and larger rural communities and focus on smaller rural and remote communities as well.

Court for rural areas

Although the larger rural areas have had the establishment of family violence divisions in the Magistrates' Courts, the rural regions of Victoria have had no change in the court processes. There is no court support (apart from the court support given by case managers) for victims of family violence. The victim has to attend the same court as the perpetrator (sometimes without support) and wait up to 5 hours before they are called before the court for an IVO application. Court houses in rural areas are small and often without waiting areas. The AFM (and support worker) are exposed to the perpetrator throughout this ordeal, when they are at their most vulnerable.

Family Violence Counselling for Women and Children

The family violence counselling program is key to the recovery of women and children affected by family violence. However, given the increase in family violence clients since the introduction of the L17 referrals, agencies are finding it difficult to meet the demand. This means that women and children are often required to wait for counselling when they are in most need of services. These programs could also be improved by introducing specialised responses for children affected by Family Violence and incorporating them into existing structures for children. For example, art therapy inside day care centres. These could still be delivered by family violence specialist services but based within the existing structure making it easier to access and ensuring privacy and confidentiality. In addition, developing workforce capacity to provide these counselling services will assist case managers to support AFMs through their most vulnerable times.

Another consideration is the amount of travel that is required by both the FV Counsellor and the women accessing counselling. Due to the wide geographical region GCH covers, many women living in isolated regions have to travel to the major towns for counselling. The FV Counselling service is not an outreach program; however, the agency does endeavour to travel to the women when appropriate. This is not always a safe or viable option. Additional resources such as travel vouchers would assist the women living in these isolated areas to access much needed support through counselling.

5. Most Significant Reform and Proposed Enhancements

L17s

The introduction of L17 referral processes between the Victoria Police and the specialist family violence services has been the most significant and effective component of the reform. This is for several reasons:

- The ability for family violence services to reach those women who in the past were too fearful to report any incidences of family violence or to attend a service without support;
- To ensure a targeted and streamlined response to women and their children who are experiencing family violence that has a feedback loop to ensure the best possible support for the AFM;
- To intervene at an earlier time in an abusive relationship;
- To have a consistent response across the state to family violence;
- Strengthen relationships between the Victorian Police and Family Violence services;
- Enabled trust to develop between Victorian Police and the women experiencing Family Violence;
- Women have feedback that the collaborative response from both the Police and the Family Violence agencies has increased their trust and belief in the system;

- Has enabled both the Police and the Family Violence Agencies to develop an understanding of the limitations and expectations from both sides;
- Enabled the wider community to be accountable for reporting family violence incidents without fear of reprisal;
- Has reinforced the message that family violence is a community issue and wider than those involved in the incidents;
- Has allowed for a coordinated response to ensure the safety of the women and children.

However, the system efficacy is dependent on sufficient resourcing in terms of time and appropriately skilled staff. Currently at GCH, the L17 processing is added to case workers' case load, detracting from direct client case work and increasing the demands of the job by requiring timely responses to this group. Additional funding is required to ensure that the increasing demand for timely L17 responses, including initial AFM contact, assessment, safety planning, data entry, reporting and feedback to the police, are met without detracting from client support. While resources (e.g., EFT) are not increased to support the increased demands, we risk losing specialist staff through stress and risk reducing our efficacy in responding to incidences of family violence in regional and rural areas. (GCH does not operate a waitlist for family violence referrals, all family violence referrals need to be responded to in a timely manner that ensures safety for women and children).

To illustrate, the following describes the increase in workload relating only to L17s from July 2014-March 2015 (9 months). In this time the GCH homelessness and family violence team responded to 671 faxback/L17 referrals. The time required to provide an effective response was 547 hours (average 60.8 hours/month or 2 days per week). Though this is a beneficial system for all involved, it currently lacks any resourcing in recognition of the important work being done.

The increase in referrals via L17s has led to a corresponding increase in referrals for case management. The data below demonstrates the significant increase in referrals for Family Violence Case Management at GCH since 2006.

Year	Number of referrals
2006/2007	139
2009/2010	183
2012/2013	371
2013/2014	462
2014/present*	463

* This represents the referrals for 11 months of the 2014/15 financial year.

This data displays the increase of demand on the family violence case management program since the introduction of the L17s. There has not been a commensurate

increase in funding or extra allocated resources to assist with the additional need placed onto the GCH family violence case managers.

6. Barriers to Integration and Co-ordination

Crisis/transitional properties in rural, regional and remote areas

Grampians Community Health does not have any housing attached to the family violence program despite being the only specialised family violence service in the Northern Grampians and Wimmera. The housing providers do not have the same understanding of Family Violence and therefore do not prioritise family violence when it comes to allocating crisis or transitional properties. This is a major barrier in supporting women and offering them safe and secure accommodation for the required time. Insufficient integration and co-ordination has led to families being displaced from their local communities due to lack of housing options.

Competitive Nature of Funding

One of the most significant barriers to integration and co-ordination is the competitive nature of funding. Competing against another service for funding goes against everything that most community services stand for. In all the chaos that this can create the main component of this is sometimes lost - the best interests of the client.

There are many negative implications regarding competitive funding and changes in service providers in regional areas. Some of these include:

- Disruptions to services for clients
- loss of productive time
- loss of specialist staff and teams
- insecurity of funding leads to staff feeling insecure therefore this affects staff retention
- quality of service versus tendered pricing
- client records, accountability and consistency

Increase in demand

The last nine years has seen a significant increase in the amount of women accessing services for family violence. However, the funding for family violence has not increased to keep up with demand. This has a major implication on the ability for organisations to become involved in integration and co-ordination activities. This is due to the fact that organisations are already trying to keep up with demand and stretch resources beyond the original expectations. Organisations ensure that the client is the focal point of the program and thus all resources are put into delivering a professional, informed and transparent program. Additional resources are required to enable improved integrated responses and broaden the services to include other elements of family violence including AFMs from same sex relationships, migrant families affected by family violence, elder abuse, sibling abuse and adolescent abuse. An additional consideration is in the unusual circumstance of males presenting as

AFM with female respondents/perpetrators and how we can legitimately provide support and rehabilitative counselling for them when they don't fit under the current service agreements.

7. Changes to improve integration and co-ordination

Responses need to be area appropriate

One model for integration does not fit all. A plan for improving integration in a larger rural area or metropolitan area will not necessarily suit a smaller or remote community. Smaller rural communities are faced with different issues than their larger counterparts. These can include:

- One organisation delivering family violence programs across a larger area
- Transport issues
- Lack of resources available in larger areas
- Smaller amount of funding allocated to rural and remote areas despite significant demand for family violence services
- housing stocks
- local knowledge
- stakeholder relationships

Crisis/transitional properties to increase and sit alongside Family Violence services in rural and remote areas

Housing, or nomination rights to housing, needs to be placed with the family violence support services as they have specialised knowledge and insight into the needs of women and children who are experiencing family violence. For example; support workers have been informed that a woman escaping family violence would be placed on the waitlist for a crisis property, although there were non-urgent referrals that were housed before her. This displayed a lack of understanding of family violence and its implications on the well being and safety of the woman and her children. Housing providers need to understand the strong relationship between family violence and homelessness.

General Practitioner training

General Practitioner's require more training in identifying and responding to family violence. Additionally, they require more information regarding family violence support services in their local area. A more integrated response between GP's and family Violence Programs would enable for a more fluid referral process for GP's. This would ensure that women and children are responded to in a timely and collaborative manner.

A collaborative response for CALD women and children

Men are utilising the threat of immigration as a form of control over women. Migrant women are exposed to family violence in increasing occurrences. The threat of deportation is used by men to ensure control is maintained and fear of losing children and other supports are heightened. More information needs to be made

available for women in remote areas. Currently, most programs for CALD women experiencing family violence in remote areas are extremely underfunded making it difficult for services to be able to ensure an informed and educated response is given. Additional funding would enable services to attend appropriate training and develop links with relevant services in larger rural and metropolitan areas. Integration and co-ordination is key in being able to offer a well informed and educated response to CALD women and their children.

8. Gaps and recommended improvements in current responses

Training

Higher education training for FV workers

A training package is required for all family violence workers to ensure a professional and informed service is delivered. The benefits of this training would be nationwide enabling consistent responses in all states and territories. Training that is currently offered is not at an appropriate level for workers. The training is considered basic and workers are feeding back that they are not learning anything new. Recognised and accredited training would see an increase in professionals wanting to work and stay in family violence service delivery.

Training and assessment

Family Violence workers need to be trained in Train the Trainer to enable them to go into external agencies and pass on their knowledge and skills to other service providers. A qualification like Cert IV in Training and Assessment would offer external agencies a local option for expanding their employees' knowledge in the area of family violence. This would therefore benefit all women and children, external agencies and the Family Violence services.

Mandated Training for Housing Providers

In the case of housing providers not being from a family violence agency, these workers need to undertake mandated training in family violence. This would increase their understanding and the implications of family violence. Therefore, this would lead to an efficient and co-ordinated response to women experiencing family violence. Currently, the lack of knowledge regarding family violence by housing providers is a major barrier in supporting women.

Housing

Lack of housing options in rural areas

Housing options in rural and remote areas are limited. Public housing is decreasing and the demand is increasing. Ten years ago a support worker could be almost guaranteed a public home for their clients within three months of applying. However, currently people on the waitlist for 3 years or more. Private rental is

becoming almost unattainable for many family violence clients. This is due to the lack of private rentals available, the increasing cost of rent and demand for private rentals. Since 2009, Ararat has experienced a 41% increase in rental charges, Northern Grampians Shire a 29% increase and Horsham an 18% increase (CHP, 23/04/15). Not all organisations have housing attached to their programs. For a family violence agency this is of particular concern. Family violence is not seen as a priority by crisis or transitional housing providers.

Refuges in rural areas

Currently there are no refuges in the area of Ararat Rural City, Northern Grampians Shire and the Wimmera. Any referrals needed for a refuge means that women and children are displaced from their local community and placed in a larger regional area. This combined with the lack of crisis housing and transitional housing allocated to family violence makes housing women and children at risk time consuming, frustrating and places vulnerable women and children at further risk.

Increase in services

Increase in services for rural and isolated areas

Larger regional and rural areas are given priority when funding is allocated. Remote areas although smaller in population are bigger in the area they cover and the amount of travel time involved in delivering services. Consideration of these factors needs to be taken into account when funding is available. Programs are operating on minimal funding and at times are attempting to deliver a program on a 0.3 EFT to an area of approximately 25000 square kilometres.

Funding for L17 process

As identified earlier the L17 referrals have been an effective and valuable resource for being able to respond to family violence incidents. The L17 Program is one of the most significant changes in the family violence area. However, not all areas are funded for this vital program. A response to L17 referrals needs to be consistent and have sufficient time allocated to it to ensure its effectiveness. Currently, GCH provides this service through its case management support for women experiencing family violence. Specific funding would ensure that the increasing demand from L17 referrals are able to be responded to appropriately.

Intervention

More services need to be offered for women and children in smaller rural and remote areas experiencing family violence. These services can be offered in many forms. These include:

- Case management long term
- Family Violence support groups – including women's defence training
- FV counselling for women and children
- Housing attached to specific family violence programs – similar to A Place To call Home



- A response for men to compliment the MBCP – individual case management or counselling
- Specific court support workers for family violence clients
- Statewide roll out of the SafeTcard
- Access to legal support

Law enforcement and legal services

- Stronger legal consequences for breach of IVO
- Free legal support for family law situations
- Mandatory 24 hour removal of perpetrator once police have attended an incident
- Perpetrators on IVOs should be mandated to attend MBCP and individual counselling
- Education for magistrates, lawyers, etc regarding the seriousness of family violence
- Parole applications and releases need specialist review with family violence specialist advisors and/or guidelines.

Prevention

- Prevention – more training and education is required in schools, day care centres, community organisations and groups.
- Funding support for schools based programs such as ‘mudmaps to manhood’ to educate young men about respectful relationships and resilience, and the equivalent ‘knowledge is power’ programs for young women.



Recommendations

Short Term Recommendations

Recommendation One

Focus on a collaborative approach that takes into account smaller rural and remote communities and areas. This includes area appropriate responses, changes regarding nomination rights or increased housing for family violence and enhanced funding to deliver a more co-ordinated response.

Recommendation Two

Increase in funding for smaller rural and remote areas. Funding to cover specific cohorts (CALD, LGBTI, etc.), L17 response, MBCP, case management for women and children and family violence counselling. Individual factors of small rural and remote communities need to be considered in the funding distribution.

Recommendation Three

An increase in the amount of crisis and transitional properties in small rural and remote areas. If housing is not attached to a family violence specialist agency then nomination rights are required.

Recommendation Four

Improved relationship between housing providers and Family Violence services. Housing Provider agency to undertake mandatory training regarding family violence – effects, implications for housing and safety requirements.

Recommendation Five

Higher education training for all Family Violence agencies. A nationally accredited course to maintain consistency across all States and Territories.

Long term Recommendations

Recommendation Five

Preventative work undertaken in schools and in the wider community to include education and awareness. Specific programs to be funded and executed across all regions.

Recommendation Six

Increase in Men's Behaviour Change Programs and individual counselling implemented in rural and remote areas. Resources (travel vouchers, training needs) and court support to reinforce future groups.



Recommendation Seven

Research project to be undertaken to investigate the viability of refuges in the Northern Grampians Shire, Ararat Rural City and Wimmera.

Recommendation Eight

An increase in public housing stock specifically targeted at women, and women with children, experiencing family violence.

Recommendation Nine

Development and implementation of longer term support offered to women, and women with children, who are escaping and/or experiencing family violence. Longer term considered 6 to 12 months.

Recommendation Ten

Avenues of communication to be opened to enable an increase in information sharing between law enforcement agencies, courts, police and family violence services.

Recommendation Eleven

Implementing the Bystander Training (MVP) to agencies, communities and educational organisations.

Recommendation Twelve

Majority of the above recommendations rely on an increase in funding relevant to the smaller rural and remote areas. An increase in funding for the following programs would have a positive and effective impact on responding to family violence in both a preventative and intervention manner.

- L17 response
- Family Violence case management and counselling – including long term support and vouchers for travel to access services that are not outreach
- MBCP
- Specific cohorts – CALD, LGBTI, etc
- Group work and implementation into the wider community.