



Maternal & Child Health Nurses Victoria Inc

Royal Commission into Family Violence

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On behalf of the Maternal & Child Health Nurses Victoria Inc, thank you for the opportunity to comment on matters related to the Royal Commission into Family Violence.

Question One

Are there other goals the Royal Commission should consider?

To provide support for workers who discuss, confront and support both victims and perpetrators of family violence.

Safety for workers who are addressing issues of family violence.

Advocate for sufficient resources for continuing education for frontline workers and debriefing or clinical supervision.

Question Two

The Royal Commission wants to hear about the extent to which recent reforms and developments have improved responses to family violence, and where they need to be expanded or altered.

The demonstration projects involving Risk Assessment Management Panels (RAMPs) have been effective in improving collaboration and cooperation across many agencies to improve outcomes for families at risk.

We recommend the expansion of multi-agency collaboration projects where respect for each agency's contribution to 'information sharing' is paramount. There is a need for more RAMP sites across Victoria.

There is a reluctance to share important information between agencies that could help prevent violence and 'at risk' situations especially for infants and children. There seems to be a misinterpretation of the Privacy and Data Protection Act 2014 in relation to acting in the *Best Interests* of children, following the Principles from the Child Wellbeing and Safety Act 2005. Maternal and Child Health (MCH) Nurses find it increasingly frustrating when there is a lack of important information shared from other agencies like Child First or Child Protection that could have helped to get more support and resources for families at risk and prevented the escalation of a situation. MCH Nurses report that a common response from these agencies is that they are unable to provide information because of the Privacy Act. This needs to be addressed either by making sure that all workers involved in supporting 'at risk' families are provided with appropriate education about the legislation or the legislation needs to be changed to make sure that it is clear that professionals/workers can share information in the 'Best Interests' of a child or family. Those professionals/workers need to be assured that they are protected by the legislation if they disclose information in the 'Best Interests' of a child or family.

MCH nurses are in a privileged position – as they have early contact with nearly all Victorian families after the birth of a child. The strength of the MCH Service is the universal platform for delivering an inclusive and a non-stigmatising service. MCH nurses build relationships with families in a non-threatening environment that provides a safe place for families to discuss issues and for disclosure of family violence. The framework for the key ages and stages now incorporates identifying family violence – this is raising awareness. More work is needed in capturing the data around the work that MCH nurses are doing; as well as maintaining their professional development on current issues regarding family violence.



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Question Three

Which of the reforms to the family violence system introduced in the last ten years do you consider most effective? Why? How could they be improved?

The Victoria Police Strategy to reduce Violence against Women and Children is improving the awareness of the effect of violence on children and the need to act in the interest of better outcomes for children. MCH nurses have indicated that legal and police responses have dramatically improved over the last ten years.

This needs to be continued and expanded along with education about child trauma from family violence.

The advertising campaigns have improved community awareness and make it clear that it is unacceptable behaviour.

We recommend improved legal services to support women in court who are not intimidated by the expensive lawyer that the male perpetrator can afford.

A legal system that understands and respects the experience and expertise that MCH nurses can offer in providing information about the developmental effect of violence on a child and advocating for the rights of children.

Improve recognition of 'hidden' family violence – includes all socio-demographics and particularly recognising that affluent communities are included.

Question Four

If you or your organisation have been involved in programs, campaigns or Initiatives about family violence for the general community, tell us what these involved and how they have been evaluated.

The MCH Key Age and Stage framework is providing opportunities for MCH nurses to ask women about family violence; this is raising awareness and identifying issues that can be addressed and appropriate supports offered/provided. MCH nurses are reporting that women are disclosing more because they are asked and have the opportunity to discuss intervention/supports with their MCH nurse.

Promoting gender equity through First Time Parent Groups facilitated by MCH Nurses and programs like Baby Makes 3 are addressing family violence from a preventative perspective.

Question Six

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

- Pregnancy, a new baby, financial stress.
- Cultural issues are increasing – issues with mother in laws' expectations of their son's partner or wife. MCH nurses report that this issue is causing increased conflict within families.



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- Lack of adequate, appropriate and stable housing continues to be a destabilising issue for families - particularly the inability to build social capital and local supports if they are constantly moving house.

Question Seven

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

- A supportive community, access to resources and support services, access to stable housing, access to financial services/advice.
- Community condemnation of inappropriate and unacceptable behaviour.
- Gender equity and respect.
- Awareness of the impact on the early years for children – mothers are more likely to disclose if they understand the lasting impact for their child.

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.

- There are difficulties in accessing services and a lack of referral options and resources to support women and families.
- There is a lack of sufficient men's behaviour change programs; there is a need for more support services for men.
- Collaboration between Child Protection and other services (i.e. MCH) would improve better continuity for families and children to access appropriate local services and supports.

Question Nine

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

The insufficient integration of services absolutely hinders the process to provide effective support. Services and agencies do not collaborate well, it's disjointed – there are difficulties because they are governed by different government departments and have different policies and procedures. Information sharing is not consistent and, as mentioned previously, is often not shared because of 'Privacy'.

We recommend a central point of entry that has access to all services and can initiate collaborative working together like RAMPs.



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Question Ten

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

As above – services do not collaborate well across government departments. Local government services are often not included like MCH when they are a critical link to services for families and provide that universal platform for non-stigmatising access for all families.

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 that behaviour change is lasting and sustainable?

It is probably a little frustrating that the avenue through Child Protection is a punitive method to enforce change – i.e. raises resentment which is not conducive to change.

Question Seventeen

Are there specific cultural, social, economic, geographical or other factors in particular groups and communities in Victoria which tend to make family violence more likely to occur, or to exacerbate its effects? If so, what are they?

MCH nurses are reporting concerns for particular cultural groups such as families from Indian or Sri Lankan communities and some Chinese communities – particularly when grandparents visit from overseas.

There is also concern for families where drug use is high – particularly methamphetamine use.

It is important to identify communities that lack respect for women.

Question Nineteen

How can responses to family violence in these groups and communities be improved? What approaches have been shown to be most effective?

Via targeted education through the community - such as community radio, schools and influential community leaders.

Question Twenty

Are there any other suggestions you would like to make to improve policies, programs and services which currently seek to carry out the goals set out above?

Expand programs like the MCH framework where it's routine to ask questions about family violence and promote the prevention of family violence through awareness and gender equity programs. Other services like maternity service or early years services could also be asking questions and looking for indicators.

MCH nurses are more aware about family violence and are more vigilant in looking for indicators of family violence as a result of the framework and asking questions.



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Question Twenty-one

The Royal Commission will be considering both short term and longer term responses to family violence. Tell us about the changes which you think could produce the greatest impact in the short and longer term.

- Family Violence awareness and gender equity programs in schools.
- Collaborative practice becomes the 'norm'. All services should be expected to collaborate regardless of their government department.
- Improve clarity in the legislation about the 'best interest principles' in the Child Wellbeing and Safety Act 2005 so that appropriate information can be shared confidently between professionals/workers in a timely and effective way to improve outcomes for children and families.
- Perpetrators should feel like there is nowhere to hide.