Bridging the gap

between homelessness and family violence services

Council to Homeless Persons

SAFE+EQUAL

Acknowledgement

Thank you

Contents

Executive summary

Family violence is the single biggest driver of homelessness for women, young people, and children in Victoria. In 2022-23, across the state, 54 per cent of all women, young people, and children[1] who visited a Specialist Homelessness Service reported that they were also experiencing family violence; for nearly four in 10 women, young people, and children visiting the homelessness sector, family violence was the primary driver of homelessness.[i]

This project sought to understand:

1) The extent to which victim survivors of family violence seeking crisis accommodation were being referred between the homelessness and family violence sectors and back, without receiving the service they were requesting;
2) The barriers faced by victim survivors in accessing crisis accommodation, which led to multiple referrals; and
3) Examples of good practice that can be built on to better support victim survivors of family violence seeking crisis accommodation.

Through a desk review, dual-sector survey, and consultations with practitioners and Lived Experience Experts, this project has established that the phenomenon is widespread.

Approximately one in five women, young people, and children who are experiencing family violence and homelessness who present to either specialist homelessness or family violence services are referred to the other sector before then being referred back to their initial intake point without having received the crisis accommodation they seek.

This is the result of structural factors—including inadequate funding for services and chronic under-investment in social housing—and limited information sharing and understanding between the homelessness and family violence sectors of each other's eligibility requirements and scope.

This project establishes an evidence base regarding the extent to which people experiencing homelessness and family violence are moving between these two sectors, explores existing guidelines and frameworks that affect the way the sectors intersect, provides an in-depth consultation report, and offers recommendations for change to enable improved outcomes for clients experiencing homelessness and family violence.

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[1] Note: Women, young people, and children means women, young women, and girls of all ages and boys between 0-17 years of age.

Key Findings

1. We are encouraging women to leave violent partners, but underinvestment in social housing and services means there is nowhere for them to go

It comes as no surprise that chronic underinvestment in social housing has an impact on people experiencing homelessness. Victoria's social housing stock cannot meet demand. This means women, young people, and children who have family violence prioritisation are waiting an average of 19.5 months to get into social housing.

Long waitlists mean there is a backlog of people in transitional and crisis/emergency accommodation: because women, young people, and children experiencing homelessness and family violence are unable to enter permanent social housing, they are spending longer in medium and short-term housing options, including crisis/emergency housing. This, we heard, means new consumers cannot access crisis/emergency accommodation because there are no spaces available. This was frequently referred to as a "bottleneck".

2. Underinvestment in social housing, funding shortages, and low levels of information-sharing and awareness between the specialist homelessness system and The Orange Door mean services are "bouncing" women, young people, and children back and forth without providing an adequate response to homelessness and family violence

In this report's Service System Pathway Mapping chapter, we demonstrate for the first time the scope of the phenomenon of women being sent back and forth between service sectors. 149 respondents from the homelessness (SHS) and family violence (SFVS) sectors shared that:

- Between 62 - 72 per cent of all consumers entering into SHS and SFVS are experiencing homelessness and family violence.
- Of these, 45 – 52 per cent are referred into the other service sector (i.e. SHS referring into TOD and TOD referring into SHS);
- Of these, 40 – 45 percent return to the original service they visited without having received the crisis/emergency accommodation they sought.

All told, approximately one fifth (18 – 23 per cent) of consumers experiencing homelessness and family violence are referred to another sector and then referred back without an adequate response.

Referring between sectors occurs because the original service consumers visit is unable to provide appropriate accommodation. The SHS noted that the family violence sector has more funding and access to

more appropriate accommodation; SFVS noted that the SHS has access to more housing and more funding to purchase accommodation.

Referring consumers into different services is not inherently a problem. The problem arises when family violence is not recent or 'severe' enough to warrant a family violence response, or a consumer is not 'homeless enough' to be housed in available crisis/emergency accommodation. These eligibility criteria exist because funding is finite. Services are trying to conserve their funding to support as many consumers as possible—but at the expense of providing quality services.

3. Existing crisis and emergency accommodation options do not meet the needs or expectations of consumers

Existing research has demonstrated that Victorian motels cannot provide the type of safe and appropriate accommodation women, young people, and children experiencing homelessness and family violence need.[ii] And nor should they be expected to. Motels are profit-driven private businesses; they are not social services.

We heard from practitioners and Lived Experience Experts that staying in motels is often scarier, more isolating, and more traumatising than staying in a violent home. It makes sense, then, that women are opting to return to their violent partners rather than staying in motels and caravan parks. Practitioners shared stories of women returning to their services, saying they cannot and will not stay in the motel into which they have been referred. Lived Experience Experts shared experiences of their own and of their peers who chose to sleep in cars or return to violent partners because emergency accommodation felt so unsafe and isolating.

Alternatives to motels and caravans are urgently needed: Lived Experience Experts shared that recovering from the trauma of homelessness, violence and abuse cannot begin until a woman feels safe. It is clear that motels cannot offer the safety that victim survivors need. The government has invested in developing core and cluster refuges to better meet the holistic needs of women and children who are at immediate risk of harm or death—but for women who have been assessed as at lower risk, supported crisis accommodation is out of reach.

4. Funding packages mean practice cannot align with guidelines

Practitioners told us that they simply do not have enough funding to provide the services consumers need. This was especially the case for the homelessness sector, where lack of funding to purchase accommodation was identified as the single biggest reason services cannot place women, young people, and children experiencing homelessness and family violence in crisis/emergency accommodation within 24 hours of their initial visit.

We also heard that while, according to funding guidelines, women, young people, and children who are eligible for Flexible Support Packages should be able to access up to $10,000 per person, some services are capping packages at $3,000 per person because they are trying to stretch their resources to meet demand.

Workers want to provide the services consumers need but lack the resources to do so. There is a significant gap between the ambitious, trauma-informed guidelines created by government and the services our sectors can provide. Funding is the only way to bridge this gap.

5. Current practice means consumers are experiencing a lack of safety and autonomy in service system responses that are re-traumatising

Our research found that consumers are experiencing service system responses—being turned away without an adequate response; needing to constantly re-tell their traumatic stories; filling out new and different forms at each service; and being expected to stay in unsafe, unsuitable accommodation—as structural violence. These responses are the consequence of underinvestment in social housing, inadequate funding for services, and a fragmented service system.

Lived Experience Experts shared that eligibility criteria felt like gate-keeping, and that they sometimes found it more effective to apply for funding packages or support independently, rather than working with a service.

Lived Experience Experts want and need services to recognise that they are, by definition, experiencing trauma and need extra care and support when making decisions. This is especially the case for women who are on temporary visas, and for whom service pathways are less clear.

6. The SHS and SFVS sectors have low levels of awareness about their shared and divergent responsibilities when it comes to homelessness and family violence

While men's use of violence, underinvestment in social housing, and inadequate funding for homelessness and family violence services are the underpinning drivers of homelessness for women, young people, and children experiencing family violence, the limited collaboration between the homelessness and family violence sectors is a problem.

In both sectors, workers feel there is a fundamental misunderstanding of their responsibility, and that consumers are being inappropriately referred into their service. Information flow is stymied by high rates of turnover and persistent vacancies, especially in The Orange Door. Practitioners say they are unsure of who to contact for a secondary consult and that it is particularly challenging to engage with the cross-sector colleagues as part of the referral process.

There is also inconsistent use of Multi-Agency Risk Assessment and Management (MARAM) Framework which was created to enables services to share consumer information regarding risk across sectors. In practice, more than 60 per cent of consumers are being referred via a warm referral without a MARAM assessment. This means a MARAM will need to be re-done upon new intake, requiring the victim survivor to retell their story, and provide information previously given.

Recommendations

On the basis of the insights gained from the research phase of this report, we make ten recommendations - grouped under three priorities - that will enable both immediate and long-term change.

Priority 1: Increase supply of social housing with a focus on public housing.

Recommendation 1: Build 7,990 new and additional social homes every year for 10 years

Priority 2: Enable the SHS and SFVS to provide immediate and appropriate responses to women, young people, and children who are experiencing family violence and homelessness in line with current guidelines and frameworks

Recommendation 2: Fund Council to Homeless Persons and Safe and Equal to build capacity of the SHS and SFVS sectors as Phase 2 of the Bridging the Gap project

Recommendation 3: Fund additional SHS and SFVS workers to reduce case-load burden; increase capacity; and improve consumer and staff experience

Recommendation 4: Additional investment in Safe at Home-type programs to prevent women, young people, and children from entering into homelessness

Recommendation 5: Prevent homelessness by enabling renters to stay in their homes

Recommendation 6: Invest in supported crisis accommodation by doubling the current refuge capacity to 340 households, to reduce reliance on motels

Priority 3: Use creative policy levers to reduce the incidence of homelessness caused by family violence

Recommendation 7: The Victorian State Government must advocate that all social payments be brought above the Henderson poverty line of $612.18 per week, per single person

Recommendation 8: Invest in perpetrator interventions to reduce the impact of men's family violence

Recommendation 9: Invest in systems where Lived Experience leads

Recommendation 10: Ensure children and young people, including unaccompanied young people, are able to access appropriate and co-designed specialist family violence services, including appropriate housing supports

Explanatory notes

Acronyms

ACCO	Aboriginal Controlled Community Organisation
AHURI	Australian Housing and Urban Research Institute
AIHW	Australian Institute of Health and Welfare
AOD	Alcohol and other drugs
AP	Homelessness Access Point
CARM	Culturally and racially marginalised
CHP	Council to Homeless Persons
DFFH	Department of Families, Fairness and Housing
DHHS	Department of Health and Human Services (defunct; now DFFH)
FSV	Family Safety Victoria
FV	Family Violence
FVISS	Family Violence Information Sharing Scheme
FVRIM	Family Violence Reform Implementation Monitor
HV	Homes Victoria
IAP	Initial Assessment and Planning
LASNs	Local Area Service Networks
LFVSS	Local Family Violence Specialist Service
LGBTIQA+	Lesbian, gay, bisexual, trans, intersex, queer or questioning, asexual, and others
MARAM	Multi-Agency Risk Assessment Management framework
MOU	Memorandum of Understanding
NWHN	Northern Western Homelessness Network
SFVS	Specialist Family Violence Service
SHS	Specialist Homelessness Service
TOD	The Orange Door

Definitions and Use of Language

Australian Institute of Health and Welfare	Independent statutory Australian Government agency working with health and welfare data. A key responsibility includes developing, maintaining and promoting statistical information standards for the health, community services and housing assistance sectors.
Client	Term generally used for people accessing the Specialist Family Violence system.
Consumer	Term generally used for people accessing the Specialist Homelessness system.
Crisis Accommodation	Government-funded short-term supported accommodation, such as family and domestic violence refuges, youth refuges and supported accommodation for people experiencing homelessness.
Diverse Communities	Includes the following groups: diverse cultural, linguistic and faith communities; people with a disability; people experiencing mental health issues; lesbian, gay, bisexual, transgender and gender diverse, intersex and queer/ questioning (LGBTIQA+) people; women in or exiting prison or forensic institutions; people who work in the sex industry; people living in regional, remote and rural communities; male victims; older people and young people (12 to 25 years of age).
Emergency Accommodation	Short-term purchased accommodation such as motels, caravan parks, hostels or backpackers.
Family Violence	Any abusive behaviour that is used to control someone in a family, family-like or intimate relationship, and makes that person afraid for their safety and wellbeing or the safety of another person. If a child witnesses abusive behaviour or is exposed to the impacts of this, they are a victim of family violence in their own right.
Family violence Information Sharing Schemes	The Family Violence Information Sharing Scheme and Child Information Sharing Scheme have been legislated through amendments under section 5a of the Family Violence protection Act. The Schemes aim to create a cultural shift in information sharing practice through change to the authorising environment. The aim of this shift is to support effective and enhanced assessment and management of family violence risk through information sharing between prescribed entities, for the purpose of assessing or responding to family violence risk.
Homelessness Access Point (AP)	Intake point for the Specialist Homelessness Sector (SHS). The HAP undertakes the Initial Assessment and Planning (IAP) for consumers accessing homelessness services, and determine referrals and response. If support is required to access medium- or long-term accommodation the client may be referred to a Homelessness Support Service. **Note:** many people within the SFVS refer to homelessness access points as IAPs, intake and access points. Where this term has been used in direct quotes, it has been left in, to preserve the integrity of the quote.

Local Specialist Family Violence Service	These services provide case management, risk assessment, safety planning, crisis response, referrals, advocacy support and other specialised programs across metro, regional and rural parts of Victoria. Local services often work in co-located and multi-agency settings, such as police stations, courts, sexual assault services and in The Orange Door.
No Wrong Door	As outlined in the Family Violence Case Management Program Requirements, all local family violence case management services are required to accept and progress referrals from self-referring victim survivors and (where a risk assessment has been completed) from The Orange Door, Safe Steps, and other specialist family violence services. Referral pathways with other agencies (non-specialist FV services) can be determined locally.
Targeted Specialist Family Violence Services	Specialist family violence services or programs – either at the statewide or local level – that are funded to provide support for victim survivors from specific communities, such as multicultural or LGBTIQA+ communities, older people and people with disability. These services provide responses such as case management, accommodation, therapeutic programs and other tailored programs.
The Orange Door	The Orange Doors (TOD) provide initial intake and risk assessment for victim survivors of family violence, adults and children and people using violence. TOD do not provide ongoing family violence supports, including family violence case management. If these are required, the client will be referred to a local specialist family violence service.
Specialist Homelessness Support Services (SHS)	Work with people experiencing, or at risk of, homelessness. Support services assist people to resolve their immediate crisis. This includes finding accommodation, making sure people have food, and helping people to access medical treatment if required. Support services also deliver case management, which involves collaborating with people to identify their goals, and plan steps to achieve them.
Victim survivor/s	Person or people who have experienced family violence. This includes adults, children and young people.
Warm referrals	Where a service contacts another service on a consumer's behalf.
Women, Children and Young people	While not all victim survivors of family violence are women, children and young people, this report frequently uses this language to refer to the available data from the AIHW.

Project Methodology

Key activities

Three key activities were undertaken in this study:

1) A review of available literature, looking at existing frameworks, practice guidelines, funding arrangements and referral processes, with a specific focus on the intersections between the SHS and SFVS systems.

2) A survey of practitioners in the homelessness and specialist family violence sectors, to gain an understanding of the ways in which consumers are moving between SHS and SFVS services. 149 respondents from the SHS (n=93) and SFVS (n=56) responded to this survey. The survey sought to understand staff perspectives on what is and isn't working when it comes to getting women, young people, and children experiencing homelessness and family violence into crisis and emergency accommodation.

3) Between August and early November 2024, a total of 17 consultation sessions across the state (eight with the SHS, six with the SFVS and three with Lived Experience Experts who had experienced homelessness and family violence), to better understand the extent to which victim survivors experiencing homelessness are able to access crisis and emergency accommodation.

For further information on the project methodology, survey and consultations, see Appendix 1.

Scope and limitations

This review looks specifically at crisis and emergency accommodation. Medium- and long-term housing are not within scope. However, it is acknowledged that feedback throughout the consultation process has indicated that lack of access to suitable and affordable medium- and long-term housing significantly impacts crisis and emergency accommodation. "Bottlenecks" are created when victim survivors are unable to leave crisis accommodation due to lack of stable accommodation options, meaning there are no crisis accommodation options available for new clients.

A note on data

The Australian Institute of Health and Welfare (AIHW) has a key role in developing, maintaining and promoting statistical information standards for the health, community services and housing assistance sectors. Much of the data used in this report has come from AIHW. It must be noted that both Specialist Homelessness Services and Specialist Family Violence Services use the same data reporting platform. While this provides insightful data on both the SHS and SFVS sectors, it is not always possible to completely separate out data from each sector.

Chapter 1

Literature review

Chapter 1 - Literature Review:
Understanding the Victorian Homelessness and Family Violence sectors

This literature review seeks to provide a brief overview of existing frameworks, practice guidelines, funding arrangements and referral processes to understand why women, young people, and children at the intersection of family violence and homelessness are falling through the cracks.[2] Based on the reports of the SHS and SFVS sectors, we know that too many women, young people, and children experiencing homelessness and family violence are being referred back and forth between entry points—usually The Orange Door (TOD) and Homelessness Access Points (AP)—without getting the housing and services they need.

This review explores the intersections between family violence and homelessness systems and the existing relationships between the SHS and SFVS with a focus on the entry points in both sectors.

To that end, this literature review identifies the most critical statistics; engages with existing models of service delivery through an overview of relevant practice guidelines and policy frameworks, and points to areas where challenges are known, but not yet documented in literature. This review utilises AIHW data on homelessness and family violence.

The review is comprised of four parts:

1) Facts and Figures

2) Sectors in Crisis

3) Understanding Victoria's Underpinning Frameworks

4) Referral pathways between SHS and SFVS.

[2] To note, trans women and non-binary people are included in this project and literature review. However, given the lack of data on trans women accessing services and the total erasure of non-binary people from prominent Australian data sources, it is not possible to make definitive statements about the ability of trans women and non-binary people experiencing homelessness and family violence to access services using AIHW data.

1.1: Facts and figures
Women, young people and children experiencing homelessness and family violence in Victoria

Family violence is the single biggest driver for Victorians to seek short-term accommodation.

In 2022-23, more than 6700 women, young people, and children who sought short-term accommodation identified family violence as the main reason they were seeking help. That is more than one-third of all women, young people, and children who sought short-term accommodation.

51 per cent of adult women who visited the SHS were experiencing family violence, and 35 per cent of adult women who visited the SHS identified family violence as the main driver for seeking homelessness assistance. For Aboriginal women presenting to the SHS, 55 per cent were also experiencing family violence, and 31 per cent identified family violence as the main reason for seeking support.

Victoria's family violence and homelessness services are inextricably linked

1 in 4

women, young people, and children experiencing homelessness and family violence and seeking short-term accommodation did not receive short-term accommodation (AIHW).

According to AIHW data, roughly one-quarter of women, young people, and children experiencing homelessness and family violence needed but *did not* receive short-term accommodation in 2022-23.[iii]

While AIHW data does not provide insight into where these women, young people, and children went, anecdotal evidence from the sector suggests that victim survivors who are unable to access crisis and emergency accommodation are forced to sleep in their cars, seek accommodation with a family member that is not suitable, or return to the person using violence.

As this AIHW data demonstrates, homelessness services are often a critical point of interaction for women, young people, and children experiencing family violence, and efficient access to safe and appropriate crisis and emergency accommodation can be part of a life-saving service response. And the opportunity exists for the SHS to play a larger role than it currently is in saving lives: a recent report found that in the last ten years across Australia, 7 per cent of women who had been murdered by their current or former partners had interacted with housing services prior to death, compared to 5.5 per cent who interacted with a specialist family violence service prior to their death.[iv] Housing and homelessness services play a critical protective factor for victim survivors.

Homelessness and family violence responses must, therefore, work symbiotically. It is impossible to end homelessness without also ending family violence.

More than half of women, young people and children seeking short-term accommodation

were also experiencing family violence

Nearly 1 in 4 did not receive any accommodation

32,030 Victorians visited homelessness services seeking short-term accommodation

19,740 of them were women, young people, and children

11,658 were experiencing family violence

6,711 cited family violence as the main reason for seeking help
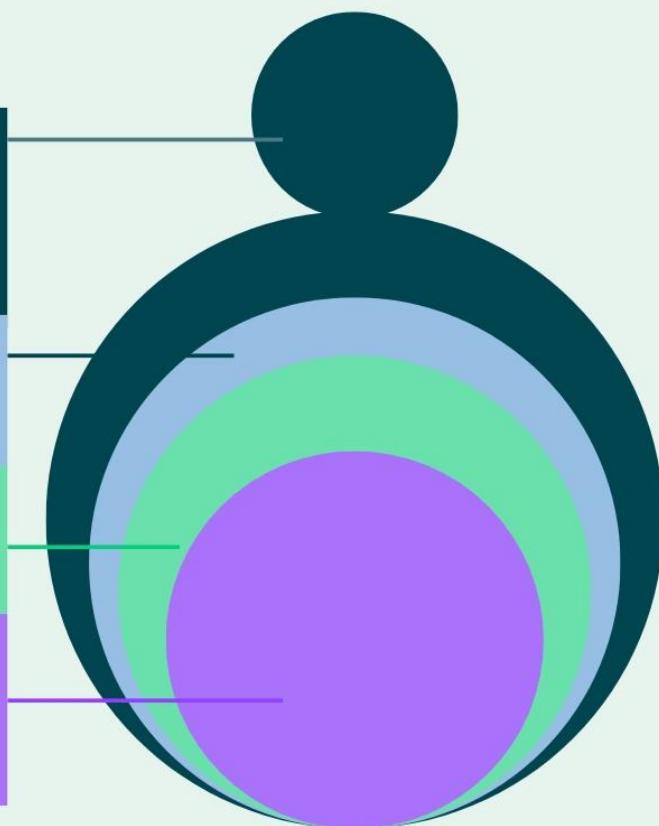
Homelessness for young people

Family violence is the single biggest driver of homelessness for young people in Victoria. Nearly 16,000 young people visited a homelessness service in 2022-23: that's 44 young people visiting a homelessness service each day.[v] 40 per cent of these young people reported also experiencing family violence. 20 per cent of these young people and 25 per cent of young women identified family violence as the main driver of homelessness. More than half—57 per cent—of young people who identified family violence as the primary driver for visiting a homelessness service visited alone.

1 in 5

young people who visited the SHS identified family violence as the main driver of homelessness (AIHW).

Research on family violence and young people notes that "children and young people may be unable or reluctant to report violence perpetrated by a parent or carer"—so for children and young people presenting at either a family violence or homelessness service alone, the impact of family violence may be higher.[vi] Young people face distinct challenges when presenting at the intersection of family violence and homelessness, and support is a significant gap for this cohort of young people. Specialist family violence services often work with adults as the primary client, with variation in service delivery provision to people under 18. And specialist housing services guidelines specify that they work with people aged 16 and older. There are limited youth specific refuges, and these typically do not provide a family violence response.

According to an AHURI brief on the impacts of the housing crisis for young people, the high cost of housing has additional impacts on young people, including "not being able to escape family violence or being able to stabilise life paths."[vii] The inaugural Melbourne City Mission (MCM) Youth Homelessness Snapshot shines light on the intersecting experience of family violence, mental health, and persistent homelessness.[viii] While this snapshot captures the experiences of a small portion of young Victorians experiencing homelessness, it demonstrates the gravity of family violence and homelessness for young people. MCM found that:

"Family violence leads to homelessness for young people. In turn, homelessness erodes mental health, increasing the risk of self-harm and suicide. And homelessness persists with no access to secure, supported, and affordable housing."[ix]

According to the Amplify project report, "young people experiencing violence from a parent are often not seen as victim survivors of family violence."[x] This is borne out in practice, where specialised family violence case management for young people are far and few between. This means that this cohort is often directed to youth and/or homelessness services, neither of which can provide the specialised family violence case management needed.[xi] As of 2021, Victoria had 23 youth-specific refuges. However, this does not meet demand. Further, there are no youth refuges that operate under a family violence model.[xii] Where a young person has been assessed as experiencing 'serious risk' family violence, the SHS may use brokerage to purchase emergency accommodation in motels. This unsupported accommodation is not suitable for young people, and generally inaccessible (and unsafe) for young people 15-18 years of age.[xiii]

Young people in Victoria make up a large cohort of people visiting homelessness services, and many young people are experiencing homelessness as a direct result of family violence, but there are limited, specialist responses for children and young people from the specialist family violence or homelessness service systems.

Homelessness for LGBTIQA+ Victorians

AIHW data does not disaggregate based on sexual orientation, and the Australian Census does not capture data on gender diverse people. This means that while the experiences of many LGBTIQA+ people may be captured in AIHW data, it is helpful to look for specific studies on experiences of homelessness for Victorians with diverse genders and sexual orientations.[3, 4]

1 in 3

LGBTIQA+ Victorians who reported ever experiencing homelessness identified family violence as the cause (*Private Lives*).

La Trobe University's latest iteration of the *Private Lives* survey demonstrates that homelessness is a serious concern for LGBTIQA+ Victorians.[xiv] The report acknowledges that while there has been limited systematic research on homelessness among LGBTIQA+ Australians, a growing body of research suggests that LGBTIQA+ people experience higher rates of homelessness than the cisgender, heterosexual population in Australia.[xv]

Private Lives found that 21.3 per cent of the Victorian sample had ever experienced homelessness—but 35.7 per cent of trans women, 34.5 per cent of non-binary people, and 35.1 per cent of trans men reported ever experiencing homelessness.[xvi] Gender diverse Victorians are at greater risk of homelessness than cisgender Victorians.

Additionally, one-third of LGBTIQA+ Victorians who reported experiencing homelessness cited family violence as the cause.[xvii]

Respondents to *Private Lives* identified some barriers to housing and accessing homelessness services. Very few (just over 1.3 per cent) felt that their sexual orientation was a significant barrier to accessing

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[3] *Private Lives* did not disaggregate data or identify the experiences of asexual people. We have therefore used LGBTIQ+ to accurately represent the identities and captured in this study. Because the census does not ask questions regarding gender diversity or sexual orientation, it stands to reason that many queer people who identify as men or women—regardless of their assigned sex at birth, and irrespective of their sexual orientation—are captured in AIHW data and therefore embedded in AIHW statistics. We cannot, however, disaggregate this data based on sexual orientation and so are turning to specific surveys.

[4] It is worthwhile to note that gender identity and expression are not reflective of sexual orientation. Data on women who experience family violence necessarily includes data on women with a wide range of sexual orientations, including those who are in relationships with people of the same gender. This section will include specific data on LGBTIQ+ experiences of intimate partner and family of origin violence as they are reported in relevant research. It is helpful to specify this research—recognising that it overlaps with AIHW data—because women with diverse sexual orientations are often targeted for violence at increased rates compared to heterosexual women.

housing or homelessness services, however 7.5 per cent of trans and gender diverse respondents reported that they felt their gender identity was a barrier in accessing housing or homelessness services.[xviii]

The 2017 final research report by University of Melbourne and Swinburne provides further evidence for the barriers LGBTIQA+ people face in accessing secure housing. The lack of safety—or the ambiguity of safety and acceptance—at service providers was identified as a barrier to accessing services. Most respondents said they did not disclose their sexual orientation and/or gender identity "for fear of negative responses" from service providers.[xix] Shifting this fear of negative responses takes more than simply displaying LGBTIQA+ information: the report identified that for LGBTIQA+ people to feel safe, "the values of the organisation need to be overtly LGBTIQ inclusive."[xx]

It is not just the services and potential responses that are a barrier. Trans and gender diverse clients identified that motels as emergency accommodation are inappropriate and unsafe. One client noted that being placed in a motel put trans and gender diverse people at risk of being "raped, bashed, [and having] things stolen from you. Depends on the motel they put you in."[xxi]

These research reports demonstrate that LGBTIQA+ Victorians experiencing homelessness and family violence face specific barriers in accessing services. 'Mainstream' crisis and emergency accommodation options like motels pose a unique threat to the safety and lives of LGBTIQA+ Victorians.

Homelessness, family violence, and cultural and linguistic diversity

AIHW datasets on SHS service users do not capture cultural or linguistic background for consumers. This means definitive statements regarding the proportion of women from culturally and racially marginalised communities (CARM) who visit the SHS and are experiencing family violence and/or who identify family violence as the main reason for visiting the SHS cannot be made. We do know, however, that women from migrant and refugee communities who experience family violence[5] face specific barriers to help-seeking. Data from the ANROWS-funded ASPIRE project notes "temporary visa holders face barriers to getting help because these visas have various conditions that can restrict access to income support, public housing, healthcare, and childcare services."[xxii] While we cannot provide definitive data on the rates at which migrant and refugee women, young people, and children who visit the SHS experience family violence, we do know that there are significant barriers for this cohort.

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[5] Noting that not all women from migrant and refugee communities would identify as CARM, and that many CARM women, young people, and children in Australia are not migrants nor refugees.

1.2: Sectors in Crisis
SHS and SFVS in Victoria

Homelessness and family violence services are in crisis. In both sectors, repeat clients are common. This suggests that interventions are not providing clients with the support they need to live safe, dignified lives - or at a minimum, not in the quantity or length of time required.[xxiii] *The National Plan to End Violence Against Women, young people, and children 2022-2032* actively acknowledges the critical link between safe, affordable housing access and the government's ambitious vision of ending family violence in a generation. This stands at odds with the reality of chronically under-funded homelessness and family violence sectors, and increasing exits into homelessness for women, young people, and children.[xxiv]

Women experiencing family violence are at increased risk of becoming homeless compared to women who are not experiencing family violence. Family violence and homelessness are inextricably linked because of the domestic nature of family violence. Leaving a violent partner often means leaving home. In many cases, family violence may include financial abuse—leaving women who choose to leave without access to savings, and often without income.

Housing crisis in Victoria

While access to long-term housing is out of scope of this paper, the current housing affordability crisis cannot be ignored when looking at access to emergency and crisis accommodation for people experiencing family violence and homelessness. This is because victim survivors' ability to exit emergency and crisis accommodation is directly dependent on there being available and affordable long-term housing to move into.

Victoria has seen persistently low vacancy rates since 2020: reports show that across Melbourne, 1.64 per cent of rentals are vacant—vacancy is still 16 per cent lower than pre-pandemic, and still well below the 3 per cent vacancy rate that is 'generally considered balanced.'[xxv] Reports by Homes Victoria and Anglicare Victoria have demonstrated that rent in metropolitan Melbourne and regional Victoria are unaffordable for people on social incomes.[xxvi] The increasingly difficult rental market in combination with recent increases in cost of living and wage stagnation over the last decade are all playing a role in the number of people experiencing homelessness in Victoria. Plummeting vacancy rates and rapidly increasing private sector rents are creating widespread hardship, and more people are being forced into homelessness through policy and market failures. Decades of underinvestment in social housing means that Victoria has the lowest rate of social housing in Australia.[xxvii] There is simply not enough public and social housing to meet demand. The lack of affordable housing is funnelling more and more victim survivors into the private rental market—a particular challenge for people with limited incomes. For women, young people, and children experiencing family violence, the choice is too often between staying in a violent relationship or becoming homeless.

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12.1%

of new rental lettings in June 2024 met the affordability criteria for low income households.

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Rental vacancies across Victoria—in regional areas and in metro Melbourne—are incredibly low. The June 2024 quarterly report from Homes Victoria put rental vacancy at 2.1 per cent for the quarter.[xxviii] Rentals that are available are often unaffordable. Just 12.1 per cent of all new lettings in the June quarter met affordability criteria for low-income households—in metropolitan Melbourne, a mere 6.3 per cent and in regional Victoria, 36.5 per cent of houses available for rent in the June quarter met affordability criteria.[xxix]

Housing is particularly unaffordable for people experiencing unemployment, often a consequence of family violence. Data from Homes Victoria and Anglicare Victoria demonstrate that rental costs exceed the 30 per cent threshold used to define affordability for all forms of social income.[xxx] This means that people on social incomes are unable to reasonably afford a private rental.[xxxi] The situation is even more challenging for young people who cannot live at home because of family violence. Melbourne City Mission reports[xxxii] that nationally, young people experiencing homelessness make up 2.9% of the main social housing tenants, despite being 54% of single people seeking support from homelessness services. For women, young people, and children experiencing family violence, homelessness, and unemployment, this further compounds marginalisation.

Women, young people, and children experiencing family violence are increasingly unable to find safe accommodation if they are able to leave home; in the rare instances when the perpetrator is legally excluded from the home and women, young people, and children are able to stay, they are too often unable to afford rental or mortgage repayments, and many victim survivors are forced into homelessness.[xxxiii]

'Safe at Home' responses which remove the perpetrator from the family home, and programs that provide suitable housing to removed perpetrators are enabling more women, young people, and children to stay in their homes. These programs are important resources, but they are not yet able to meet the immediate, ongoing, and significant financial needs of women who are suddenly solely responsible for rent, mortgages, and childcare following the escape from a violent and coercive relationship.[xxxiv] Ultimately, this means that women, young people, and children are forced to find alternative, cheaper accommodation—and the lack thereof puts them at risk for homelessness: "the link between housing and safety is perhaps nowhere more plain than in instances of homelessness occasioned by family violence."[xxxv]

Crisis and emergency accommodation for women, young people and children experiencing family violence and homelessness

This section will provide working definitions of crisis and emergency accommodation, as well as common forms of crisis and emergency accommodations, the challenges and benefits of these types of accommodation, and examples from the literature of emerging, improving, and good practice.

It should be noted that this section, and the broader literature review, is based on publicly available guidelines and frameworks for service delivery. Through consultations, we are aware that guidelines do not

necessarily align with practice; this is particularly the case when it comes to supporting victim survivors assessed as low and medium risk. Discrepancies between frameworks and practice are described in greater detail later in the report.

Crisis vs emergency accommodation

"Demand for SHS managed crisis and emergency accommodation is far outstripping supply."xxxvi

According to AHURI, there is no nationally consistent definition of crisis and emergency accommodation.xxxvii Crisis and emergency accommodation falls into two broad categories: supported accommodation and purchased accommodation. For the purposes of this report, we propose to use the definitions common in the SHS:

- crisis accommodation is short-term supported accommodation, such as family and domestic violence refuges, youth refuges, and supported accommodation for people experiencing homelessness.
- emergency accommodation is short-term purchased accommodation such as motels, caravan parks, hostels or backpackers.xxxviii

In theory, according to a 2020 DHHS document cited in AHURI research, the 'funded duration for crisis supported accommodation is six weeks to 13 weeks.'l In practice, however, increasing demand and inadequate supply of long-term housing options mean that the working definition of crisis and emergency accommodation—its duration and location—is more flexible.[6]

"A lack of social housing or other affordable and appropriate long-term housing creates a major roadblock for victim survivors moving on from crisis and transitional accommodation, 'driving the need for services to place women and children escaping family violence in inappropriate accommodation such as motels.' Of Victorians who fled family violence into homelessness, 62 per cent were unable to get the housing they needed and remained homeless after receiving support in 2018-19."xxxix

Residents in crisis and emergency accommodation receive case management. This type of crisis and emergency accommodation is often available for a few weeks up to a few months.li

AHURI's description of crisis and emergency accommodation allocation processes in Victoria is succinct:

"In Victoria, within each Department of Human Services region, services are coordinated through Local Area Service Networks (LASNs). LASNs bring together the SHS in that region to enhance planning and service delivery. Prioritisation lists exist locally by region and prioritise people for vacancies based on criteria such as current homeless status, support needs and other vulnerabilities. The way vacancies for crisis and emergency accommodation or other forms of supported housing are allocated vary by region."lii

Family violence refuges

While family violence refuge is a form of crisis accommodation, its primary purpose is distinct from other types of crisis accommodation. For instance, FSV notes that:

> "Family violence and homelessness are interconnecting issues…however, a refuge response is not a homelessness response. It cannot be used instead of a referral to a homelessness service…[i]t is vital that refuge places are prioritised for victim survivors who most need this lifesaving intervention."[xl]

When women, young people, and children leave home because of family violence, they may be eligible for a family violence crisis accommodation response, known as 'refuge'. To access a family violence crisis accommodation response from the family violence sector, family violence risk must be assessed as 'serious'.[xli] In cases where family violence risk has been assessed as 'at risk' or 'elevated risk', or the risk has been identified as historical, crisis and emergency accommodation may not be the best option for the victim survivor(s). In cases where victim survivors do require family violence crisis accommodation due to the level of risk, the preferred option is for them to be placed in family violence refuge.

Due to the limited places available in refuge, the specialist family violence sector has had to supplement this through the use of motels, paid with organisational brokerage funds. As discussed elsewhere in this paper, use of motels as a family violence crisis response is not appropriate, but necessary due to a lack of alternatives. Residents of refuges receive case management and support, provided by round-the-clock staff, trained in family violence response.

Where the family violence risk level does not indicate a family violence crisis accommodation response is required, the local SFVS can provide other supports, including family violence case management. Case management may identify the need for supports related to safe housing, including assistance to secure alternative accommodation and/or a Personal Safety Initiative (PSI) response to support the victim survivor(s) to remain in the family home more safely.

The refuge system can currently accommodate roughly 170 households per night: this means that about 100 people escaping family violence are forced to stay in motels each night.[xlii] Refuges are consistently at capacity, and between 20-31 clients are on the waitlist for a refuge placement at any given time. Safe and Equal asserts that Victoria's current refuge capacity is insufficient to meet demand and urgently requires expansion, to at least 340 households per night.[xliii]

Motels as emergency accommodation

Motels are increasingly used as emergency accommodation. Unlike crisis accommodation options, however, motels do not have any type of in-house support staff. Not only does this pose significant security concerns,

but demonstrates that motels are not fit for purpose. Family violence and homelessness peak bodies have provided the Victorian and Australian governments with multiple submissions on the housing crisis and unsuitability of motels for victim survivors.[xliv]

Motel staff are not, for instance, trained in family violence crisis response. Safe and Equal calls motels and hotels 'pseudo-public spaces', noting that many people are coming and going, thereby increasing the risk of perpetrators locating women, young people, and children in crisis.[xlv] Motels are used by a wide variety of service for emergency housing, including by perpetrator intervention services, AOD services, mental health services, victim survivor services, and the Department of Corrections. This means that, for instance, men who have been released from a custodial sentence may be staying in the same motel as a woman and her young children who have recently left a violent home; there is also a very real risk that a victim survivor could be placed in the same motel as the man who uses violence against her.

The Northern and Western Homelessness Networks (NWHN) published two research reports examining the state of emergency accommodation in Victoria. They found that an increase in demand and decrease in available housing means that more people are presenting to the SHS, more people are spending more time in temporary accommodation, and there has been an overall increase in the "length of time people are requiring financial support to pay for emergency accommodation due to a lack of longer-term" housing options.[xlvi] In 2011-12, 34 per cent of Victorians visiting the SHS received support for six to 52 weeks; in 2022-23, that proportion had grown to more than half (51 per cent).[xlvii]

Government should immediately prioritise the construction of additional, purpose-built crisis accommodation and phase out the use of motels as soon as possible.

1.3: Understanding
Victoria's underpinning frameworks

The SHS and SFVS both have dedicated neighbourhood intake points: for the SHS, these are Homelessness Access Points (AP) and for SFVS, this is The Orange Door (TOD). These intake points assess a person to understand their level of need and eligibility for services. This might include allocation to case management, providing cold or warm referrals to other services, provision of crisis accommodation or directly purchasing emergency accommodation. Both service systems work with people experiencing homelessness and family violence, and they both use a single family violence risk assessment framework (the Multi-Agency Risk Assessment and Management Framework, i.e. MARAM).

The intersection of SFVS and SHS is guided by the *Homelessness Services Guidelines and Conditions of Funding* (2015, DHHS) and Family Safety Victoria's *Family violence crisis responses: Roles and responsibilities in providing emergency accommodation* (2022).[xlviii] These documents outline the roles and responsibilities of SFVS and SHS in supporting women, young people, and children experiencing family violence and homelessness. It is worth noting that, as a result of Victoria's 2016 Royal Commission into Violence Against Women, young people, and children, significant attention has been paid to family violence system redesign. This has resulted in significantly more thorough programming and documentation for the operations of the family violence sector.[xlix]

The *Homelessness and Housing Support Guidelines* (2015) in Victoria outline a comprehensive approach to supporting individuals experiencing homelessness, with specific attention to those impacted by family violence. Services are required to deliver a coordinated and trauma-informed response that ensures safety, confidentiality, and accessibility. Providers must collaborate across sectors—particularly with family violence services—to assess risks and prioritise the immediate housing needs of affected individuals. The guidelines emphasise the importance of individualised support, integrating housing solutions with other forms of assistance such as legal, financial, and health services, to foster long-term stability and security.

The *Opening Doors Practice Guide* promotes a streamlined, client-centred response to homelessness, focusing on accessible entry points and coordinated service delivery. When dealing with family violence, the guide stresses prioritising safety through tailored interventions and referrals to specialised services. It advocates for consistent assessment practices to ensure that people experiencing both family violence and homelessness receive the appropriate level of support, with attention to preventing re-traumatisation. The guide emphasises collaboration between housing services and family violence agencies to create a seamless service pathway, ensuring clients have access to both immediate crisis accommodation and long-term housing solutions.

Figure 1: Response options for mainstream services in the identification of family violence. (Opening Doors Practice Guide. p 48.
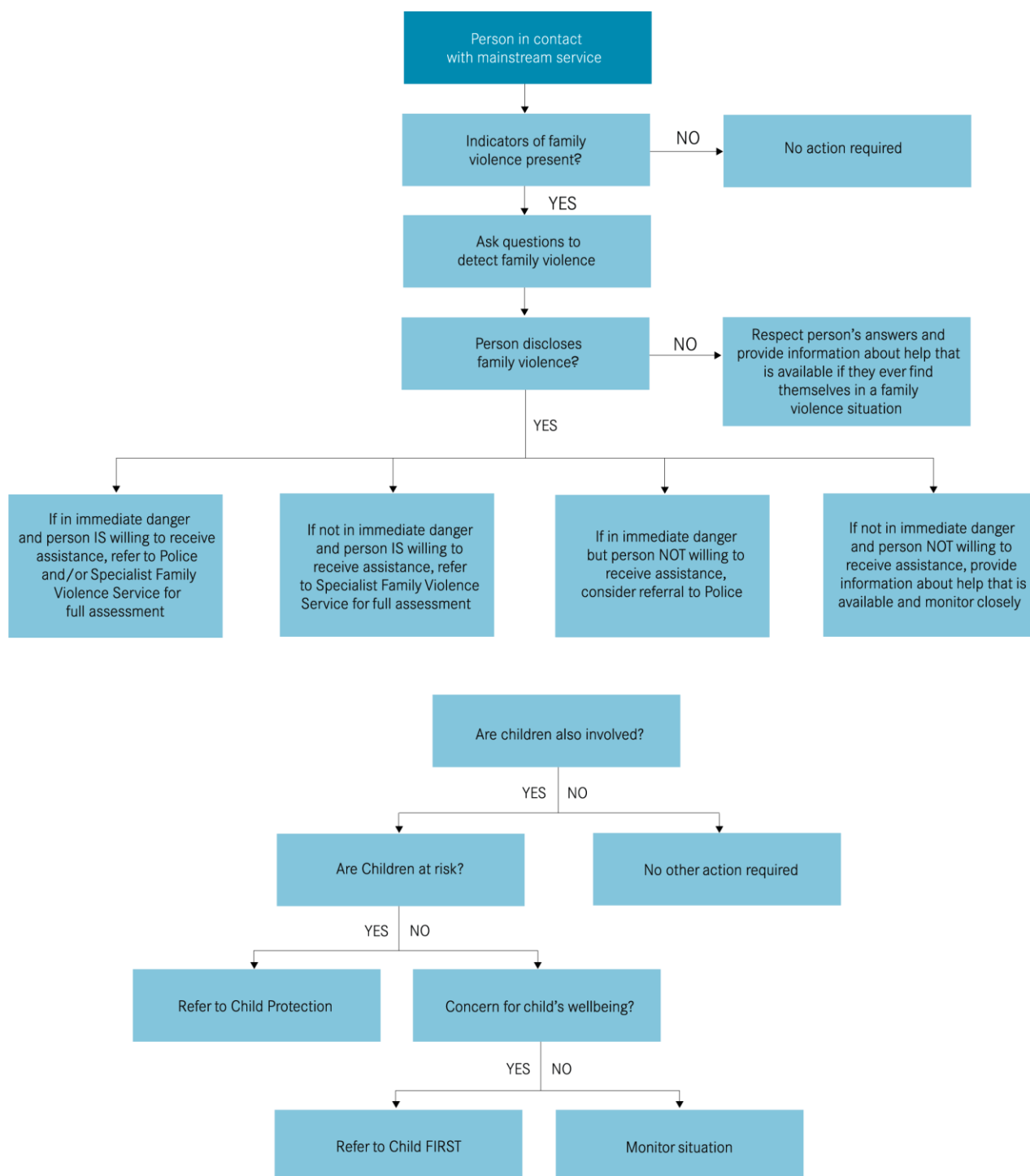
Initial Assessment and Planning (IAP)

IAP is the first response a person receives when visiting a homelessness service access point. It aims to provide a timely service response for people when they first engage with a homelessness service. Below is an example of practice in one region in Victoria.

Figure 2: IAP Flowchart. (NWHN Local Interface Agreement. 2018)
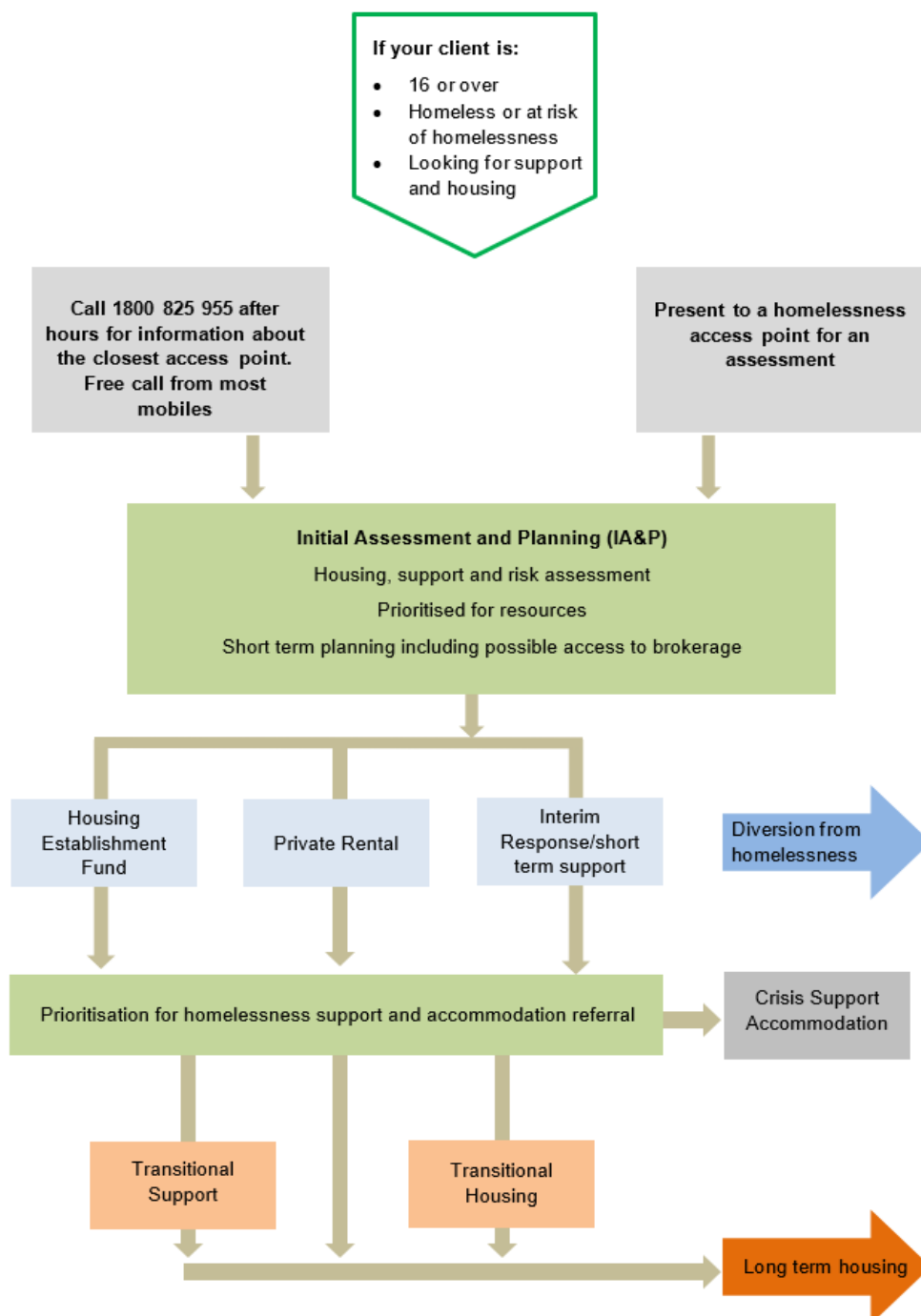
During IAP, a person visiting a homelessness Access Point will be asked questions about their housing situation, family situation, screened for family violence using MARAM, and asked about their employment status and income. This is meant to enable the IAP worker to understand the response that is best for each consumer.

Most SHS consumers who receive a crisis or emergency accommodation response are provided it at this stage.

IAP assists consumers through:

- screening to determine if homelessness services are the appropriate response for the person seeking assistance;
- an initial needs-based assessment;
- a safety and risk assessment;
- identification of the person's immediate and longer-term housing and support needs;
- the development of a course of action to access required services;
- referral to appropriate housing, support and material aid services;
- interim response and active holding including short-term support for immediate need and monitoring of client welfare while they await access to relevant services.

The Orange Door (TOD): Victoria's centralised family services

According to Family Safety Victoria:

> "The Orange Door network is a free, accessible intake, assessment, and brief intervention service across Victoria for people who are impacted by family violence, as well as families needing support with the wellbeing of their children and young people. The Orange Door brings together specialist family violence, child and family services and Aboriginal services to provide crisis assistance and support, brief intervention, risk and needs assessment, safety planning, information sharing and risk management and connection to longer term services. The Orange Door seeks to engage with adults using family violence to support them in getting the assistance they need to address their violent behaviour. In addition, they work with the wider system to keep the person's use of violence in view and minimise the risk they pose to others.[l]

The Orange Door was established in the wake of Victoria's *Royal Commission into Family Violence* to provide free, centralised, visible, and accessible pathways into family violence and family service systems.[li] In brief, TOD is a statewide network of support and safety hubs for adults, young people, and children who are experiencing or using family violence, and for families in need of support with their children.[lii] TOD co-locates practitioners from three distinct service systems: specialist family violence services for victim survivors; men's family violence services for perpetrators; and child and family welfare services.

According to the 2022-23 service delivery report, TOD "brings together family violence, family services, and Aboriginal Controlled Community Organisations (ACCOs) as interdisciplinary teams to provide an integrated intake point in each [geographic] area."[liii] The multidisciplinary teams at TODs mean that there are staff from relevant community organisations—such as local ACCOs, SFVS, or family services—located in TOD; these are called partner organisations. This means that local services have staff co-located in TOD to provide immediate pathways into services for case management and specialist support.[liv] Family Safety Victoria (FSV) is responsible for leading the integration of TOD with existing family violence and family service systems.

The SHS is not typically collocated in the TOD. This means that TOD does not have housing or homelessness specialists, nor do they have staff from housing access points or homelessness services on location. When TOD refers a client into the SHS, it may be a warm or a cold referral: a warm referral is pro-actively made, often with an accompanying MARAM, while a cold referral is when the name and contact details of a service are provided to a consumer, but the staff member does not initiate contact.

What does The Orange Door do?

TOD provides in-person, phone and email-based support for people at risk of family violence; people using family violence; and "families in need of support with the care, wellbeing, or development of their child/ren, or where there are significant concerns for a child's wellbeing."[lv]

The Orange Door Service Model

- A more visible contact point so that people know where to go for support.
- Help for people to identify family violence and child and family safety and wellbeing issues.
- Advice based on the latest risk assessment tools and best available information
- specialist support and tailored advice for victims, children and families, and perpetrators.
- A strong focus on perpetrator accountability.
- An approach across the spectrum of prevention, early intervention and response.
- Connection and coordination of access to support.
- A system-wide view of service capacity, client experience and outcomes
  (About The Orange Door, Victoria Government, 2024.).

TOD provides risk and assessment; safety planning; crisis support; and referrals into other services, including SFVS and SHS. TOD is an intake, assessment, and referral service. According to the TOD website, people who are experiencing or who have historical experiences of family violence can receive a family violence response through TOD.

TOD is not part of the SHS, and it is not a homelessness service.

SFVS, men's services, family services, and ACCOs are partner agencies of TOD with agency staff co-located in TODs.

If a person experiencing family violence and homelessness presents at TOD, goes through intake and a MARAM assessment, they may be referred out to a local SHS provider or be given the information for a local SHS provider. There is no Memorandum of Understanding (MoU), service agreement, or formalised state-wide referral process between TOD and SHS.

TOD has responsibilities to provide crisis and emergency accommodation for people assessed as experiencing family violence at a certain risk level and can provide brokerage for up to $5,000 per person.[lvi] We are aware that practice varies based on availability of funding, accommodation, and client needs and family violence risk level; this will be discussed in more detail later in this report. The purpose of providing brokerage and placing consumers in accommodation is "to promote the safety of victim survivors, stabilise, undertake assessments and refer to community services including to Homeless Access Point where there are long term housing needs."[lvii] **Critically, homelessness is not, in and of itself, a criterion for TOD to place families in crisis accommodation.** As a statewide business-hour service, TOD offers intake and assessment for victim survivors. According to FSV, '[t]his includes leading (or supporting) the initial crisis response and addressing safety and accommodation needs.'[lviii]

Family Safety Victoria: Family Crisis Response Model

The Family Violence Crisis Response Model (FVCRM) for roles and responsibilities was introduced in 2022 and came into practice in April 2023.[lix] This model was developed by FSV "to improve the way the family violence service system works together to support victim survivors in crisis."[lx] The model outlines the shared responsibility across the service sector, and aims to ensure the following:

- All victim survivors in crisis get immediate support and emergency accommodation, if needed, no matter which specialist family violence service they access (through The Orange Door, Safe Steps, or a local family violence support service). All specialist family violence services now have family violence crisis brokerage to provide immediate crisis support.
- All victim survivors in emergency accommodation can get face-to-face support from a local family violence support service (LFVSS), wherever they are accommodated and at any time of day or night. For example, Safe Steps (a phone-based service) will be able to activate local outreach support from The Orange Door partner agency (victim services) during business hours, or a local family violence after-hours service outside of business hours.
- All victim survivors will be supported by, or connected to, a LFVSS when leaving emergency accommodation. The local family violence support service will support the exit and provide ongoing case management, if required.[lxi]

The introduction of FVCRM expanded the number and types of agencies able to place clients in motels as emergency accommodation. While Safe Steps and TOD are the main entry points for crisis response, all services have a role to play to ensure victim survivors get the right case management during a crisis. Notably, if a LFVSS is unable to find appropriate motel accommodation in their area, they can refer their client to Safe Steps for accommodation in another area—but this should only occur where all in-area options are exhausted.[lxii]

Under the FVCRM, specialist family violence services can refer, via Safe Steps, into refuges. Refuges are not part of the SHS. All referrals into refuges—regardless of whether they come from the SFVS or SHS—are managed through a statewide process coordinated by Safe Steps.[lxiii] Safe Steps prioritises placing victim survivors into refuges within their local area where it is possible and safe to do so; out-of-area placements can be necessary. Crisis and emergency accommodation is arranged via Safe Steps and The Orange Door Network in partnership with local family violence support services. The follow chart, provided by Safe and Equal, depicts the roles and responsibilities for the three main components of the family violence sector—Safe Steps, TOD, and LFVSS—when working with victim survivors in need of crisis and emergency accommodation. As the chart indicates, there are three main pathways into crisis and emergency accommodation from a SFVS: via Safe Steps, The Orange Door, or a local family violence support service.

ROLES AND RESPONSIBILITIES IN PROVIDING EMERGENCY ACCOMMODATION FLOWCHART

This flowchart is a summary only. Please ensure you have read all documents comprising the family violence crisis response model.

Guidance:
This flowchart shows the key roles and responsibilities to be performed by a lead support agency during business hours.
It also shows the additional roles and responsibilities for particular service types in the colour-coded rows below.
The first step starts at the point at which a victim survivor (VS) experiences crisis, needs emergency accommodation (EA), and has made contact with a family violence service who takes on lead support (lead support agency).
Please note: while this flowchart seeks to depict the fundamental requirements established in the Roles and responsibilities in providing emergency accommodation, there is always scope for flexibility in support of victim survivor choice and safety.

In-scope service types key:
- 🟣 Safe Steps
- 🟠 The Orange Door (TOD) network
- 🔵 Local family violence support service (LFVSS) including ACCOs and targeted services
- 🟢 Family violence accommodation service (refuge)
- → Standard support pathway
- ┈▸ Variation in support pathway

LEAD SUPPORT AGENCY

| Undertakes screening and triage, incl MARAM. Identifies whether the VS can stay in the local area. 🟣🟠🔵 | Identifies whether VS is eligible for refuge. If VS is eligible, submits a referral to Safe Steps. 🟣🟠🔵 | Places VS in motel (in/out of area). Pays for minimum 3 night stay. 🟣🟠🔵 | Provides lead support while VS is in motel, incl coordinating access to face-to-face outreach and material aid, as needed. 🟣🟠🔵 | If VS is matched to suitable refuge placement, supports VS transport to refuge. 🟣🟠🔵 | Supports VS to exit to safe accommodation. Ensures VS is connected to case management. 🟣🟠🔵🟢 |

ADDITIONAL ROLES + RESPONSIBILITIES BY SERVICE TYPE

SAFE STEPS
- Accepts referrals from LFVSS and takes on lead support for VS needing out-of-area EA. Coordinates placement of VS in out-of-area EA.
- Submits internal refuge referral for VS for whom they lead support.
- Activates face-to-face outreach by LFVSS (TOD partner agency) in the area of motel.
- If VS is prioritised for refuge, convenes case conference with LFVSS (TOD partner agency) within 3 days to agree interim support plan.
- If VS is not prioritised for refuge, refers to LFVSS (TOD partner agency) for lead support.

Refuge coordination (Safe Steps)
- Accepts refuge referrals, assesses eligibility and prioritisation. Liaises with lead support agency.
- Works with refuges to match prioritised VS to available refuge places.

THE ORANGE DOOR
- If VS requires out-of-area EA, works across TOD network to identify safe and appropriate EA in another area.
- Submits refuge referrals to Safe Steps or direct to Aboriginal refuge. Liaises with Safe Steps (at least) weekly about refuge referrals.
- Activates face-to-face outreach by LFVSS (TOD partner agency) in the area of motel.
- If VS is prioritised for refuge, convenes case conference with LFVSS (TOD partner agency) within 3 days to agree interim support plan.
- If VS is not prioritised for refuge, refers to LFVSS (TOD partner agency) for lead support.

All LFVSS incl ACCOs and targeted services
- Leads crisis response for existing or self-referred VS.
- Submits refuge referrals to Safe Steps or direct to Aboriginal refuge. Liaises with Safe Steps (at least) weekly about refuge referrals.
- Provides face-to-face outreach to VS in motel.

LFVSS TOD partner agencies ONLY
- Leads crisis response for existing or self-referred VS.
- Submits refuge referrals to Safe Steps or direct to Aboriginal refuge. Liaises with Safe Steps (at least) weekly about refuge referrals.
- Provides face-to-face outreach to VS in motel, when activated by Safe Steps/TOD.
- If VS is prioritised for refuge, agrees interim support plan with Safe Steps/TOD.
- If VS is not prioritised for refuge, takes over lead support from Safe Steps/TOD for VS accommodated in local area.

REFUGE
- Updates family violence accommodation register. Liaises with Safe Steps about vacancies.
- Works with Safe Steps to match prioritised VS to available refuge places.
- Accepts refuge referrals from Safe Steps. Takes over lead support for VS.
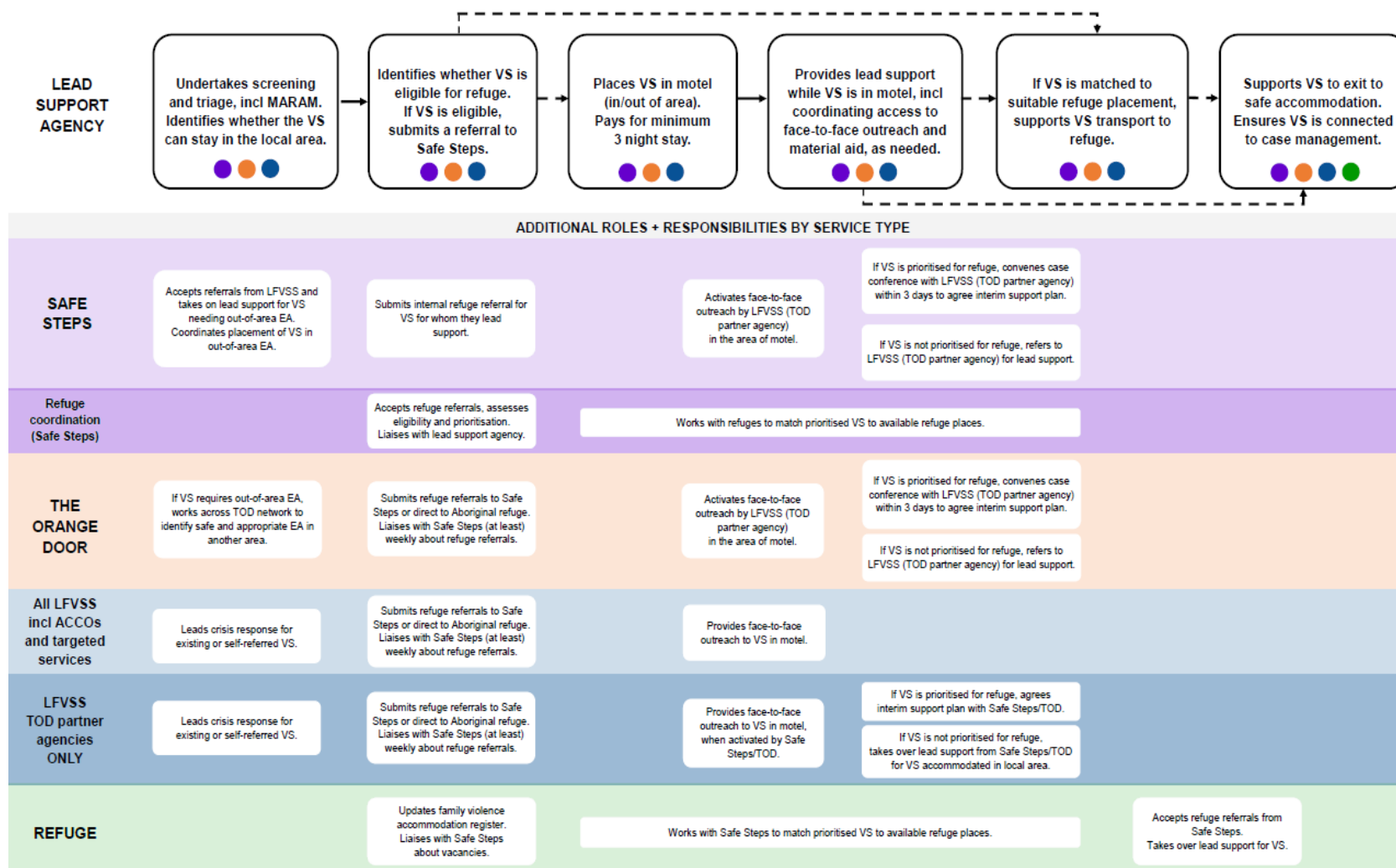
Figure 3: Roles and responsibilities in providing emergency accommodation (SFVS) flowchart (FSV via Safe and Equal, 2024)

Multi-Agency Risk Assessment and Management Framework (MARAM) and IAP

The Family Violence Multi-Agency Risk Assessment and Management (MARAM) and Information Sharing Framework was introduced following the Royal Commission into Family Violence. MARAM is a comprehensive risk assessment framework designed to ensure services are effectively identifying, assessing, and managing family violence risk.[lxiv] A MARAM assessment allows a practitioner to assess the presence and level of risk a victim survivor faces, and where referrals are necessary, share that assessment. Many service systems—including the SHS—are required by law to align their policies, procedures and practice guidelines with the MARAM framework.[lxv]

MARAMs come in three forms: brief; intermediate assessments; and comprehensive assessments. Different service sectors have different responsibilities under MARAM. The SHS is required to undertake brief or intermediate MARAM assessments wherever family violence is detected.[lxvi] Specialist Family Violence Services, including TOD, are required to conduct comprehensive MARAM assessments.

According to the Family Violence Information Sharing Scheme (FVISS) Guidelines, 'information sharing entities' (i.e. the services prescribed under MARAM, including housing and homelessness services) are authorised to share information with one another. Crucially, "only information that is relevant to assessing or managing family violence risk is authorised to be shared between ISEs."[lxvii] When referring a consumer who is experiencing family violence and homelessness, for instance, an SHS worker should share the MARAM assessment and any relevant information to family violence in their warm referral. Similarly, when a SFVS service is referring to an SHS service the MARAM assessment should be shared. It is important to note that victim survivors must give consent for information about their experience of family violence to be shared; consent is *not* needed to share information about perpetrators of family violence, nor is consent required to share information about children who have experienced family violence.[lxviii]
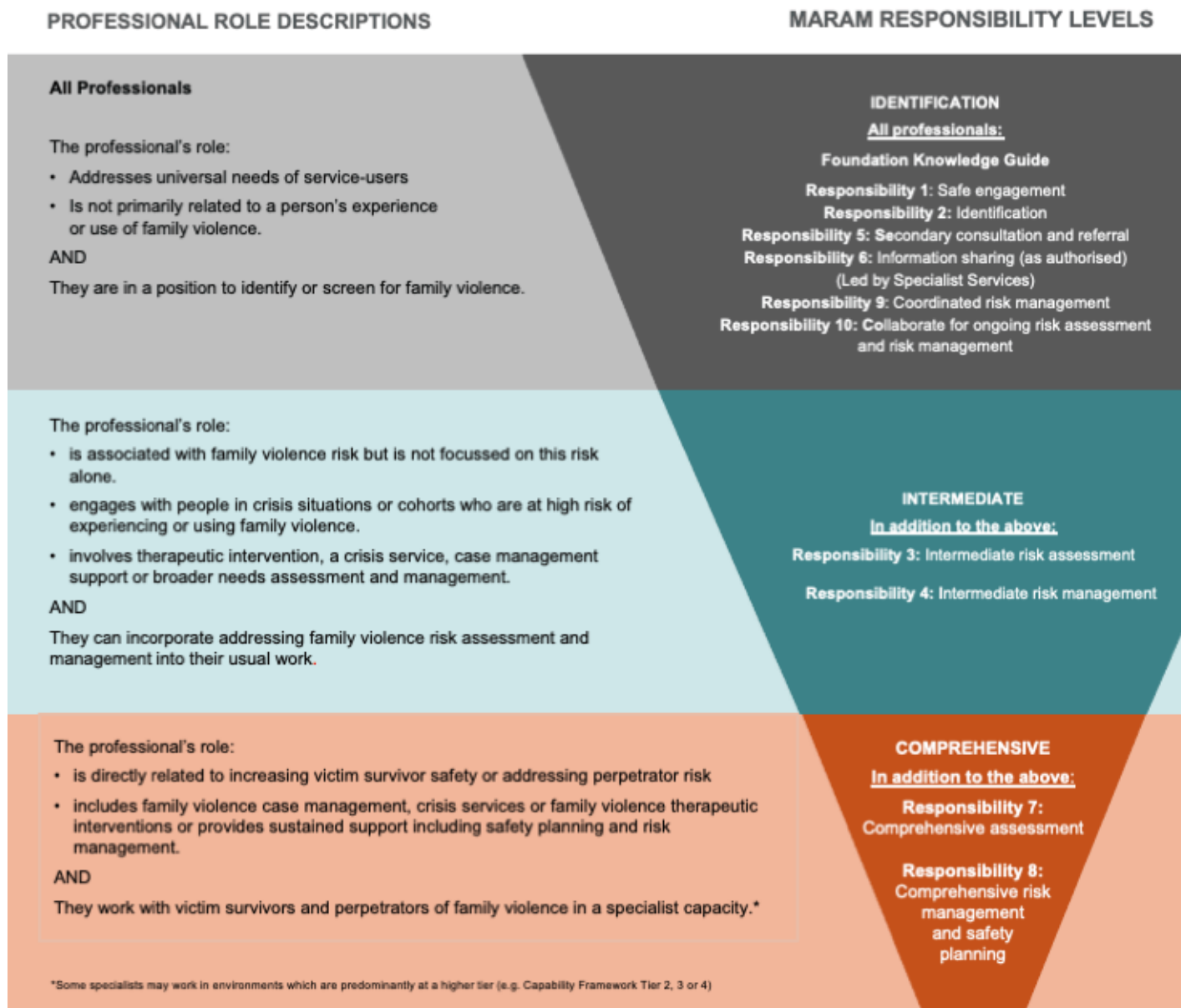
All Professionals

The professional's role:

- Addresses universal needs of service-users
- Is not primarily related to a person's experience or use of family violence.

AND

They are in a position to identify or screen for family violence.

IDENTIFICATION

All professionals:

Foundation Knowledge Guide

Responsibility 1: Safe engagement
Responsibility 2: Identification
Responsibility 5: Secondary consultation and referral
Responsibility 6: Information sharing (as authorised)
(Led by Specialist Services)
Responsibility 9: Coordinated risk management
Responsibility 10: Collaborate for ongoing risk assessment and risk management

The professional's role:

- is associated with family violence risk but is not focussed on this risk alone.
- engages with people in crisis situations or cohorts who are at high risk of experiencing or using family violence.
- involves therapeutic intervention, a crisis service, case management support or broader needs assessment and management.

AND

They can incorporate addressing family violence risk assessment and management into their usual work.

INTERMEDIATE

In addition to the above:

Responsibility 3: Intermediate risk assessment

Responsibility 4: Intermediate risk management

The professional's role:

- is directly related to increasing victim survivor safety or addressing perpetrator risk
- includes family violence case management, crisis services or family violence therapeutic interventions or provides sustained support including safety planning and risk management.

AND

They work with victim survivors and perpetrators of family violence in a specialist capacity.*

*Some specialists may work in environments which are predominantly at a higher tier (e.g. Capability Framework Tier 2, 3 or 4)

COMPREHENSIVE

In addition to the above:

Responsibility 7:
Comprehensive assessment

Responsibility 8:
Comprehensive risk management and safety planning

Figure 3: Current MARAM responsibilities and descriptions (Family Safety Victoria, 2023)

1.4: SHS and SFVS
Referral pathways

Consumers who visit the SHS or SFVS who are experiencing family violence and homelessness may be referred from SHS into SFVS or from SFVS into SHS in order to best meet their needs. This section describes—based on available literature—the referral pathways and processes between the SHS and SFVS. It is important to note that these descriptions are based on guidelines and frameworks, but that discrepancies may exist between policy and common practice. Any such inconsistency is beyond the scope of this literature review.

'No Wrong Door': Accessing homelessness and family violence services

Women, young people, and children experiencing homelessness and family violence may seek crisis/emergency accommodation through The Orange Door, Safe Steps, an SHS Access Point or through a local specialist family violence service. According to existing guidelines and funding agreements, victim survivors should be able to access support through either pathway, and cross-sector referral and collaboration is expected. This section will provide a high-level overview of the pathways through which women, young people, and children experiencing family violence and homelessness seek and access support.

Pathway 1: Women, young people, and children report to SHS Access Point

When a consumer reports to an SHS Access Point, an Initial Assessment and Planning worker will undertake an assessment to determine the consumer's needs.

If it is determined that:

a) family violence and not homelessness is the woman's current issue, and the woman is seeking a specialist family violence response; or

b) family violence is a current issue and the woman also needs assistance with emergency accommodation;

the Access Point will refer the woman or young person to TOD or a SFVS.

If it is the case that both a family violence and homelessness response are required, the Access Point will continue to assist the woman to access emergency accommodation.[lxix]

Referrals from SHS Access Points to the family violence sector

The SHS is not best placed to provide a family violence response to victim survivors who are currently experiencing family violence and have been assessed as high risk. In cases where family violence is assessed as high-risk, or where it is a significant concern, **Access Points can refer consumers to TOD, Safe Steps or the LFVSS as per the Family Violence Case Management Program Requirements and Crisis Response Model.**

SHS APs can make referrals to TOD, Safe Steps or LFVSS in the following circumstances:

- Victim survivors presenting with serious current safety concerns (determined by an intermediate MARAM risk assessment)
- Victim survivors who are experiencing coercive control and in need of further assessment, advice, education and linkage to services
- Historical family violence with escalating or changing risk

Referrals should be sent directly to the appropriate TOD location with a TOD Referral IN Form and an intermediate MARAM risk assessment. Alternatively, an SHS AP can refer a client directly to Safe Steps or the LFVSS with a completed intermediate MARAM risk assessment.

Warm referrals should include the intermediate risk assessment undertaken by the SHS worker as well as the client's consent to share this information. This will, in theory, enable TOD/LFVSS to undertake a comprehensive MARAM assessment, ascertain the level of risk, assess for immediate safety needs and either refer a consumer directly into crisis accommodation, or connect them with the SFVS—ideally through co-located partner agencies.

When TOD receives a referral from an AP, the TOD will:

- Reply to Homeless Access Point email informing the referral has been received, the client will be triaged and with consent assigned for assessment and planning;
- Email the outcome of the referral, e.g. declined service, referred to case management;
- Contact Homeless Access Point worker for further case planning as required;

- At service conclusion, send outcome of TOD assessment with next steps as relevant.

Where a consumer has been referred from an SHS AP to TOD, the services will work together to address family violence, wellbeing, and housing issues concurrently.[lxx]

Pathway 2: Initial referral to The Orange Door

Victim survivors of family violence may be referred to TOD in a variety of ways, including:

- a police report following a family violence incident, often known as a "L17";
- referral from another agency, including SHS agencies;
- self-referral.

When a TOD receives a referral, it will

- Triage the referral, based on the presenting family violence risk;
- Undertake a MARAM risk assessment and commence safety planning;
- In conjunction with the victim survivor/s make referrals to address identified needs.

This may include arranging a crisis accommodation response through brokerage funding, referral to a local SFVS for ongoing case management or, in instances where family violence and homelessness are concurrent issues, both the TOD and AP will work together to address family violence, child wellbeing (where relevant) and housing issues concurrently, until the local specialist family violence service and homelessness service are engaged with the client, and TOD and AP involvement ceases.

Chapter 2
Service system pathway mapping
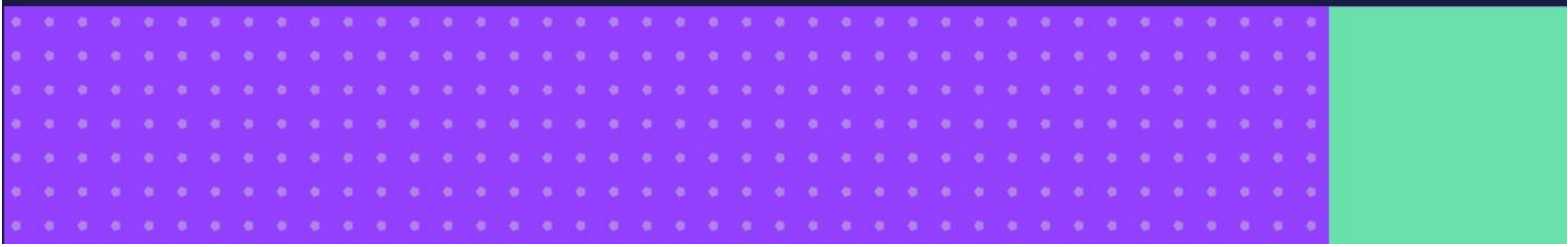
Chapter 2:
Service System Pathway Mapping

We know that decades of under-investment in social housing has created a bottleneck in crisis and emergency accommodation for people experiencing homelessness and family violence. The service mapping conducted for this report provides evidence for the first time that people experiencing homelessness as a result of family violence are being referred back and forth between the Specialist Homelessness Services and Specialist Family Violence Services without receiving a service. It also provides an overview of the ways SHS and SFVS services are engaging with consumers at the intersection of homelessness and family violence.

Background

While the AIHW captures comprehensive data on SHS service users, comparison with the SFVS data isn't possible, as much is contained within the SHS data, and other SFVS data is reported in ways that doesn't allow for this level of analysis. This makes it difficult to make statements about the service usage for consumers experiencing homelessness and family violence using centrally held data. To begin to fill this gap, CHP developed a dual sector survey. This survey sought to understand the proportion of consumers presenting in SHS and SFVS with both homelessness and family violence, and the ways in which these consumers were accessing crisis/emergency accommodation; were being referred from SHS/SFVS into SFVS/SHS; and were returning to the sector where they had originally presented without having received the crisis and emergency accommodation they were seeking. The survey asked additional questions about referral processes and respondents' perceptions of challenges in our dual sectors.

It should be noted that quotes from practitioners in this chapter are based on their perceptions; their statements and sentiments may not align with publicly available guidelines or data, but reflect their experiences of delivering homelessness and family violence responses.

The family violence / homelessness overlap

The overlap between homelessness and family violence which was identified in the literature was also borne out in the survey responses. Respondents were asked to identify the proportion of people that visit their service that are experiencing family violence and homelessness. The percentages presented are averages of the responses from the SHS (n=50) and from the SFVS (n=33). In the SHS, an average of 62 per cent of people visiting a given service were identified as experiencing homelessness and family violence; in the SFVS, this proportion was even higher: nearly three-quarters of consumers visiting a family violence service are experiencing homelessness and family violence.

It is this group of clients/consumers, and their referral pathways and outcomes, that this study is seeking to better understand.
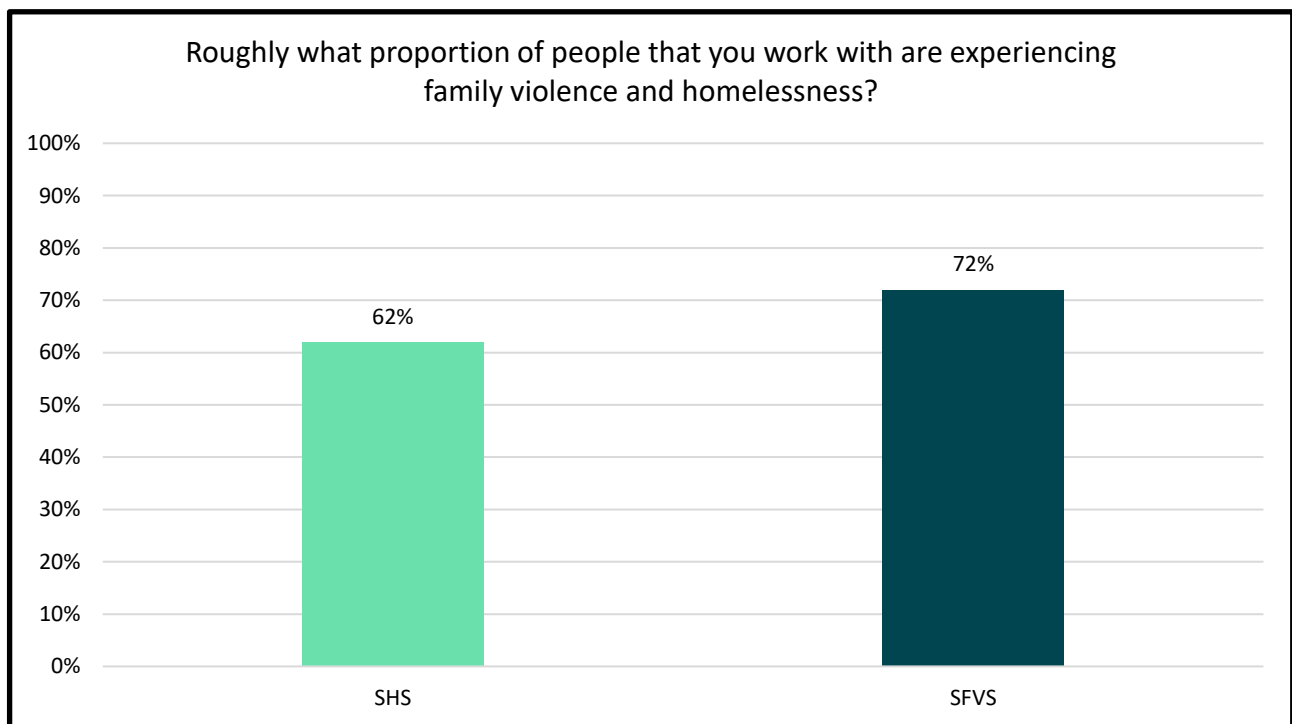
A significant majority of clients for both sectors are experiencing both family violence and risk of homelessness, resulting in a need for referral.

Mapping service entry points

The survey asked respondents to rank, in order of frequency, the pathways through which people come into contact with their service.

Rank, in order of frequency, the pathways through which people experiencing homelessness and violence come to your service [SHS].

Responses:

1. They visited my service directly.
2. They are referred from a different SHS service.
3. Via The Orange Door.

Rank, in order of frequency, the pathways through which people experiencing homelessness and violence come to your service [SFVS].
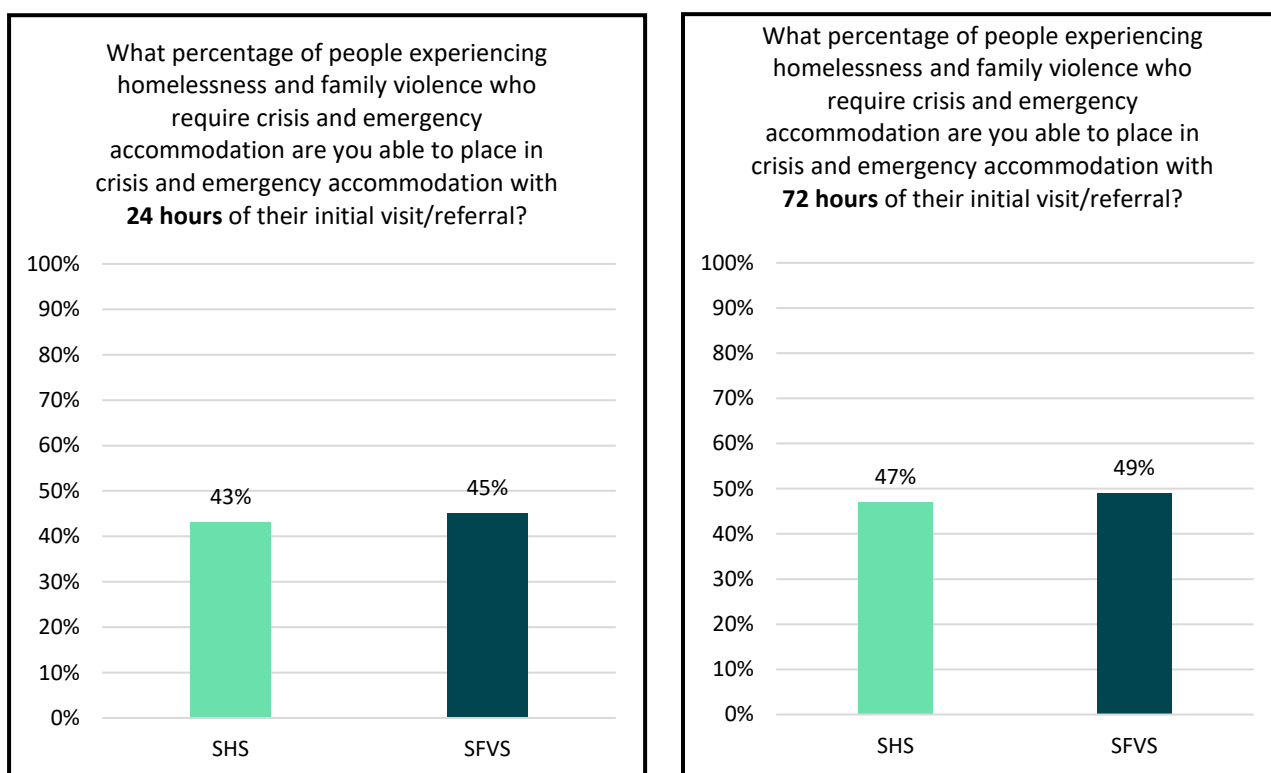
Responses:

1. Via The Orange Door.
2. They visited my service directly.
3. Via Safe Steps.

Getting consumers into crisis and emergency accommodation

Next, we sought to understand the speed with which this cohort can be accommodated. This provides valuable context for later questions on repeat visits: if consumers are efficiently accommodated, there might be less need for them to visit services repeatedly.

What percentage of people experiencing homelessness and family violence who require crisis and emergency accommodation are you able to place in crisis and emergency accommodation with **24 hours** of their initial visit/referral?

	SHS	SFVS
	43%	45%

What percentage of people experiencing homelessness and family violence who require crisis and emergency accommodation are you able to place in crisis and emergency accommodation with **72 hours** of their initial visit/referral?

	SHS	SFVS
	47%	49%

Respondents were asked to identify the proportion of people that visit their service who are experiencing homelessness and family violence, who require emergency accommodation, and who are able to be accommodated in 24 hours (SHS n=47 and SFVS n=33) and in 72 hours (SHS n=46 SFVS n=33). These have been averaged across each workforce.

As these graphs demonstrate, less than *half* of consumers experiencing homelessness and family violence visiting the SHS and/or SFVS are able to be accommodated with 72 hours.

Barriers to accommodating people experiencing family violence and homelessness: SHS responses

In asking the SHS and SFVS about the barriers to accommodating consumers at the intersection of homelessness and family violence, we sought to understand the specific challenges in accommodating this cohort.

What are the main barriers for you [in the SHS] in placing people experiencing homelessness and family violence who need crisis and emergency accommodation in accommodation within 24 hours of their initial visit/referral? Please rank in order, with #1 being the biggest barrier.

Responses:

1. Lack of funding to purchase crisis/emergency accommodation on the day of their initial assessment (funding is exhausted, but there are spaces).
2. Lack of available crisis/emergency accommodation in my catchment (there are no spaces, but funding is available).
3. Lack of appropriate crisis/emergency accommodation in my catchment (i.e. motel placements are available, but unsuitable due to size/location/safety concerns etc).

Lack of funding in the SHS for crisis/emergency accommodation was a common theme. It is evident that SHS are referring consumers to The Orange Door, Safe Steps or LFVS sector in instances where funding or staffing at the SHS have been fully utilised, rather than based on considerations of the most appropriate service for the needs of the client. While it may be understandable that workers are seeking any resolution possible to the accommodation needs of the client in front of them, it is likely that many such referrals are inappropriate, and are a cause of the "ping ponging" phenomenon identified in this report.

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"There's no brokerage to assist. [We] refer to The Orange Door and The Orange Door refers back to us. It's impossible in my area." SHS worker

"Lack of brokerage available, largely need to seek Safe Steps for emergency accommodation for people with family violence and homelessness." SHS worker

"Lack of funding and lack of staff resourcing to coordinate the booking of the hotel. We do get it done, because it has to be done, but it's very challenging. SHS worker

Unsurprisingly, a significant barrier to providing crisis and emergency accommodation within 24-72 hours was the lack of availability of beds. This is largely due to the lack of long-term housing options, forcing consumers to stay in crisis/emergency accommodation for longer periods of time than beds are planned for. This creates bottlenecks, preventing new consumers from entering crisis/emergency accommodation.

"With respect to crisis accommodation, availability is a major barrier, driven by the lack of suitable medium and long-term housing for exiting residents. Many families experiencing family violence will take rooms or units that have fewer bedrooms than required—due to necessity—as soon as they become available. But once in crisis accommodation, finding medium or long-term housing with three or four bedrooms in areas that are near to formal and informal supports can be a multi-year process." SHS worker

"There are just no spots available. Everything is just waitlists." SHS worker

Finding accommodation for consumers with pets or with larger families was identified as a persistent challenge.

"No houses available. Especially not for larger families." SHS worker

Some spoke to the challenges of needing to accommodate consumers in motels, rather than for-purpose crisis or emergency accommodation. While appropriateness is a key consideration, there was also concern raised that motels will decline to accept SHS clients, limiting the extent to which emergency accommodation is available to those in need.

Barriers to accommodating people experiencing family violence and homelessness: SFVS responses

What are the main barriers for you [in the SFVS] in placing people experiencing homelessness and family violence who need crisis and emergency accommodation in accommodation within 24hrs of their initial visit/referral? Please rank in order, with #1 being the biggest barrier.

Responses:

1. Lack of space in refuges.
2. Lack of space in crisis/emergency accommodation (i.e. motels) but funding is available.
3. Lack of funding to purchase accommodation, but space is available.

Once again, the lack of suitable accommodation options—including the dearth of long-term options—was a prevailing theme in respondents' further comments.

> "Long-term housing is a barrier as FV emergency accommodation is for crisis only, therefore often clients leave emergency accommodation to homelessness and go on to stay with perpetrators of family violence." SFVS worker

Some responses identified the specific risk criteria needed for the SFVS to provide crisis/emergency accommodation to consumers experiencing family violence and homelessness. While respondents didn't directly criticise the prioritisation of people at highest risk, it was clear that many felt that an unavailability of crisis accommodation for people with lower risk resulted in poor outcomes, such as clients returning to their violent partners.

> "For clients to be eligible for emergency accommodation, according to The Orange Door…criteria/process, they must be assessed to be at serious risk and in need of immediate intervention. I would not be able to get approval for emergency accommodation if clients are escaping violence and they are homeless if the risk is assessed to be any lower than that." SFVS worker

"Family violence threshold for crisis accommodation is based on risk of death. Not all who flee family violence are at risk of death, this does not mean they should not be eligible for crisis accommodation, family violence comes in forms such as coercive control, sexual and financial harm etc as well, and lack of available housing leaves women and their families stuck having to remain with the person using violence." SFVS worker

Another recurring theme was the inability—sometimes characterised as unwillingness--of mainstream services to support or accommodate consumers with complex needs.

"Both family violence and homelessness mainstream services discriminate or choose not to support clients who are not women or children. Specialist services (LGBTIQA+, migrant/refugee client, CALD etc) have limited brokerage to purchase crisis accommodation compared to mainstream services. Finally, mainstream accommodation providers discriminate or refuse to support minority populations." SFVS worker

"Lack of appropriate funding is the number one problem. If client has multiple needs such as AOD/mental health/ complex needs, it is hard to accommodate them due to lack of resources. Some clients refuse support as they cannot bring their pets to refuge and not able to send their children to school." SFVS worker

Limited funding was another theme, albeit less common than in SHS worker responses.

"As a local family violence service, we have only been informed two days ago of what Family Violence Crisis Brokerage we have available for this year. Our allocation is a third of last year's and at the rate we have we only have $2000 per month to provide a crisis response to women/children at serious risk needing immediate protection. We also cannot access homelessness spaces due to lack of funding in that area. Local spaces in motels are also usually all booked out, so any families need to go out of region to the first available room." SFVS worker

Overall, the SHS and SFVS respondents' answers demonstrate that availability of accommodation, suitability of accommodation, and funding to purchase accommodation are significant barriers to housing consumers experiencing homelessness and family violence. When a consumer might have an added layer of complexity—such as pets, AOD usage issues, or a large family—or when consumers or services are part of under-served and marginalised populations—LGBTIQA+ people; people with uncertain visa status; and people living in regional or rural areas—providing efficient access to appropriate accommodation becomes even more challenging.

Understanding cross-sector referrals: why, when and how does SHS/SFVS refer consumers into SFVS/SHS?

Referring between sectors

As a foundation for our effort to understand why consumers are being referred back and forth between the SHS and SFVS without getting the crisis/emergency accommodation they need, we asked about the proportion referred out, and the reasons for that initial referral.
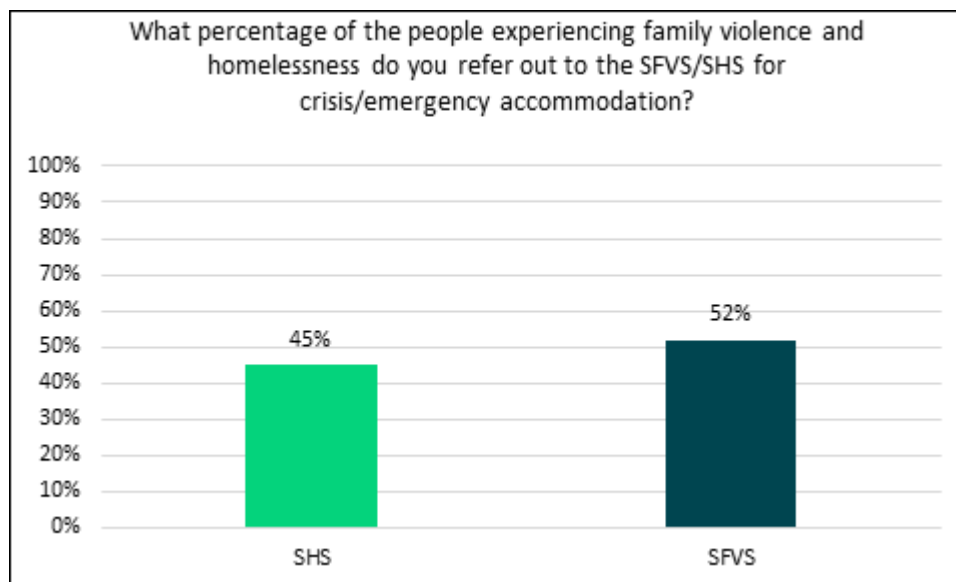
SHS and SFVS workers were asked to reflect on the percentage of people experiencing homelessness and family violence that they refer out for crisis/emergency accommodation; these percentages are averaged (SHS n=49 and SFVS n=32).

Referring consumers out is not an inherently negative sign. Each service system plays a specific role. If a consumer visits the 'wrong' service system they should be given a warm referral into the correct service system and, ideally, agency. However, in the context of the findings above that funding concerns rather than client-need is often a primary reason behind a referral, it may be that existing referral rates are too high.

Referring from SHS into SFVS

What are the reasons you [in the SHS] refer people experiencing family violence and homelessness to family violence services for accommodation?

Responses:

1. Family violence services have access to more appropriate accommodation i.e. women's refuges.
2. Family violence services have access to more accommodation via women's refuges.
3. The family violence sector has access to more appropriate services and supports i.e. case management.
4. The family violence sector has more funding to purchase accommodation.
5. Other (please specify).

In respondents' comments, An emerging theme was that the SFVS is better suited to respond to and support consumers experiencing family violence, especially for consumers with a high level of risk or in need of more secure accommodation—such as a refuge—than the SHS can provide.

> "The person is in immediate danger and needs a specialised family violence worker." SHS worker

> "It's their role, if they support this client [with family violence] then we can support another who doesn't experience family violence or have access to resources of [the SFVS] system." SHS worker

Across some responses, however, was the presumption that the family violence sector has more resourcing than the homelessness sector.

"[SFVS is] able to apply for more funding for the clients' recovery needs."
SHS worker

"Because they have come to their end of stay at our crisis [accommodation] and we are exploring every option to avoid rough sleeping." *SHS worker*

The most common reasons for SHS referrals into SFVS are when family violence is identified at a certain risk threshold and as the primary need. Some responses suggest, however, that SHS workers view the presence of family violence as entirely the domain of the SFVS.

Referring consumers from SFVS to SHS

What are the reasons you [in the SFVS] refer people experiencing family violence and homelessness to homelessness/housing services for accommodation?

Responses:

1. SHS have access to more housing
2. Other (please specify)
3. SHS have access to more funding to purchase accommodation
4. Inappropriate initial referral
5. None of the above

In further comments, many responses identified that the family violence sector can/will only help when family violence meets a specific threshold of immediacy and risk.

"When the initial risk has been mitigated and they no longer reach the threshold for a family violence crisis response." *SFVS worker*

"Most clients are not eligible for emergency accommodation through The Orange Door due to criteria requiring that they need to be at immediate risk." *SFVS worker*

Some responses identified that the SHS is better placed to support some consumers.

"SHS have further funding; my service needs to focus on family violence." SFVS worker

"Family violence support can be provided, but not a housing response." SFVS worker

"Family violence sector can't support housing, therefore they need to present to a housing entry point." SFVS worker

Other respondents identified that clients who are exiting emergency accommodation or refuges may be referred into the SHS because of the lack of long-term housing options across the state.

"The lack of exit options—our funding cannot sustain ongoing motel/emergency accommodation costs." SFVS worker

"If a consumer needs to be exited from a refuge in an unplanned manner, there may not be enough funding for them to be able to access another refuge." SFVS worker.

The broad themes of these cross-sector referrals are similar to the barriers: lack of suitable accommodation; lack of funding; and inappropriate initial service entry point.

Analysis

Referring consumers from SHS/SFVS to SFVS/SHS is not in and of itself problematic. SHS and SFVS each offer specific services, and referring consumers to the most appropriate service is an inherent part of this work. The challenge comes when consumers fall into the service system gaps: when family violence is not recent enough or not 'severe' enough to warrant a family violence responses—or when a consumer does not want family violence case management—and a consumer is either not considered homeless or has a layer of complexity, such as multiple children, pets, temporary residency or visa issues, and cannot be housed in available crisis/emergency accommodation. It is the bouncing between services—where a consumer visits

multiple services multiple times without receiving an adequate or long-term solution—that is of significant concern.

Bounce-back: Consumers returning to original service without receiving crisis/emergency accommodation in line with their needs

Next, we sought to understand the proportion of, and the reasons consumers return to the service they originally visited after being referred out. This was a phenomenon we were aware of through anecdotal evidence from SHS and SFVS; this data represents the first time we have been able to provide evidence of the phenomenon. While we cannot assert that this survey is universally representative due to its opt-in nature, this information does provide a sound overview of repeat consumers.
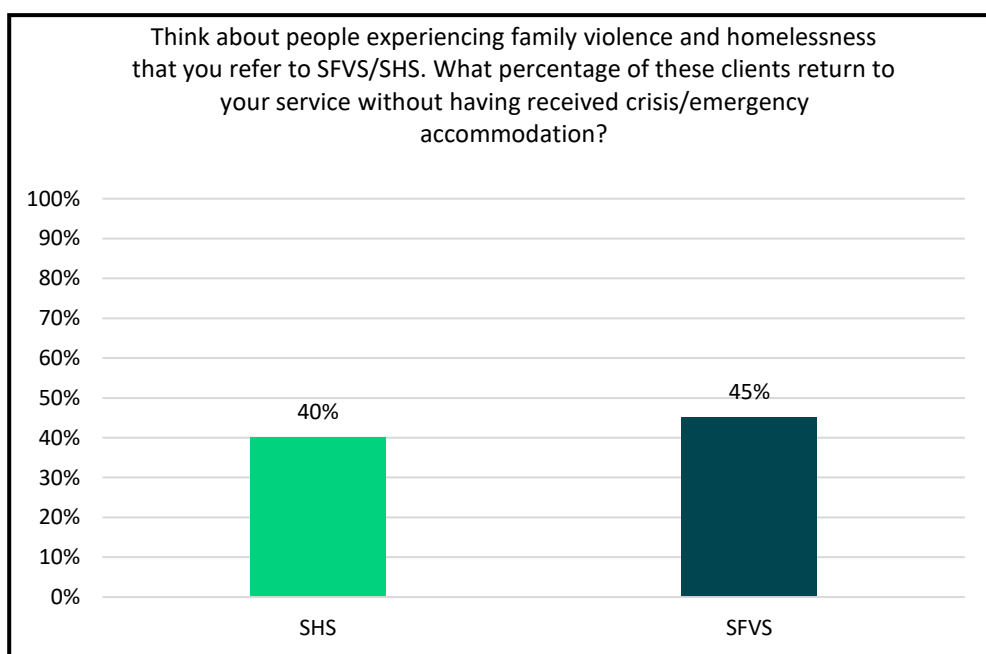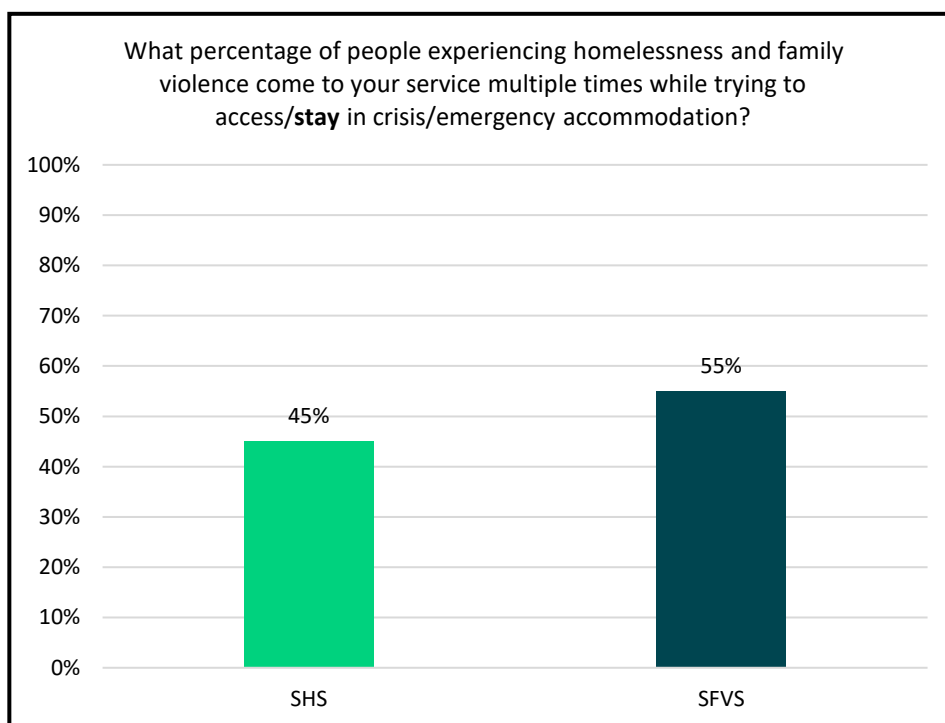

SHS and SFVS workers were asked to reflect on the proportion of consumers they refer out to the other sector (i.e. SHS referring a consumer to SFVS and SFVS referring a consumer to SHS) who ultimately return to their service without having received an adequate accommodation response (SHS n=43 and SFVS n=29); these percentages have been averaged.

This data demonstrates that, of the 45 – 52 per cent of all women, young people, and children experiencing homelessness and family violence who services refer out to the other sector, 40 – 45% of those referred consumers are then referred back to the service from which they initially sought support without receiving crisis accommodation.

That is: approximately 1 in 5 (18 – 23 per cent) of all women, young people, and children who come to the SHS or SFVS experiencing homelessness and family violence are bounced back and forth between sectors without receiving the crisis/emergency accommodation they need.

Even recognising the limitations of the survey methodology, if anything like this percentage of clients who receive referrals are returning to the service they initially sought support from, this is a significant concern. Consumers report that being multiply referred and not receiving the assistance that they need is deeply traumatic, and creates significant distrust in services.

What percentage of people experiencing homelessness and family violence come to your service multiple times while trying to access/**stay** in crisis/emergency accommodation?
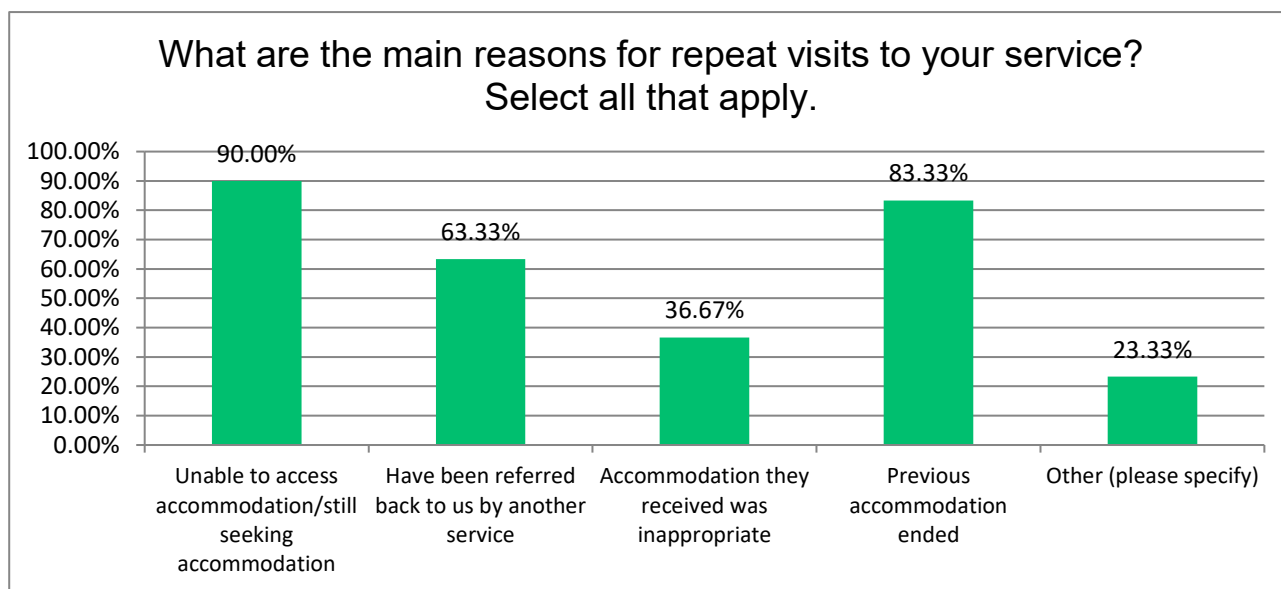
SHS and SFVS workers were asked the proportion of consumers who are experiencing family violence and homelessness who come to their service multiple times trying to access or stay in crisis/emergency accommodation (SHS n=40) and SFVS n=30); these percentages have been averaged.

Asking about attempts to *stay* in accommodation is a critical nuance. We know from this survey that less than half of the women, young people, and children who are experiencing homelessness and family violence access crisis/emergency accommodation within 72 hours of their initial entry into the service system. But we did not have data on the proportion of these consumers who receive accommodation for whom the allocated accommodation either lapses or is inappropriate, who then need to return to the service to seek further accommodation.

The graph above shows that 45-55 percent—more than half—of the women, young people, and children experiencing homelessness and family violence visit a single service multiple times trying to access and/or stay in crisis/emergency accommodation. This view of the service system demonstrates that crisis/emergency accommodation responses are not meeting the needs of people experiencing homelessness as a result of family violence.

As the responses below show, this is often due to the extremely short-term nature of crisis/emergency accommodation due to funding shortages; and the lack of suitable and safe accommodation.

What are the main reasons for repeat visits to your service? Select all that apply.

SHS and SFVS workers were asked about the main reasons for repeat visits. Responses are not disaggregated by sector (n=70, 79 skipped).

This suggests that the drivers of repeat visits are interconnected: 90 per cent of workers identified that consumers are returning without having accessed accommodation; 83 per cent identified that consumers return because their previous accommodation has ended; nearly two-thirds because another service has re-referred a consumer back into the initial service they visited; and more than one-third of respondents identified that repeat visits are driven by inappropriate accommodation.

The below sections disentangle these results by sector.

Returning consumers: SHS perspectives

What are the main reasons for these clients being referred back to you [SHS]?

Responses:

1. SFVS unable to find a space in refuge or crisis/emergency accommodation.
2. SFVS determined that the client was not in need of a family violence response.
3. SFVS had no funding left to purchase accommodation.
4. Allocated accommodation ended.
5. Other (please describe).

The text-box responses from the SHS identified that some consumers return after they are assessed as not requiring family violence case management due to not meeting the risk or immediacy criteria.

> "One of the biggest barriers to accessing services in the family violence sector is due to high threshold needed to be eligible—often waiting for risks to escalate before crisis support can be accessed." SHS worker

Respondents also identified lack of suitable and available accommodation as the primary reasons for consumers being referred back to them. The responses below suggest that in some instances, clients experiencing family violence have been referred out of SHS agencies, despite having readily apparent homelessness support needs.

"Short-term accommodation isn't the answer." SHS worker

"Referred back for social housing or transitional housing accommodation when there are advertised vacancies." SHS worker

Returning consumers: SFVS perspectives

What are the main reasons for these clients being referred back to you [SFVS]?

Responses:

1. Allocated accommodation has ended.
2. SHS had no funding left to purchase accommodation.
3. SHS unable to find a space in crisis/emergency accommodation.
4. Other (please describe).

SFVS workers identified that the very short-term nature of crisis and emergency accommodation provided by the SHS drives consumers to return to SFVS.

"SHS accommodation is so brief. One to five nights is not enough time for people to secure something else." SFVS worker

SFVS workers reflected that SHS funding does not enable consumers to stay in crisis/emergency housing for long-enough to make a meaningful difference in their housing situation.

"Many of the people contacting us have previously accessed emergency accommodation (i.e. motels) and either exhausted funding access or do not feel safe to stay in the crisis accommodation offered." SFVS worker

This idea of unsuitable accommodation was identified in multiple ways. For SFVS workers, consumers were returning because the proffered option was unsafe, unsuitable, or otherwise unacceptable. This is not a reflection of the pickiness of consumers, but a reflection on the suitability of available crisis and emergency accommodation failing to meet consumers' needs and expectations.

> "The main problem is not with *finding* a crisis accommodation placement, but rather the quality and suitability of these rooms/places—especially for children." SFVS worker

Crisis/emergency accommodation being characterised as isolating was an unexpected driver of victim survivors leaving accommodation.

> "Crisis/emergency accommodation is not an effective solution for a lot of people. Many people feel scared and more alone by being isolated in emergency accommodation after a big incident, and this causes them to go home." SFVS worker

> "Instability of motel placements and motels not being suitable for long stays, stays with children, women with any additional needs, motels exacerbate mental health issues—not having what you need, not being comfortable, being isolated, bored and knowing it's only for a few days is a huge contributor to people simply returning home/ being coerced to return home." SFVS worker

The SHS, SFVS and MARAM

The Multi-Agency Risk Assessment and Management (MARAM) Framework enables services to share consumer information regarding risk across sectors. Both the SHS and SFVS are included in the MARAM framework: SHS services are largely Tier 1 or Tier 2, meaning they are required to undertake an initial and intermediate MARAM but not comprehensive assessment, while SFVS services are Tier 1 organisations and required to undertake comprehensive assessments.

We asked respondents what proportion of referrals into and out of their services have a MARAM attached.
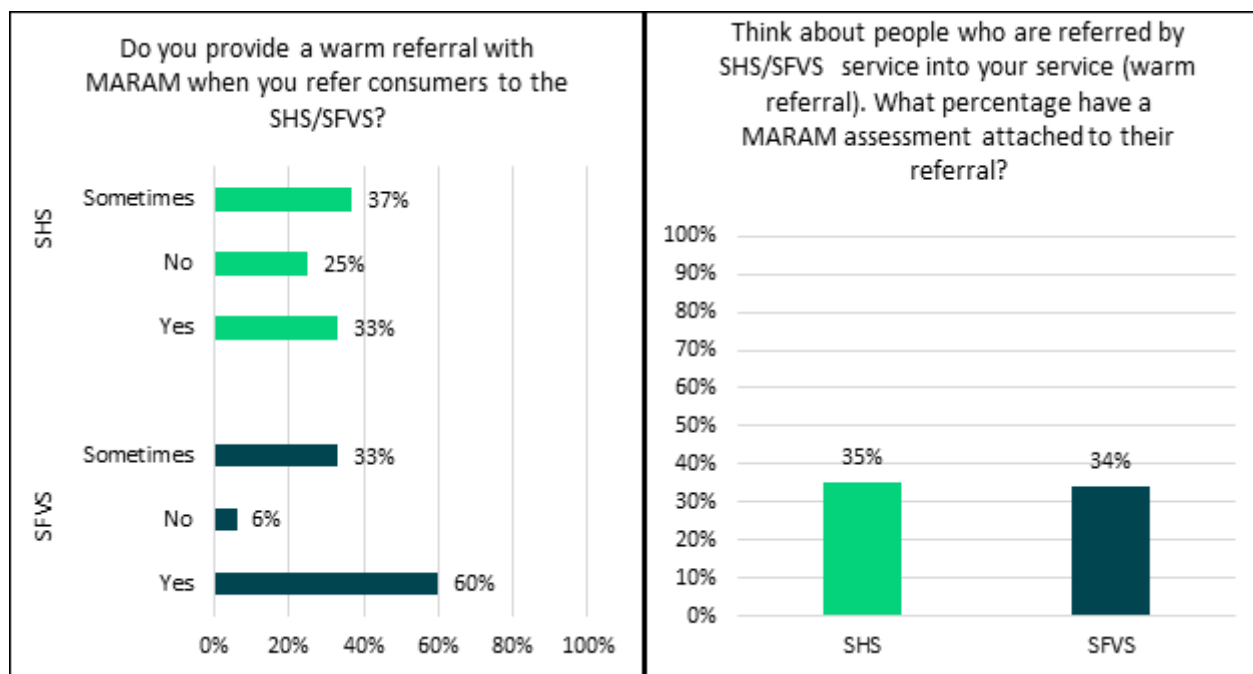
This suggests that consumers are regularly being referred via a warm referral without a MARAM assessment. While this may be due to the characteristics of the consumer's case, it means that the service they arrive at will need to undertake a new MARAM assessment. It also means that, while both SFVS and SHS services are mandated to provide a MARAM assessment, in practice it is not done consistently, requiring the victim survivor to retell their story, and provide information previously given. While not captured specifically in the survey results, focus group discussions pointed to overwhelming demand being a common reason a MARAM may not be completed, as practitioners could not complete work as well as they would like.

Conclusion

Our Service System Pathway Mapping demonstrates that:

- roughly half of all women, young people, and children who visit the SHS or SFVS experiencing family violence and homelessness have to visit multiple times in the attempt to access or stay in crisis/emergency accommodation; and
- roughly 1 in 5 are referred out to the other sector to receive crisis/accommodation and then referred back without receiving the needed outcome.

This often happens because the service they were referred out to has been unable to meet their needs, and/or because the crisis/emergency accommodation they were allocated has either ended, is unsuitable or unsafe, or the often extremely limited periods of accommodation did not meet their needs.

The root causes of these repeat visits are men's use of family violence; and the lack of long-term housing options.

If there were more long-term housing options for women, young people, and children—including for large families and people with temporary residency—the bottleneck that happens in crisis/emergency accommodation could be alleviated.

Victoria must also address the common expectation that women, young people, and children—people who have been victimised by family violence—will leave their family homes, often into homelessness, to leave family violence.

Not only is this putting the burden of responsibility on victim survivors, but it makes finding crisis/emergency accommodation challenging. The current crises of funding, availability, and suitability mean that women, young people, and children experiencing family violence and homelessness are roughly as likely to return multiple times to the service they originally visited as they are to not return. This puts an enormous strain on the limited financially and human resources of SHS and SFVS services: case workers and managers and intake workers are working with repeat and returning consumers on a regular basis, limiting their capacity to get new consumers—who are in immediate crisis—into crisis/emergency accommodation.

It is clear the SHS and SFVS workers are frustrated. Regardless of which service sector they go through, women, young people, and children experiencing homelessness and family violence are often unable to quickly access appropriate crisis/emergency accommodation for meaningful periods of time and, when they can, they may be unable or unwilling to stay in the allocated accommodation because it is unsuitable or unsafe. It is both the duration of crisis/emergency accommodation and the options available that are inadequate.

This is especially the case where consumers have multiple, intersecting needs, or where they are from a marginalised and/or under-served population. Responses from this survey demonstrate that LGBTIQA+ consumers, consumers in rural areas, consumers with problematic AOD use, consumers with children, and consumers with pets will all struggle to find crisis/emergency accommodation as well as longer term housing options.

Chapter 3
Stakeholder consultations
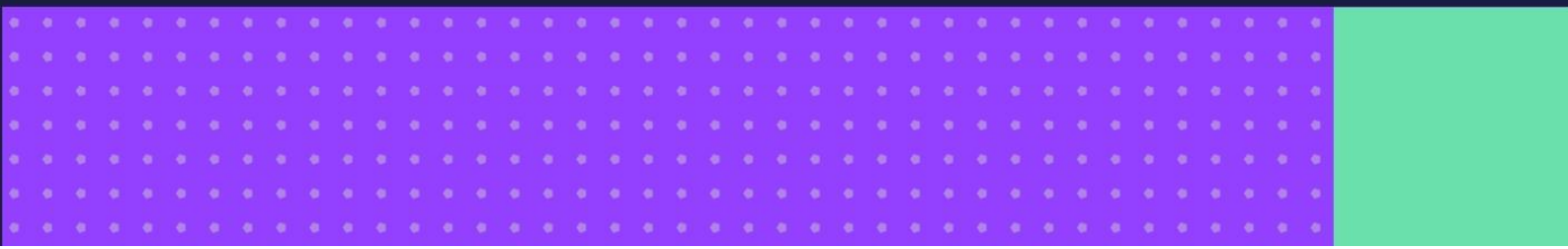
Chapter 3:
Stakeholder consultations

Between August and November 2024, we undertook seventeen consultations with Lived Experience Experts and workers from Specialist Homelessness Service (SHS) and Specialist Family Violence Services for victim survivors (SFVS). These consultations sought to understand the extent to which women, young people, and children experiencing homelessness and family violence are able to access crisis and emergency accommodation; barriers to access; and good and emerging practice.

Overall, consultations found that women, young people, and children experiencing homelessness and family violence routinely fall through the cracks and are feel disempowered by the SHS and SFVS systems.

CONSULTATION BREAKDOWN 2024

SHS	SFVS	Lived Experience Experts
Central Highlands in person	Safe Steps	Safe and Equal Survivor Advocates
Wimmera South West (Horsham)—in person	Family Violence Working Group (The Orange Door)	InTouch NOOR
Greater Bendigo—in person	Metro services	CHP PESP
Ovens Murray—in person	Regional services	
Gippsland--online	Statewide services	
Metro—in person	Service System Navigators (The Orange Door)	
Barwon—in person		
Wimmera South West (Warrnambool)—in person		

Background

All consultations were facilitated by CHP. Safe and Equal supported facilitation for some SHS consultations and all SFVS consultations except the consultation with Service System Navigators.

SHS and SFVS participants were asked to reflect on their respective ability to address housing needs for women, young people, and children experiencing homelessness and family violence. To that end, practitioners were asked to reflect on the following:

- their relationships with the SFVS/SHS (respectively);
- barriers to accommodation specific to their geographic area;
- examples of good practice; and
- practical measures to improve crisis and emergency accommodation access.

Lived Experience Experts were asked to reflect on:

- their experience engaging with the service system, including their point/s of entry;
- quality of service provided;
- level of satisfaction;
- challenges; and
- what a better or ideal response would have been.

All Lived Experience Expert consultations were recorded and transcribed with participants' permission.

All transcriptions and notes were analysed using inductive thematic analysis. This is a method for identifying, analysing, and reporting themes (or patterns) in qualitative data.[lxxi] Transcripts were reviewed in full, and early themes were identified. The broad categories of analysis for sector consultations were:

- 'challenges';
- 'enablers for better practice'; and
- 'solutions'.

For Lived Experience Expert consultations, the categories were:

- 'challenges';
- 'enablers for better responses'; and

Ten themes were identified across all consultations:

Persistent underinvestment in social housing means women, young people, and children experiencing homelessness and family violence have nowhere to go. This ultimately encourages and forces women to return to or stay in violent homes and relationships. **1**	Underinvestment in crisis and emergency accommodation means there is very little appropriate crisis and emergency accommodation available to purchase. This perpetuates Victoria's reliance on inappropriate and unsafe for-profit motels to provide emergency accommodation for women, young people, and children. **2**
Insufficient funding for homelessness and family violence services means people are falling through the cracks—especially young people. **3**	Consumers experience systemic violence when trying to access services **4**
Women, young people, and children are being ping-ponged back and forth between services without the support they need—poor information sharing between the SHS and SFVS perpetuates this challenge. **5**	Fundamental differences in the understanding of family violence risk between homelessness and family violence services is perpetuating the 'ping ponging' of women, young people, and children between service sectors. **6**
Services need to be more transparent and more accountable to the people who access them **7**	Children and young people need to be able to access services specifically designed to meet their needs. **8**
The homelessness and family violence systems force women, young people and children into homelessness while men who use violence can stay in the family home. **9**	The SHS is a catch-all, and that means people are not getting the services they need. **10**

We explore these themes below. Each section includes direct quotes from consultation participants. Where necessary, these quotes have been edited for clarity and to preserve anonymity.

1. Nowhere to go:
The lack of long-term housing perpetuates the cycle of family violence

> "It's quite dangerous when we think about women leaving—and all the encouragement there is for women to leave—when the reality is that there is often nowhere for them to go." SFVS Regional

Increasing community awareness about family violence has given many women the tools they need to recognise their experiences as violence. More people are aware of the acts and patterns of behaviour that constitute family violence. More people than ever are aware of—and making use of—the support services that ostensibly exist to enable women, young people, and children to leave family violence.

Unfortunately, this activism and community awareness is undermined by the lack of long-term housing. Decades of underinvestment in social housing have real consequences for women, young people, and children experiencing family violence and homelessness. The single biggest issue facing this cohort of extremely marginalised people is the lack of housing. SHS and SFVS workers were clear that the lack of housing is life-threatening.

> "The ad campaigns are great to educate people about family violence and what they're going through—we just don't have the resources to support them if they leave." SHS Regional

> "If you try to leave, you're not only at risk of being murdered and experiencing abuse from your partner, you're at risk of homelessness. You're at risk of losing your mental health, your physical health, your home, your children." Lived Experience Expert

As these quotes show, the lack of long-term housing access factors in women's ability to leave violence.

"The lack of options mean people are so frequently unable to leave the violence or have to go back due to the lack of alternatives." SHS Metro

"If people come to IAP, and even if they are in emergency accommodation, there are no houses. There are no housing pathways. People are bouncing backwards and forwards, and this creates a lot of stress for them." Family Violence Working Group, TOD

Practitioners reflected that the current housing crisis, specifically low vacancy rates and a dearth of affordable private rental properties are making the lack of accommodation more acute.

"Before The Orange Door, there was a lot less of that [ping-ponging between services] happening, because everyone had a clearer idea of what to do with people. We were in a different time where there were more exit pathways. We didn't have the housing crisis, we had more options. But in the here and now? We're talking about the housing crisis, and the options aren't there for the exits." Family Violence Working Group, TOD

"Five years ago, we used to be able to house people, but now we can't. We don't have a property for them to go to. Often these families have had a full Personal Safety Initiative response, and then they have to return to their partner at some point." SHS Regional

Under-investment in long-term housing means women and their children are returning to violence

SHS and SFVS workers reflected that many people who have been forced into homelessness by men's family violence eventually return to that violence because they decide that is a better option than being homeless and being 'ping-ponged' around the system. This is an acute danger for women, young people, and children: evidence shows that men who use violence and abuse are more likely to escalate the severity of their violence if and when their partner attempts to leave. By failing to provide long-term accommodation pathways, the government is putting women in life-threatening situations.

"We do provide emergency accommodation, but because we don't have any long-term housing options, we do need to have an exit plan in place before we can provide emergency accommodation." SFVS Metro

"When placed in emergency accommodation in a hotel/motel, it's hard when we pick them up because we have no funding to continue their housing." SHS Regional

"When clients return to us for support, it's still because the housing service doesn't have housing available. The likelihood of them returning to the PUV because of a lack of housing is really high." SFVS Metro

Lived Experience Experts shared stories of how the lack of long-term housing impacted their experience of homelessness—and engaging with services—in the wake of family violence.

"The only thing that [the service] was telling me was that there's crisis services, they'll get you for six weeks. And I'm like, what happens after that six weeks? I'm still homeless…. I'm still gonna be living in my car." Lived Experience Expert

"You can have 50,000 workers that are essentially providing that space and giving folks the time and capacity to unpack their stories and be able to hold space for someone. But essentially, it's just providing refuge for a few moments. When you leave that appointment, there's still no housing." Lived Experience Expert

Receiving a few nights of crisis accommodation can be a critical break in the pattern of violence and abuse. But without anywhere to go long-term, so many women, young people, and children experiencing homelessness and family violence are forced to return to the people who hurt them. When victim survivors leave a violent relationship, risk of serious harm or death increases.[lxxii] Providing a short period of crisis accommodation, with no long-term options, increases the risk of harm if the victim survivor/s return to the relationship due to lack of a viable alternative.

Findings

Under-investment in social housing is forcing women, young people, and children to stay in or return to violent partners, and increasing their risk of serious harm or death. Lived Experience Experts spoke about the trauma of being unable to access stable, safe housing while trying to save their own lives. SHS and SFVS workers are at a loss: there is simply nowhere for their clients to go after crisis and emergency accommodation has been exhausted. Without significant and immediate investments in social housing, attempts to improve crisis and emergency accommodation will be piecemeal.

2. Motels are not fit for purpose:
The challenge of Victorian emergency accommodation

The lack of long-term housing means people are staying in crisis and emergency accommodation for longer periods of time. This, in turn, makes it impossible to move people through the system. SFVS and SHS practitioners and Lived Experience Experts all spoke of the limited and inappropriate accommodation for women, young people, and children forced into homelessness through family violence.

> "It's an ethical issue as a practitioner. If you're pointing people in the direction of a [SHS] service that you know can't actually assist, it's really difficult. And people often get put into rooming houses or things like that, which are, you know, extremely unsafe." SFVS Regional

> "Particularly if there is family violence, the lack of options for clients to access immediate safe housing when homeless, and are provided with 'sleeping in your car is safe' or 'here is a tent.'" SFVS Regional

For one Lived Experience Expert, who had worked in the SHS prior to experiencing family violence that forced her into homelessness, avoiding the SHS and inadequacy of housing response was an active choice:

"I would like to actually acknowledge that the homelessness entry point was something that I avoided. When the police recommended I access alternate accommodation, having worked in the [SHS] sector, I just knew the response … was perhaps going to exacerbate trauma for me and my sons. I know that I didn't want a substandard response of hotel/motel accommodation that was out of area." Lived Experience Expert

This concern—that SHS is unable to provide appropriate crisis/emergency accommodation—was widespread.

"There's a lack of safety in crisis/emergency accommodation for children and families escaping family violence." Regional SHS

"Women are sent to motels, hotels, only for a couple of nights. Then they're told to return [to the PUV]. And we're asked, 'What are you doing with your funding, and can you self-fund for the next week?' and you know, there are cockroaches all through the place, you're there alongside offenders that have just been released. I think that is just not an appropriate response for anyone going through that kind of trauma." Lived Experience Expert

SHS and SFVS practitioners repeatedly expressed that crisis and emergency accommodation options—particularly motels, hotels, and rooming houses—are not fit for purpose.

"My main concern is that the crisis/emergency accommodation response is really inappropriate." SFVS Metro

The impact of this inappropriate accommodation was reflected by practitioners.

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> "We do get clients who go into a panic when they arrive [at motels] because those places are not safe. The same IAP service who is holding the victim survivor might be holding the PUV. A lot of women have complained that [motels] have a lot of drug addicts, people with acute mental health conditions, and are not safe for their children." SFVS

> "We see women returning because emergency accommodation is so inappropriate. They'd rather go back to the violence than be in the accommodation we can put them in ... if you're a Mum, and you've got three kids under three years old in a dodgy hotel room away from your support networks—you'll choose to go back." Family Violence Working Group TOD

The lack of purpose-built, quality crisis and emergency accommodation means that victim survivors are being accommodated in sub-standard accommodation, which leads to some victim survivors returning to the men who hurt them. Practitioners and Lived Experience Experts reflected that this is an issue of 'the devil you know': women are 'choosing' to return to their violent partner because they know what to expect and believe that they can manage their partner's violence in a way that gives them some level of stability—whereas the instability and uncertainty of crisis and emergency accommodation is impossible to manage.

> "Women have to make the choice between one violent man at home and 100 violent men [in homelessness]." SHS Regional

Inappropriate crisis and emergency accommodation is a significant problem, especially for young people

Incidences of homelessness and incidences and severity of family violence are increasing in Victoria, including for young Victorians. The lack of appropriate crisis and emergency accommodation for young people and children who are experiencing family violence and homelessness came up across consultations. In addition, the lived experience consultants reported that the accommodation programs that are available for young people usually require that young person to be actively engaged in study or work. They reported that this is not always possible or realistic for young people impacted by family violence.

"Young people are not being prioritised for crisis accommodation because they're in that 15-to-18-year age bracket. A 3 or a 4-year-old cannot protect themselves, so 15- to 18-year-olds are down the ladder of importance for accommodation." SHS Regional

"[Other] services have no way of supporting young people… and Youth Services are unable to put young people into a motel or hotel. I wanted to flag that there is a concern about the lack of safe places for young people." SFVS—Statewide

Practitioners spoke about the challenge of finding appropriate accommodation for young people. There are two primary challenges: motels, hotels, and caravan parks are often inaccessible for people under 18 because they will not accept bookings for minors, and, even where bookings can be made, these types of unsupported and unsupervised accommodation are inappropriate and unsafe for young people.

"For 15–18-year-olds, when refuges are full and they can't be put into a motel…then what?" SHS Regional

"Young people in particular will return to family violence situations to stop being homeless." SHS Regional

The lack of appropriate crisis and emergency accommodation is a problem for everyone, but particularly for young people. Young people have fewer resources than their older counterparts, and practitioners feel that their age makes them ineligible—in practice—for priority responses.

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Findings

Motels and hotels are not fit-for-purpose as emergency accommodation. Women, young people, and children are unable to access suitable crisis and emergency accommodation in large part because of a shortage of long-term social housing. Services are unable to provide appropriate crisis and emergency accommodation. Significant investment in high-quality supported crisis accommodation, including refuges, is necessary. The inability to provide appropriate, safe accommodation is a barrier to recovery.

3. Insufficient funding for SHS and SFVS means people are falling through the cracks

Demand for homelessness and family violence services exceeds our sectors' current capacity. Changes in funding arrangements, decades of underinvestment in social housing, and consistently high levels of demand mean that services are in crisis.

Funding for women, young people, and children experiencing family violence and homelessness is a point of contention. SHS practitioners feel that funding between sectors is inequitable and that existing funding arrangements are insufficient. The quotes below demonstrate the depth of that feeling, but may not reflect the reality of funding arrangements.

> "A lot of homeless brokerage goes into funding family violence accommodation. It's always been the case, irrespective of TOD." Regional SHS

> "There are massive misconceptions that family violence services have large buckets of funding, and vice versa." Regional SHS

"The Orange Door isn't doing what it was supposed to do. So, The Orange Door has removed homelessness funding, but homelessness services are still having to do the same work." Regional SHS

The lack of transparency regarding funding—amount available per consumer, overall funding packages, and eligibility for different funding streams—is a point of frustration for both sectors.

For specialist statewide services including multicultural and LGBTIQA+ services, the expectation that they will provide a first line response to these consumer cohorts—rather than mainstream services with better resources—is a burden on their limited funding.

"We often get clients who have been referred to specialised services, whether it's multicultural services or community controlled organisations…. They've been told they can only access services, you know, as an Indigenous person who also identifies as queer, for example; they've only been offered Indigenous specific services or queer specific services, and haven't necessarily been given the option of utilising the funding in mainstream services, which sometimes have faster vacancies." SFVS Statewide Service

Current funding levels mean that SHS and SFVS cannot meet demand.

"We tell clients that we can link them in with homelessness services so that they understand the choices and options available. And we can be really transparent and say it's highly unlikely they [SHS] will be able to fund anything for you, because they just don't have funding available." SFVS Metro

"[The SHS] is always working at a deficit. There's just never enough money. There's just never enough housing." SFVS Statewide

"I'm very aware that IAP cannot keep up with demand. They don't have the funding, the brokerage to be able to do that. Whereas TOD does have a lot more brokerage to support people." Family Violence TOD Working Group

It is clear that funding cuts and shortages mean consumers are getting an inadequate response.

The lack of funding to purchase crisis and emergency accommodation is a major contributor to consumers 'ping ponging' between services.

"Wait list times for homelessness IAP consultations result in consumers coming back to The Orange Door for emergency accommodation." SFVS Regional

"Say you have a client present at a service, and they do a history check and see she's been referred to us previously. We don't reopen that client because she's moved out of area, her [family violence] risk has been managed…it's a homelessness response. But if you're asking, 'how long after she's been referred to a homelessness service does the client present at another service looking for support?' We get that quite a lot because our clients know if they call us, we've said we can't fund any more emergency accommodation. So they know not to call us, and they go to another service because they have a need, and it isn't being met." SFVS Metro

Consumers are visiting services multiple times, trying to get the response they need. As the above quotes show, SHS and SFVS practitioners have identified that funding is a driving force behind consumers being referred between services.

"We're just letting the government get away with us trying to resource and create new systems to make their lack of funding work. We're telling clients to 'go there' instead of just addressing the issue—and I think we shouldn't be telling clients to go somewhere else when the service they present at can theoretically offer what they need. But we need more funding for services to be able to do that." SFVS Metro

Practitioners are clear: services do not have the funding they need to meet demand, nor do they have the

funding they need to provide high quality responses to family violence and homelessness. Several practitioners flagged that this was further exacerbated by the 2024-25 changes to Flexible Support Package (FSP) funding.

Cuts to family violence funding impacts everyone

"We had a 30% cut to FSP in our region." SHS regional (FV worker)

"There's a misconception about the amount of brokerage family violence workers have access to. The average family violence package has been reduced by 70% in our region—it's only $3,000 maximum per person. Last year we got $50,000 and this year we got $14,000." SFVS Regional

This has a real impact on the extent to which women, young people, and children experiencing family violence and homelessness can access crisis and emergency accommodation.

"Within the first few days of the month, we're told FSP is all used up." SHS Metro

One of the flow-on effects of reduced funding for FSP is that the SHS feels that The Orange Door and other parts of the SFVS are closing cases before consumers are stabilised.

"I guess some of the frustrations the SHS has expressed to us is that we're closing clients too soon." SFVS Metro

Funding cuts mean consumers cannot get the response they need and practitioners cannot provide the response they want to.

Findings

Funding for social services—including homelessness, family violence, alcohol and other drugs, and mental health—has failed to keep up with demand. While the SHS has not faced the same level of funding cuts as other sectors, the impact of inadequate funding is felt by all areas of the service sector. Funding packages and targets should be re-negotiated to align with longer-term funding packages based on demand. Far too many services are unable to give clients the continuity of care that they need to recover. This is contributing to clients bouncing between services, disengaging from services and, in too many cases, returning to their violent partners.

4. Consumers encounter structural violence when trying to access crisis and emergency accommodation.

Lived Experience Experts identified the experience of structural violence—feeling harmed by the social services that are ostensibly designed to support their well-being and recovery— as one of the most challenging parts of their engagement with SHS and SFVS services (and the broader service ecosystem).

> "When we say that we're still surviving family violence, it takes away from the systemic abuse that we experience…it's actually the structural violence that you have to deal with. Day in, day out. Continuously." Lived Experience Expert

Finding an entry point into the service system was itself a challenge.

"During my conversation with 1800 RESPECT, and I rang so many services, I just kept getting turned down. I just managed to put my own safety plan into place over like six months. I was told to go to the Sri Lankan community or the Indian community because I look Brown, but I'm actually Malaysian. I was very upset with the intake people, because whoever I spoke with, they didn't actually spend time getting to know me. What's actually happening here is intersectionality." Lived Experience Expert

Eligibility criteria feels like gatekeeping

Eligibility criteria were experienced as gatekeeping, especially for consumers who would have been classified as 'complex.' Feelings of being disempowered and prevented from accessing services was especially pronounced for Lived Experience Experts who would have been identified as 'complex.'

"A massive thing is eligibility criteria. No matter how you identify, it is weaponised against you. Disability? AOD? LGBTIQA+? No matter what you do or what you say or how you identify, you slip through the gaps." Lived Experience Expert

"The first service I contacted [after experiencing family violence and becoming homeless] told me that they couldn't help me because my perpetrator was female. So that was my first and only contact with a family violence related service. Because I figured if the one closest to where I lived wasn't going to help me, then nobody would." Lived Experience Expert

"I have a client I started working with a year ago, and I've done nothing for her. I've tried really hard, but she's in the same situation now as she was a year ago. She's new to Australia, English is not her first language, her partner has ruined her only rental history. Because she's currently in the house with the perpetrator, she's not assessed as eligible for IAP through housing because she's not technically housing insecure, even though she's in an unsafe situation with the perpetrator. Her family is too big for a lot of social housing. I've tried so many options. Housing isn't my area of expertise, and even people, if it is their area of expertise, they're saying it's

too much of a battle. Even if she were to become homeless, [SHS] couldn't afford crisis accommodation, because her family is too large. You get these clients who just fall into these gaps. You have to be the ideal client to fit within the eligibility for services, particularly with housing because it's so limited." SFVS Metro

Knowing about the burden of paperwork and self-advocacy required to be granted access to services felt like a further infliction of structural violence.

"When you go into a front door, you are retelling your story over and over again. And with family violence, it's compounding. At the same time I was navigating service systems, I was also navigating legal systems as well. And, you know, trying to transition with the grief and the family fallout and being a single mum as well too. And there's just so much paperwork that you forget the human." Lived Experience Expert

"If I then went into a service and felt this hierarchy of power and control and someone trying to dictate things to me, it almost felt like I was being re-abused and so that really deterred me from engaging with services and made me feel fearful and made me feel unsafe." Lived Experience Expert

Responses that Lived Experience Experts received often failed to respond to their whole experience. This was especially the case for two women living with disability.

"I hung in the private sector for as long as possible, trying to present as having a good application…but, in reality, I wasn't, because I had a child with a disability…and I developed my own serious illness. So, when I eventually had to go to social housing, I spoke to a worker on the phone who said 'Oh you're disabled? You'll have to take your own equipment [to your accommodation].' And I said I don't have a car. I have a mobility scooter; I need an over-the-toilet seat and a shower with a handle if it's going to be more than a few days. And I was told 'you'll have to put all of that on your mobility scooter or find someone to take it all to the caravan

park.' And then she said she could only provide one funded night. I nearly choked." Lived Experience Expert

It is clear that the service engagement was not just disempowering, but was harmful for some Lived Experience Experts. The characterisation of power and control exerted by a service over a consumer as being 're-abused' is particularly poignant.

Service responses can feel like violence

For one Lived Experience Expert, the responses she got from services felt judgemental and traumatic.

"I was not able to actually sustain the pregnancy I was experiencing, and I ended up terminating, which was my choice. But the people that I spoke to, the sector, the response was actually grotesque and disgusting. I felt like my dignity and safety was just like stripped away because there were people from [a service] who told me that I should keep the pregnancy safe. And you know, that I will receive support from the government. I just felt that all the unsolicited advice was actually counterproductive, because I had to do so much on my own. And what is the point of these people, right?" Lived Experience Expert

Some Lived Experience Experts spoke about the way intersectionality is poorly managed by the SHS and SFVS.

"They made a mistake during my VHR application because I need accessible housing. I've told them I can't actually live in places with stairs, and I need to be on the ground level. I moved in in 2022, and until now my emails have gone un-replied. Nobody from housing wants to talk to me. Housing should be person centred, not just clumping people and putting them wherever. It's just very inhumane, the way the system works." Lived Experience Expert

It is clear that consumers experience the SHS and SFVS systems as perpetuating harm. Being turned away or rejected because of eligibility criteria, unpredictability of responses and workers, and being expected to re-tell traumatic stories mean consumers are experiencing the systems as structural violence.

As one Lived Experience Expert characterised it, the system is simply not working in a way that supports recovery:

> "Where's the recovery-focused language and the thinking that trauma has caused many issues? There are issues we've experienced before homelessness that got us into homelessness—it was probably family violence that even got us into homelessness." Lived Experience Expert

All of the Lived Experience Experts consulted in this project had experience of homelessness driven by family violence. They were unanimous that the SHS and SFVS systems do not work well together. Experts often felt their needs as whole people—a survivor of violence, living with disability, mother to young children, immigrant, previously incarcerated, queer—were ignored or received piece-meal responses.

Findings

Lived Experience Experts experienced and continue to experience the SHS and SFVS as structural violence. Finding the right entry point, facing rejection, re-telling their stories, being 'too complex' for services and the unpredictability of workers are re-traumatising. For Lived Experience Experts, SHS and SFVS responses can cause harm even as they try to meet a demonstrated need.

Practice needs to improve, and services must be trauma-informed. Person-centred practice must be funded. CHP's Person-Centred Practice Guide is an important, practical tool for the SHS. This guide is well-socialised, yet unprecedented levels of demand and inadequate housing and funding mean person-centred practice—including compassionate and trauma informed responses—can be challenging to implement. As this report has shown, practitioners want to provide good responses, and consumers want to be treated with dignity, respect, and care.

Victoria's lack of social housing and funding shortages for the homelessness and family violence sectors mean practice is falling short of the principles outlined in guidelines. Women, young people, and children experiencing homelessness and family violence deserve better.

5. Women, young people and children are being 'ping-ponged' back and forth without the support they need

When asked how they would characterise their relationship with the SHS, one SFVS practitioner said:

> "It's like table tennis." Service System Navigator

This was not said flippantly—but was a genuine expression of frustration and concern. SFVS and SHS practitioners are frustrated that consumers are forced to go between services in an attempt to get a good response. Lived Experience Experts echoed this feeling.

> "We were just cycling through workers at one point... It's like we're just a ball and they're kicking us around, you know?" Lived Experience Expert

> "Clients are getting service fatigue, getting bounced between services and repeating their stories over and over." Regional SHS

Across consultations, consumers being sent back and forth between services was a recurrent theme.

Poor information sharing and limited relationships between the SHS and SFVS are harming consumers

The need to repeatedly re-tell traumatic stories was identified by consumers as characteristic of the SHS and SFVS systems. This stands in stark contrast with one of the key aims of the introduction of the MARAM Framework and Information Sharing Scheme. This added to the trauma and exhaustion of trying to survive family violence while experiencing homelessness.

> "You're already trying to keep your head above water, and to have to go through different application processes and filling this form and filling that form and going to intakes and providing more evidence, it's just so exhausting." Lived Experience Expert

The need to repeatedly share the same information, either by telling their stories or filling out paperwork, was a recurrent theme. Some Lived Experience Experts identified that a lack of information sharing between services was driving women like them to be bounced between services.

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"It would have been better if the systems actually talk to each other. Now I know what that MARAM thing that multi agency risk is like. Is anybody really using it in a way that it's supposed to function? My question is, if you're really sharing it right, like the police, why is it that *we* need to know the language [of services]? The vocabulary they expect us to already have, to do the level of self-advocacy for us to be deemed worthy of support."
Lived Experience Expert

Poor information sharing was similarly discussed by the SHS and SFVS.

"It's the handball response. Not me, not my role." SFVS Metro

SHS and SFVS workers offered perspectives on why consumers are frustrated, and acknowledged the gaps in the service systems.

"So people get bounced back and forth and get really frustrated. Like, 'well, we don't know why you can't help us.' And we're like, 'we don't have enough staff to have a homelessness person at this access point, because there's no money." SFVS regional

"When we send someone [from SFVS] down to present for housing, sometimes as soon as [the SHS] hears the words family violence, they're kicked back to TOD and they're not seen at all at the SHS service." SFVS regional

Poor information sharing and poor relationships between SHS and SFVS means women, young people, and children experiencing homelessness and family violence are unable to access the lifesaving supports they need in a timely manner.

Scope, roles and responsibilities are poorly defined and poorly understood

Practitioners identified that the responsibilities regarding family violence and homelessness are 'blurry': poorly defined, confusing, and often dependent upon the relationship across service sectors. This blurriness

contributes to poor information sharing and understanding between services. SHS and SFVS have little awareness about the way the other sector and services operate.

The blurriness of responsibility contributes to consumers bouncing between service sectors.

> "The experience for clients is that because the line between who does what is blurred, the client is being bounced from one service to another. A lot of that has to do with IAP not knowing what TOD does, and TOD not knowing what IAP can do." Family Violence Working Group, TOD consult

SHS and SFVS workers identified that part of this confusion is due to the way systems were designed.

> "With rollout of TOD and the lack of attention to SHS, initially it was very difficult to support these clients. Before TOD, IAP would have [a consumer] come in, and we'd call LFVSS, and LFVSS would do immediate response." SHS Regional

> "From a TOD perspective, we are constantly educating TOD staff about what IAP can do and what they are able to do; we need to continually educate IAP about what TOD can do. We've got a monthly meeting with team leaders [in our region] to discuss those matters. A lot of it is the definition of what TOD supports and SHS supports, and that's a bit blurry." Family Violence Working Group, TOD

In part, this blurriness persists because practitioners feel they—as individuals and as part of a sector—do not have good relationships across sectors. This is a barrier to efficient referrals, a burden on staff time, and frustrates consumers and staff alike.

> "We really have to be pushy to get a response from TOD." SHS Regional

> "From a service point of view, there is a lot that the sector needs to do internally, and then inter-agency work to provide more effective service delivery. You speak to IAP and another and they are speaking different languages." Statewide SFVS

Inconsistent responses and high rates of staff turnover in both sectors were identified barriers to good practice. This is particularly challenging for establishing efficient referral processes.

> "We are trying to get that [a referral process] established with our local Orange Door, but it's hard to make contact with TOD because of staff turnover." SHS Regional

High staff turnover not only results in loss of expertise within an organisation, but is clearly exacerbating inconsistent information sharing and patchy relationships between the SHS and TOD. Staff and consumers alike are frustrated: referring consumers into a new sector when workers are not fully aware of the types of responses available in that sector is contributing to frustrating outcomes.

Findings

It is clear that women, young people, and children experiencing family violence and homelessness are being bounced between services. Lived Experience Experts identified that needing to repeatedly tell their stories and feeling like they have to do enormous amounts of self-advocacy are re-traumatising. Practitioners identified that low levels of awareness about the work of the other sector; poor information sharing stemming in part from a blurriness of responsibility between the service sectors; high staff turnover, especially in the TOD system, are significant barriers to improving practice.

6. Bouncing is partly caused by fundamental differences in perceptions of who is responsible for identifying, understanding and holding family violence risk

Part of the blurriness of responsibility regarding family violence and homelessness comes from fundamental differences in the way family violence risk is understood and managed.

Under MARAM, the SHS is responsible for undertaking brief and intermediate risk assessments while the SFVS is responsible for comprehensive risk assessments. Where identified as high risk, women, young people, and children presenting at SHS should be referred via warm referral to the closest TOD or LFVS with their MARAMs attached.

We heard, however, that SHS and SFVS services feel that there is a fundamental misunderstanding of their respective roles regarding homelessness and family violence. The SHS feels that they are being expected to hold and manage family violence risk that goes beyond the scope of their responsibilities while SFVS feels that as soon as SHS hears about family violence, regardless of whether it is present or historical, a referral is made to SFVS.

> "We're not a Tier 1 Service but our service carries the responsibility and risk without the rights. Basically, we're asked to be a Tier 1 when it suits." SHS Regional

> "There is a lot of pushback from particular homelessness agencies or staff or whatever. Perceiving that, oh, 'we're not a family violence service, we don't want to sit with any family violence risk.'" SFVS Regional

> "As SHS workers we are holding so much risk and it makes us very nervous. And then we need to put people in a motel without oversight of safety." SHS Regional

This difference in understanding is a significant driver of the bouncing between services.

"As soon as we mention family violence, it's sort of sent back from homelessness services. There are clients being referred into our SFVS program that don't meet the criteria for a crisis response--serious risk and requiring immediate protection, so her life is imminently at risk of serious physical harm or death. That's the criteria we have to meet as a family violence service to fund emergency accommodation in the crisis response program." SFVS Metro

"Women are presenting for homelessness, but the reason is family violence, so we refer them into TOD. TOD asks 'will you leave the property today because of danger?' and clients aren't saying 'yes' because they have nowhere to go, and then they are denied service because their risk level is too low. It feels like there is a real lack of understanding of family violence for clients to be told that." SHS Regional

The lack of clarity regarding which service sector bears primary responsibility for holding different types of family violence risk came up repeatedly. This is driving cross-referrals.

"Some clients are not eligible for crisis accommodation, and we say 'you're actually only needing a housing response' because they don't want to address the family violence or its historical. But they've only come to TOD because they've been directed here by the SHS. So we then have to send them straight back to housing because they're actually not wanting a family violence response." SFVS Regional

Multi-Agency Risk Assessment and Management (MARAM)

According to MARAMIS framework and legislation, SHS and SFVS services should share MARAM assessments as part of making warm referrals. We heard, however, that these assessments are not always attached to referrals, and that making referrals for women, young people, and children at the intersection of homelessness and family violence can be particularly frustrating. It is important to note that there is no universal definition of 'historical' versus 'recent' family violence.

It is also important to note that, for victim survivors, there is no clear distinction between current and historic risk. They feel that they need services and support because of the violence that they have experienced, and

that currently it is too difficult to navigate the system to access this. It is also very important to keep in mind that separation is a key point of increased risk, and that family violence risk does not end with separation. Particularly when the PUV and victim survivor have children together, the family violence can continue for years.

> "Clients are really frustrated because their risk doesn't fit the MARAM criteria because it might be historical, but to them it's really high risk." SHS Regional

> "One of the barriers to accommodation is alignment to MARAM for SHS. I manage family violence and homelessness at a health service, and something I see in our region is that clients aren't necessarily supported by crisis and intake support options in our TOD and are referred straight to homelessness programs." Family Violence Working Group, TOD

> "A major challenge is SHS not completing risk assessments or doing safety planning." SFVS Metro

Other practitioners noted that MARAM is insufficient for detecting intimate partner violence in early relationships between young people.

> "The Orange Door is lacking the youth lens on how intimate partner violence works for young people, and the relationship between experiencing intimate partner violence and historical child abuse." SHS Regional

> "The MARAM is inadequate for young people. Children's and adults questions are irrelevant, and do not accurately reflect risk profiles." SHS Metro

It is clear that the SHS and SFVS have different perceptions of their respective responsibilities in managing family violence risk, the categorisation of risk, and the capacity of the other service sector to accommodate consumers with different risk profiles.

Findings

Different understanding of and capacity and willingness to manage family violence risk is a significant sticking point between the SHS and SFVS. The SHS are not family violence experts, nor is the SFVS homelessness experts. Workers feel that they are being asked to work outside of their expertise and that the fundamental difference in understanding of risk profiles and eligibility is a hindrance to supporting consumers to get the service responses they need.

7. Lived Experience Experts want better transparency and accountability from services

Women who have experienced family violence and homelessness feel that there needs to be more transparency and accountability from services. This includes transparency on the service that will be provided, eligibility for types of funding, and the total funding package available.

> "During that crisis point there wasn't transparency. They didn't tell me properly what was the process and what the case manager would do. I was told someone would call me… and then they said, 'have you found a place to go?' So, I was like, what is actually happening? Because if it's possible, I want to go back to my apartment [that I own]. And do something to the perpetrator—is there no program or something to put the accountability on him? Why do I have to run and hide?" Lived Experience Expert

For some Lived Experience Experts, finding 'the right' service to access was an early and persistent barrier to safety and recovery.

"I was just calling all of these services because the [SFVS service] that claimed they could provide this wrap-around support didn't actually do that. The same with recovery support group and all that. I had to do a lot of reaching out to different services because no one service was able to actually provide what I needed." Lived Experience Expert

"I was spiralling. I didn't know what services existed. A social worker I got connected to months later explained everything. But [many services] weren't helpful." Lived Experience Expert

Overall, Lived Experience Experts felt that the lack of transparency was a major barrier to their recovery and engagement with services. Many Lived Experience Experts reflected that making decisions while in trauma was impossible. For some Lived Experience Experts, especially those from non-Australian backgrounds, their initial engagements with the service sector was characterised by confusion.

"A couple of times I was made out to be the abuser, which was really frustrating because I wasn't and I clearly was being, you know, abused. But I think one of the last times [the police] came out, they gave me a number to call, and said 'they will help you.' I had no idea what this number was for, and that created a lot of anxiety because I didn't know what it was." Lived Experience Expert

Lived Experience Experts clearly felt that their initial engagements with the service system were confusing and disempowering. This was more pronounced for Lived Experience Experts from immigrant backgrounds, and for women with children.

"I was on a temporary visa, and I had a small child and my mother visiting me from my home country on a tourist visa. I was doing my PhD and was told I needed to finish by X year because then my visa would run out, and if I didn't finish my PhD, I still needed to leave. The perpetrator would obviously say my daughter was Australian, so he would keep her and I'd never see her again. I went to [to the police with the help of my supervisor]. I didn't know that I would immediately become homeless. We went to answer questions and the police were like 'oh, yea, it's dangerous. We can

ask him to leave, but then it would be even more dangerous because he will come back and kill us all.' So, they said we need to go away. But I have nowhere to go, I have no friends, I have no family. My family is my mom, who is there with me. The police say 'You need to call Safe Steps, we can take you to refuge but not your mother because she is not on the restraining order' but the only reason she wasn't on the restraining order is because he was responsible for her visa, and we were too scared to put her on the restraining order…I was clinically depressed, having suicidal thoughts, and you want to leave me alone with my daughter?" Lived Experience Expert

One of the most frequently cited frustrations was feeling disempowered and penalized for trying access financial support programs.

"I got a Family Support Package, I wasn't told how much it was, and I wasn't told how much was available for my children. It was really hard. It's a really hard service to navigate." Lived Experience Expert

"Why was there no transparency in my FSP?" Lived Experience Expert

It was not just general transparency that was lacking, but multiple Lived Experience Experts spoke about the frustration of having invoices rejected when they felt that the price for services had already been agreed upon with the family violence service.

"You know, they said [FSP] is there to help with recovery, so the service will be like 'we want you to go and get an invoice for, say, 10 sessions.' So I'd say ok, we agreed on that. I'd go and get a quote for 10 sessions of something, I'd come back with the invoice and they'd say 'no, that's too expensive. Go back and get an invoice for half of that amount,' but we'd already agreed upon how much it would cost...it happened every single time I got an invoice…I'd go and get the invoice and they'd say 'no that's too expensive.'" Lived Experience Expert

"You know, they said [FSP] is there to help with recovery, so the service will be like 'we want you to go and get an invoice for, say, 10 sessions.' So I'd say ok, we agreed on that. I'd go and get a quote for 10 sessions of something, I'd come back with the invoice and they'd say 'no, that's too expensive. Go back and get an invoice for half of that amount,' but we'd already agreed upon how much it would cost...it happened every single time I got an invoice…I'd go and get the invoice and they'd say 'no that's too expensive.'" Lived Experience Expert

"When I moved in, the furniture was all broken and I was told that [the service] would help me move out of [my old place], and I would just need to provide the invoice. And I would be reimbursed with the Family Support Package. But when I actually gave them the invoices, they said 'no, we can't reimburse it. You should have given us the invoice before.' So there was just a lot of misinformation at that time, and a lot of out of pocket expense." Lived Experience Expert

While not all Lived Experience Experts were able to access FSP, all of those who did, spoke about the frustration of never feeling like they had all of the necessary information. This resulted in needing to get multiple invoices for different amounts, having to miss out on services that they would have liked, or having to bear the financial burden of a service.

The SHS and SFVS are overwhelmed. So too are the women, young people, and children who come to them in need of housing and family violence case management. The lack of easily accessible information and the confusion of entering into a service system while experiencing acute trauma mean that, for some Lived Experience Experts, they simply removed themselves from the service systems and found support elsewhere.

The ability of any given woman to survive men's family violence, find stable accommodation, and access the supports she needs to start on her recovery journey should be supported by the service systems—not blocked.

Findings

Women who have become homeless because of men's use of family violence are being harmed by the system. Not only have they been forced to leave their homes and communities, but the systems they enter—SHS, SFVS, and, for some, social housing—are confusing. The lack of transparency made Lived Experience Experts feel incredibly frustrated and scared. They lacked the information they needed to make informed choices about their and their children's recovery. The inconsistency of information and service provision added to this feeling of disempowerment.

8. Young people and children are not getting the responses they need

Lived Experience Experts repeatedly spoke about experiencing the service system both as victim survivors and as mothers. The first challenge that Lived Experience Experts spoke about was the fear of Child Protection.

> "I came under investigation by child protection because an L17 came through, and so CP [child protection] had to do that assessment. Asking me, are you going to return to your partner? Where are you living? Are the children in school? It was very confronting, the four times I was investigated, because I work in the sector, and I'm not the perpetrator. I've done nothing wrong. Yet you feel that you're the criminal at times." Lived Experience Expert

> "Not only are you in fear that these CPS could intervene and remove your children, but your perpetrator is also dragging you through family court to get custody of your children, using that system. That's actually why I avoided entry points, because not only is the paperwork so heavy, it's the mandatory reporting." Lived Experience Expert

For one Lived Experience Expert, getting a service system response while caring for four children was impossible.

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> "There were no obvious services that I could tap into at that stage. So I just couch-surfed with my four children and did the best I could. I made sure they were with me the whole time, and then that made it really very hard when I had to surrender my children to foster care. I'd heard somewhere that if I surrendered them, I wouldn't have to go through all the trouble trying to get them back." Lived Experience Expert

> "I had a brief conversation with The Orange Door, and I knew more than they did. So, I gave up on them and received some services for my child and I in the parenting domain from [service]. But not one organisation was able to provide us with housing." Lived Experience Expert

The decision to surrender her children was made in part to prevent the trauma of having them removed. Lived Experience Experts spoke about the impact of engaging with a service system that does not centre the needs of children.

> "Child placement in out of home care is literally the pipeline to prison or to homelessness. It's the pipeline to becoming a perpetrator or victim of family violence." Lived Experience Expert

> "Male perpetrators are creating a whole generation of walking wounded. My child is a case study. He's never finished school, he's never been employed, he's never volunteered. He lives a very isolated life. He's never been supported to feel safe. He thinks 'Mum should have protected me, or Mum didn't save me, it's all Mum's fault.' Children and young people in our society pay the highest price for family violence." Lived Experience Expert

This demonstrates that there is a high barrier to access for women with accompanying children. Victim survivors who chose to leave violence with their children are taking huge steps to save their own lives and the lives of their children. But instead of being celebrated—as one SFVS worker spoke about in an earlier section of this report—Lived Experience Experts felt they were faced with judgement.

Lived Experience Experts spoke about the ever-present threat of Child Protection as a deterrent from help-seeking.

> "We had no support whatsoever. We were looked at as unfavourable by any service at that stage, because we just looked like people that should not have had children in the first place." Lived Experience Expert

Getting an appropriate service response was another barrier to recovery. Lived Experience Experts noted that their accommodation did not cater to the needs or wellbeing of their children.

> "Me and my children really needed privacy and we needed contact with other people where we could just play." Lived Experience Expert

> "If we'd been put [somewhere] that had a children and youth refuge that would have worked for us. Because we would have been close enough for our medical appointments and some work opportunities so we could have maintained the semblance of a life that might be worth living once we were settled. A place that has a, you know, it's not a motel. It's a complex, it has units. It's got a children's playground. It's near public transport; it's got services that are in reach." Lived Experience Expert

It is clear that for mothers who have experienced homelessness as a result of family violence, the responses from the SHS and SFVS systems were inadequate to meet the needs of their children. Current responses—especially the reliance on motels—are unsuitable for children.

Findings

Women who have gone engaged with SHS and SFVS feel that their children did not receive the services or supports they needed to support long-term recovery. Rhetoric around children as victim survivors in their own right has not, according to Lived Experience Experts, been evident in practice. Children deserve age-appropriate specialist services to support their long-term recovery. Lived Experience Experts were clear that the consequences of poor responses can be devastating.

9. We should be keeping victim survivors safe in their homes and communities by removing the Person Using Violence

The failure to invest in perpetrator accountability measures and affordable housing for Persons Using Violence (PUV), so victim survivors can stay safely at home, is a key driver of victim survivors bouncing back and forth in the system.

In every consultation, SHS and SFVS practitioners were incensed that victim survivors are forced into homelessness because the men who hurt them are able to stay at home.

> "We need mandatory men's housing for men who've been removed. We need it now." Regional SHS

The lack of accountability for people who use violence—predominantly men—was a theme in every consultation. SHS and SFVS practitioners were furious and exhausted that women, young people, and children who have been victimised by family violence are expected to 'choose' homelessness to escape potentially life-threatening violence.

> "It's meant to be that the perpetrator is removed from the property so that the mum and kids can stay home. We've got some other systems that don't seem to understand that…I was at court last week where the magistrate said to the person using violence 'I could make you homeless. But I won't. And I trust the system will take care of your partner and children." SFVS Regional

> "The ethos used to be, get the man out, get the [person using violence] out, but now all I'm doing is getting women and children out." SFVS

> "Police bring the family down to homelessness services rather than the single man." SHS regional

Despite an increasing rhetorical focus on accountability for adults who choose to use violence, Victoria's systems have been slow to catch-up. While some programs to house men who use family violence do exist, the vast majority of men who use violence get to stay in the family home while women and children are forced to leave.

"If we have 10 EFT for women's services, we have .2 EFT for men's services." SHS regional

"So what are we doing as a sector to make sure women and children can remain as safe as possible in their current environment? We're spending an awful lot of money on emergency accommodation, not ideal for a family setting." SFVS

Practitioners were frustrated at the amount of money the SHS and SFVS are spending to collectively house women and children who have been victimised by men's violence, rather than housing men.

"It's cheaper to house a single man than a whole family." Regional SHS

"Ludicrous amounts of money being used for emergency housing for women, which doesn't achieve anything. It gives people a sense of safety maybe for a period of time. We need to be housing the PUV. That keeps women safe." SFVS

As pointed out by practitioners, housing a single man is not only cheaper but easier than women and children. As discussed earlier, emergency accommodation is often unsuitable at best for children and young people. Putting women, young people, and children who have been victimised by family violence into crisis and emergency accommodation—where there is little if any control over who else may be staying in the same accommodation, where security is low, and where support services are non-existent—is more expensive and more challenging than housing perpetrators in that same accommodation. A single room is cheaper than multiple rooms.

Practitioners made the connection between the challenge of keeping women and children safe in their homes while removing the perpetrator. Removing the person using violence and keeping women and children safe in their homes and communities requires a systemic response that is often challenging.

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> "We need to be housing the PUV. This keeps women and children safe. One of the reasons PUV gets back in [to the family home] is because they homeless, and the victim survivor has compassion. It sounds good in theory to keep women and children in the home, but we aren't doing it well as a system." SFVS

Despite this challenge, practitioners spoke about existing programs that do work to keep women and children safe in their homes and communities while removing perpetrators and supporting men on their change journeys. It was clear that there are better and evidence-based options that would save money while shifting the burden of responsibility onto perpetrators.

> "The way that [women and children] are able to be safe at the moment is accountability for the man using family violence. [I have some clients right now where] we have all of the services working really collaboratively, so we know where he's at…he's linked in with [service], so they're supporting him and making sure that he's really aware of what's going on. We're using the systems that we've got to keep [the family] safe and the PUV to account." Regional SFVS

> "We need to focus more on perpetrators. Access to therapeutic services to help healing." Regional SHS

> "We need to be housing the PUV. This keeps women and children safe. One of the reasons PUV gets back in [to the family home] is because they are homeless, and the victim survivor has compassion. It sounds good in theory to keep women and children in the home, but we aren't doing it well as a system." SFVS

Practitioners are frustrated. As demonstrated in this section, an enormous amount of energy and money is being spent on getting women and children away from men who use violence, rather than removing men from the violent situation that they have created.

Findings

Women, young people, and children experiencing family violence routinely face homelessness. Practitioners are extremely frustrated that the focus is on getting women, young people, and children into crisis and emergency accommodation rather than enabling them to stay safe in their homes and communities by removing the person using violence. Staff spoke about existing programs to remove the person using violence, the cost effectiveness of housing an individual man instead of a family, and the need for better systemic responses to keep victim survivors safe—without forcing them into homelessness.

10. We should be keeping victim survivors safe in their homes and communities by removing the Person Using Violence

SHS practitioners repeatedly spoke about the issue of an under-resourced social service system.

> "Homelessness is the safety net for people that fall through the cracks. A lot of the cases we see can be linked to mental health and [alcohol and other drug] issues that aren't being addressed. These people are so marginalised, and they come to us." Regional SHS provider

Throughout the sector consultations, we heard that the SHS is a safety net for people who fall through service system cracks. Homelessness is both a symptom of and contributor to complex and intersecting issues that deserve specialist attention: mental and physical health; family violence; and AOD are all common issues for people experiencing homelessness.

> "As a housing worker, you have to effectively be a social worker, because we have to help clients with all these intersections [AOD, mental health, family violence]. I have to remind myself I'm just a housing worker." Metro SHS provider

However, because finding a safe place to sleep is often the most immediate and pressing issue, consumers with complex and intersecting needs present at SHS rather than a specialist AOD, mental health, or family

violence service. Practitioners reflected that insufficient funding for mental health and AOD services along with increasing demand mean more people are presenting to homelessness with unmitigated and unsupported health, mental health, and AOD issues.

In consultations, practitioners raised that some clients distrust TOD and as a result are presenting at homelessness services instead of TOD. This distrust was cited as stemming from child and family services being co-located in TOD, which many clients equate to child protection. This means that some clients are afraid if they disclose violence to TOD, a report to child protection will be made. While not factually true, it can be understood why the perceived increase presence of child protection may undermine trust in TOD and result in some victim survivors choosing to seek support elsewhere.

> "SHS is more trusted than The Orange Door." Regional SHS provider

> "Clients presenting at health services are sometimes already connected to TOD but don't trust TOD and aren't being supported by TOD." Regional SHS provider

SHS providers spoke about the challenges of finding accommodation for women, young people, and children who are experiencing homelessness and family violence when the SHS is not a specialist family violence service. Increasing demand for services in combination with increasing complexity and severity of need means that SHS workers are trying to address a wide range of challenging issues as part of case management. SHS workers are feeling the pressure to provide family violence case management when they themselves are not family violence specialists.

> "Family violence services push back on us, putting the workload on our case managers to do all of the admin for them." SHS Metro

Demand for homelessness services is increasing, as is the complexity and intensity of complexity for people coming to our sector. This, in combination with the housing crisis and funding inadequacy in other parts of the social service system, mean that SHS services are spending more resources on case management to support women, young people, and children experiencing family violence and homelessness while they try and stabilise their housing needs.

SHS workers spoke about the challenges of supporting women, young people, and children who are experiencing family violence and homelessness who need specialist family violence support.

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> "The fear of having children removed is an obstacle for reporting family violence—especially for Aboriginal clients at our service. Especially where [someone has had] one child removed, but has [custody] of others. She won't engage with services because the trauma of having her first child taken just cascades." Regional SHS provider

Multiple practitioners spoke about the sense not only that SHS is the catch-all for other issue-specific services like mental health, AOD, and family violence, but also that the SHS is seen as safe in a way that other services are not.

> "We get cases where the client won't let us refer her to The Orange Door. She's petrified of them. Whereas the homelessness sector is non-threatening, so people are more open to leaning on us." Regional SHS provider

> "Anyone who has an intake at The Orange Door and you'll have a child protection entry. That's a huge barrier. People avoid TOD for that reason." Regional SHS provider

Perceptions of statutory reporting requirements may divert victim survivors into the SHS service system. The SHS was not necessarily set-up to their specific needs and simply does not have the funding to provide the types of long-term supported accommodation that is often required.

Some practitioners thought that this perception of SHS as 'safer' than other service sectors may be due to mandatory reporting requirements. For example, The Orange Door has child protection co-located within their service, which could be perceived as an automatic mandatory referral occurring. In most instances, the SHS does not have this type of mandatory reporting requirement, but a duty of care to children's safety. The natural flow-on effect of people experiencing family violence and homelessness refusing to go to TOD is that the SHS is supporting these consumers.

> "Homelessness is being relied upon to support high-risk family violence cases." Regional SHS

The responsibility of SHS to manage family violence risk came up repeatedly. Many practitioners felt that they were being unduly expected to manage family violence risk without the requisite training or funding.

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This is inextricably tied with consumers either not wanting to engage with TOD or the broader SFVS, as well as issues of risk.

Findings

The SHS is seen as a safe and accessible service sector because of the types of support and on-going case management provided. This means that while clients presenting to the SHS may be better supported by a specialist service like family violence or AOD, they are visiting the SHS because of its relative safety and accessibility. While it is critically important that the SHS is widely seen as trustworthy, one of the downsides of this 'catch-all' function is that clients with specialist needs beyond housing are not getting the specialist support they need—specialist support that would, in all likelihood, go a long way towards enabling women, young people, and children at the intersection of family violence and homelessness to recover in safety.

Chapter 4

Priorities and recommendations
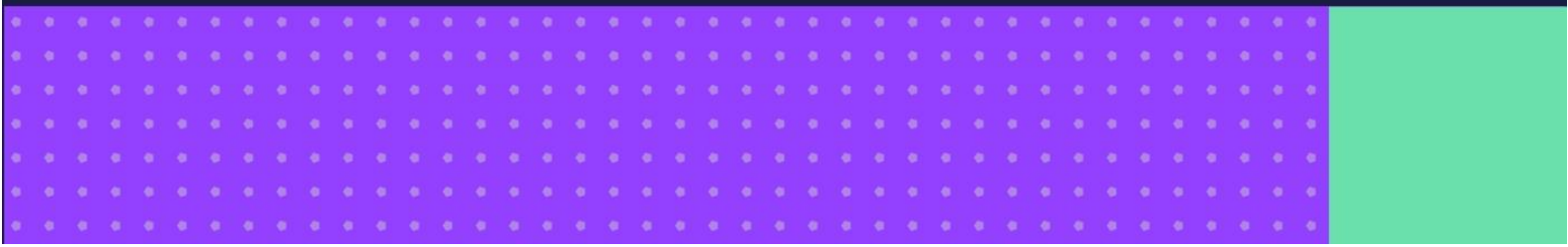
Priorities and recommendations to better respond to family violence and homelessness

It is clear, from the findings in our sector surveys and the experiences shared in our consultations, that SHS and SFVS services are struggling to provide appropriate, comprehensive responses to women, young people, and children experiencing family violence and homelessness. The housing crisis, unsuitability of crisis and emergency accommodation, and under-investment in life-saving social services including homelessness, family violence, AOD and mental health mean that services cannot meet demand. This has serious, life-impacting consequences for women, young people, and children experiencing family violence and homelessness.

Structural problems—the housing crisis and under-investment in services—contribute to service delivery problems, including poor information sharing, limited shared understanding of responsibility, and a lack of transparency and accountability.

As a result, Lived Experience Experts and services alike shared that consumers are being bounced between services, re-telling their stories multiple times before receiving a service response. Women, young people, and children experiencing homelessness and family violence are not receiving the service response they need. SHS and SFVS practitioners are unable to provide the service response that they want to—making them feel ineffective as workers and scared for their clients.

The system is not working. SHS and SFVS services are stretched beyond the breaking point, and women, young people, and children experiencing homelessness and family violence are suffering as a result.

Continuing business as usual is accepting that women, young people, and children experiencing family violence do not deserve a holistic, trauma-informed, compassionate service system response. This means enabling men who use family violence to force women, young people, and children into homelessness.

Homelessness is a policy choice. Victoria can choose to make homelessness rare, brief, and non-recurring, and can choose to better support women, young people, and children who are experiencing homelessness as a result of family violence—or we can continue to limit the effectiveness of life-saving services, by

continuing to operate in siloes, forcing women to retell their stories time and again, without any guarantee of an appropriate service response.

The following recommendations are both for immediate and long-term change. In the immediate term, it is vital that the Victorian government establish and support better collaborative practice between the homelessness and family violence systems. In the long-term, Victorians need more public housing, better funding for homelessness and family violence services, and more attention to the holistic and changing needs of people who are victimised by family violence and people who use family violence.

Priority 1: Increase supply of social housing with a focus on public housing.

Recommendation 1: Build 7,990 new and additional social homes every year for 10 years

One of the driving factors behind women, young people, and children experiencing family violence and homelessness being bounced back and forth between service sectors is that there is simply nowhere for them to go. According to the 2023-24 DFFH Annual report, the average wait time for women, young people, and children who have been identified for priority housing access because of family violence to move off of the Victorian Housing Register into long-term housing is 19.5 months. That is 19.5 months of shuttling between crisis and emergency accommodation; 19.5 months spent in transitional housing; 19.5 months without stability, without community, and without a safe place to call home. Building new and additional social housing is the only way to reduce the wait time, and meet current and projected demand. Social housing is an effective preventative factor against homelessness; affordable housing is not.

As consistently demonstrated by AIHW data, sector research and advocacy, and this report, there is simply not enough social housing. Increasing funding for the SHS and SFVS to purchase accommodation is critical, but too often there is simply no accommodation available and suitable for purchase.

Infrastructure Victoria has already recommended that the Victorian Government build 60,000 social homes over the next 15 years[lxxiii], and the latest research from SGS Economics and Planning[lxxiv] says we need to go even further to meet the national average of social housing – building 7,990 new additional social homes every year for the next 10 years.

Priority 2: Enable the SHS and SFVS to provide immediate and appropriate responses to women, young people, and children who are experiencing family violence and homelessness in line with current guidelines and frameworks

As demonstrated in this report, existing guidelines and frameworks are based on a vision of a responsive, well-resourced service system where consumers can access the services they need regardless of their entry point. The scaffolding for an effective, trauma-informed and person-centred system exists. Unfortunately, the reality is very different. Current funding contracts support a system characterised by:

- gaps:
- long wait-times;
- an over-worked and burnt-out workforce with high turnover; and
- a system that consumers are often experiencing as disempowering, re-traumatising, and incapable of meeting their needs.

This can change with more funding.

Structural change takes time: building housing, inadequate funding and chronic under-investment in social housing means the SHS is unable to accommodate people who need crisis and emergency accommodation. Victoria's refuge system cannot meet demand, due in part to low availability of beds; inadequate numbers of beds available; and few exit pathways, meaning victim survivors are staying in crisis accommodation longer than the system was designed for, impacting availability for new victim survivors.

Recommendation 2: Fund CHP and S&E to build capacity of the SHS and SFVS sectors as Phase 2 of the Bridging the Gap project*, including:

- Build on work developed as part of this project to localise a draft referral protocol to bring clarity to homelessness Access Points and The Orange Door in each DFFH region.
- Develop and run regular, formal, dual-sector meetings to improve shared understanding and flow of information in each DFFH region.
- Develop and implement, in partnership with Safe and Equal, half-day trainings as part of on-boarding for all new homelessness and family violence workers to build their capacity at the intersection of homelessness and family violence.

- Develop resources for consumers based on local context and service system.

(* We are pleased to note funding for this recommendation has been secured since the initial drafting of these recommendations.)

Recommendation 3: Fund additional SHS and SFVS workers to reduce case-load burden; increase capacity; and improve consumer and staff experience

As this and other reports have demonstrated, the homelessness and family violence sectors are past their breaking point. Funding additional staff to meet demand and respond to the increasing complexity of clients is the only way to keep our sectors afloat.

Recommendation 4: Additional investment in Safe at Home-type programs to prevent women, young people, and children from entering into homelessness

Preventing homelessness is easier than supporting someone to recover from the trauma of losing their home. Safe at Home-type responses programs, including Flexible Support Packages (FSPs), are one way to support women and other people impacted by family violence to stay safe in their homes. As demonstrated in this report, the family violence sector has seen devastating cuts to FSPs in the face of escalating demand.

Safe at Home responses, including Flexible Support Packages (FSP), just make sense: it is much more cost effective to find housing for a single person using violence than for an entire family affected by violence. It also reduces the number of people, especially children, exposed to the harms of homelessness. At their core, FSPs are meant to enable victim survivors to decide the direction of their healing journey.

Recommendation 5: Prevent homelessness by enabling renters to stay in their homes

Victoria already has a variety of evidence-based programs that help keep renters safely housed in the face of precarity. Programs like the Private Rental Assistance Program (PRAP) and Tenancy Assistance and Advocacy Program (TAAP) have been shown to be low-cost ways to keep renters housed. Expanding these programs would be an effective way to prevent homelessness for women, young people, and children in the private rental market.

Expanding effective programs to better meet the needs of Victorians—especially women, young people, and children experiencing family violence—means reducing demand of homelessness services, ensuring more people can access the critical social housing services they need.

Recommendation 6: Invest in supported crisis accommodation by doubling the current refuge capacity to 340 households, to reduce reliance on motels

When Safe at Home responses are not desirable or possible, we need to be able to house women and children somewhere safe. Family violence refuges provide a for-purpose, safe, supported accommodation for women, young people and children facing homelessness as a result of family violence. Investing in more refuges in more communities means enabling women to stay connected to their support networks. This is particularly critical for children and young people who need to retain vital links to education. The government has already invested in expanding the availability of core and cluster refuges and increasing the total capacity of the refuge system. Building on these investments with new and additional funding is an important step in ensuring more women, young people and children experiencing homelessness and family violence get the tailored crisis supports they need.

Supported crisis accommodation needs to meet the needs of diverse women and families, including families where problematic AOD use is present; women without children; large families that require multiple bedrooms; families with visible and invisible disabilities; women and families with pets; and for families with insecure and/or temporary visa status.

All women, young people, and children who experience homelessness and family violence should be able to access safe, appropriate crisis accommodation that meets their needs. We must expand the quantity and diversity of supported crisis accommodation, including increasing SFVS refuge from the current 170 households to at least 340.

Priority 3: Use creative policy levers to reduce the incidence of homelessness caused by family violence

Homelessness is a policy choice. National and state policy that treats housing as an investment opportunity rather than a fundamental human right is the root cause of homelessness. In Victoria, 100 people experiencing homelessness visit the SHS for the first time each day—and 25 of those people are women and girls who are experiencing homelessness *and* family violence.

Recommendation 7: The Victorian State Government must advocate that all social payments be brought above the Henderson poverty line of $612.18 per week, per single person

An abundance of data in 2024 has demonstrated that social payments keep Australians in poverty. The June Quarter 2024 Poverty Lines report reveals that the poverty line for a single adult is $612.18 per week—but that a single adult with no children on social payments (for instance, JobSeeker) receives $479.85 per week. For young people this figure is even lower: $331.65 per week for people 16-21 looking for full time work, or people 16-24 and studying full time. With the average rent in Victoria coming in at $540 per week, social payments are perpetuating poverty, rather than alleviating it.[lxxv]

Recommendation 8: Invest in perpetrator interventions to reduce the impact of men's family violence

It is impossible to end homelessness without first addressing men's family violence. While there has been more attention on men who use family violence in recent years, the men's family violence service system is chronically under-funded, and perpetrator interventions, including Men's Behaviour Change Programs, have long wait-lists; are under-evaluated; and receive a fraction of the funding of victim survivor services. Working with men to change their behaviour and, ideally, support them to choose non-violence is an inextricable part of making homelessness rare, brief, and non-recurring. Unless men's family violence is addressed through evidence-based wrap-around supports, women, young people, and children will continue to be forced into homelessness.

Recommendation 9: Invest in systems where Lived Experience leads

Throughout consultations with Lived Experience Experts, we heard the importance of a peer workforce. While the peer workforce within the homelessness sector is relatively new, we know from consultations with Lived Experience Experts and the examples set by the AOD and mental healthcare sectors that a peer workforce plays a critical role in enabling people currently experiencing homelessness to envision a path forward. Growing the Lived Experience/Peer workforce is an important part of improving responses for people experiencing homelessness and family violence.

Homelessness is a deeply destabilising and often traumatic experience. Lived Experience Experts spoke about the centrality of talk therapy in their recovery—but that too often, funding cannot cover this type of healing for as long as they would have liked. Making mental health care more accessible for women, young people, and children experiencing homelessness and family violence will support long-term healing and recovery.

Recommendation 10: Ensure children and young people, including unaccompanied young people, are able to access appropriate and co-designed specialist family violence services, including appropriate housing supports

Enabling women, young people, and children to stay safe in their homes is an important part of providing better responses for young people and children: when women, young people, and children are forced into homelessness because of men's family violence, young people and children are ripped out of their communities. When women, young people, and children can stay at home, it means young people and children can stay engaged in education, retain critical social safety nets, and seek support from their friends and community.

Staying at home isn't always safe or possible. When young people and children must leave home—whether accompanied or unaccompanied—they need to be met with responses that recognise their unique, immediate, and on-going needs.

As this report demonstrates, Victoria's approach to working with young people and children who are experiencing homelessness and family violence is not working. Young people are met with responses predicated on their engagement in education—which ignores the very real impact of family violence and the trauma of homelessness on young people. Specialist responses that meet the specific and ongoing needs of children and young people are critical. These types of responses will break the cycle of homelessness before it can become entrenched. Working with young people and children to identify their needs and co-design service system responses is a life-changing first step in making homelessness rare, brief, and non-recurring.

Appendices
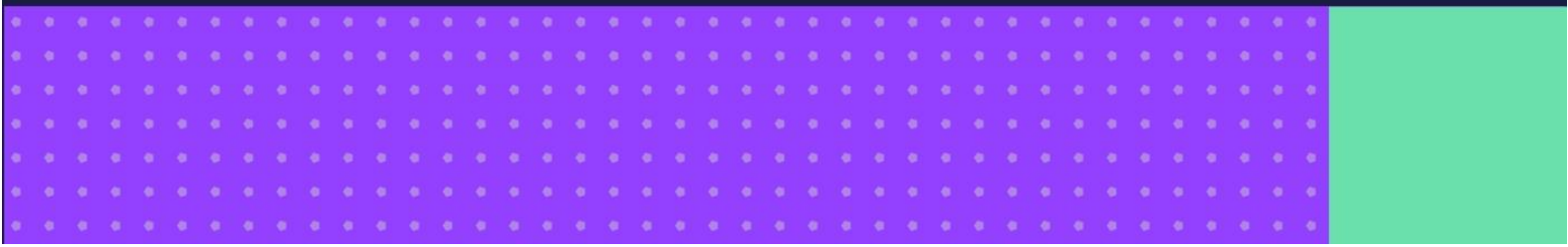
Appendix 1: Project Methodology

Surveys

Respondents for this opt-in survey were targeted from CHP and Safe and Equal's existing networks. CHP utilised our social media presence, member newsletter, and engagement with various sectoral groups to disseminate the survey; Safe and Equal distributed the survey information through their member newsletter and via a member meeting. The snowball method was thus utilised. Key members of the SHS and SFVS were identified and provided the survey information; where possible, they distributed the survey to their networks.

149 respondents from the SHS (n=93) and SFVS (n=56) responded to the survey. The survey sought to understand practitioner perspectives on what is and isn't working when trying to access crisis and emergency accommodation for victim survivors experiencing family violence and homelessness. To that end, we asked questions in relation to referral pathways; consumer journeys; and for reflection on the ways our two sectors work together. Depending upon the answer to question 1: which sector do you work in, respondents were directed to a series of branching questions. Questions were amended to be relevant to each sector.

Practitioner & Lived Experience Consultation

Between August and early November 2024, a total of 17 consultations were held: workforce consultations were held with the SHS (n=8) and SFVS (n=6) workforces, and three online consultations with Lived Experience Experts who had experienced homelessness and family violence.

All consultation were facilitated by CHP. Safe and Equal supported facilitation for some SHS consultations and all SFVS consultations excepting the consultation with Service System Navigators.

SHS and SFVS participants were asked to reflect on their respective ability to provide address housing needs for women, young people, and children experiencing homelessness and family violence. To that end, practitioners were asked to reflect on the following:

- their relationships with the SFVS/SHS (respectively)
- barriers to accommodation specific to their geographic area
- examples of good practice
- practical measures to improve crisis and emergency accommodation access.

Lived Experience Experts were asked to reflect on their experience engaging with the service system, including:

- their point/s of entry
- quality of service provided
- level of satisfaction
- reflections on challenges
- reflections on what a better or ideal response would have been.

All Lived Experience Expert consultations were recorded and transcribed with participants' permission.

All transcriptions and notes were analysed using inductive thematic analysis. Inductive thematic analysis is a method for identifying, analysing, and reporting themes (or pattern) in qualitative data.[lxxvi] Transcripts were reviewed in full, and early themes were identified. The broad categories of analysis for sector consultations were 'challenges' 'enablers for better practice' and 'solutions'; for Lived Experience Expert consultations, the categories were 'challenges' 'enablers for better responses' and 'solutions.'

Appendix 2: Survey Questions

1. Which sector do you work in?
- Housing/homelessness
- Family violence
- Other--related to housing
- Other--related to family violence
- Other (please specify)

2. What type of organisation do you work at?
- SHS Access Point
- Crisis/emergency accommodation provider
- Transitional housing provider
- Rooming house
- Tenancy management
- Case management
- Other (please specify)

3. What best describes your role?
- Intake worker
- Case worker
- Team leader
- Property manager
- Outreach worker
- Other (please specify)

4. Roughly what proportion of people that you work with are experiencing family violence and homelessness?

5. Rank, in order of frequency, the pathways through which people experiencing homelessness and family violence come into contact with your service?
Please include both warm referrals and cold referrals (i.e. where a person reports directly to you saying they have been referred, but no referral has come from the service directly to you). Rank where 1 is 'the most common'
- They come directly to the service/place I work
- Referred in from a different SHS service
- Via Safe Steps
- Via The Orange Door
- Referred in from a different part of the specialist family violence service sector
- Informal referral via family, friends, personal networks
- Don't know/not sure

6. Think about the people who are referred by a family violence service into your service (warm referral). What percentage have a MARAM assessment attached to their referral?

7. For what percentage of clients referred to you via a family violence service (warm referral) do you need to do or re-do a MARAM assessment?

8. What percentage of people experiencing homelessness and family violence who require crisis and emergency accommodation are you able to place in crisis and emergency accommodation with 24 hours of their initial visit/referral?

9. What percentage of people experiencing homelessness and family violence who require crisis and emergency accommodation are you able to place in crisis and emergency accommodation with 72 hours of their initial visit/referral?

10. What are the main barriers to providing crisis/emergency accommodation to people experiencing homelessness and family violence?
- Lack of available crisis/emergency accommodation in my catchment (there are no spaces, but funding is available)
- Lack of funding to purchase crisis/emergency accommodation on the day of their initial assessment (funding is exhausted, but there are no spaces)
- Lack of appropriate crisis/emergency accommodation in my catchment (i.e. motel placements are available, but unsuitable due to size/location/safety concerns etc)

11. Please provide any detail on question 10, including other barriers to providing crisis/emergency accommodation to people experiencing homelessness and family violence.

12. What percentage of the people experiencing family violence and homelessness do you refer to a specialist family violence service for crisis/emergency accommodation (i.e. women's refuges or motel stock).

13. What are the reasons you refer people experiencing homelessness and family violence to family violence services for accommodation? Select all that apply
- Family violence services have access to more accommodation via women's refuges
- The family violence sector has access to more appropriate accommodation i.e. women's refuges
- The family violence sector has access to more appropriate services and supports i.e. case management
- The family violence sector has more crisis/emergency accommodation stock-- motels, refuges, other
- The family violence sector has more funding to purchase accommodation
- The family violence sector can better serve my client for another reason
- Other (please specify)
- None of the above

14. Do you provide warm referrals with MARAM assessments when you make referrals to specialist family violence services?
- Yes
- No
- Sometimes
- Other (please specify)

15. Is there anything else you'd like to add about making referrals into the specialist family violence service sector?

16. Think about people experiencing family violence and homelessness that you refer to housing/homelessness services and access points. What percentage of these clients return to your service without having received crisis/emergency accommodation?

17. What are the main reasons for these clients being referred back to you? Rank in order, with 1 being the most frequent reason.
- SFVS unable to find a space in refuge or crisis accommodation
- SFVS had no funding left to purchase accommodation
- SFVS determined that the client was not in need of a family violence response
- My clients' accommodation has ended
- Other (please describe below)

18. Please elaborate on question 17.

19. What type of organisation do you work at?
- Safe Steps
- The Orange Door
- Local Family Violence Service
- Women's Refuge
- Other (please specify)

20. What best describes your role?
- Case worker/manager
- Team leader
- Intake worker
- Property manager
- Refuge worker
- Other (please specify)

21. Roughly what proportion of people that you work with are experiencing family violence and homelessness?

22. Rank, in order of frequency, the pathways through which people experiencing homelessness and family violence come into contact with your service? Rank where 1 is 'the most common'
- Visited my service directly
- Via Safe Steps
- Via The Orange Door
- Referral/via another family violence service
- Referral/via the specialist homelessness service sector

23. Think about the people who are referred by a specialist homelessness service into your service. What percentage have a MARAM assessment as part of their referral?

24. What percentage of people experiencing homelessness and family violence are you able to place in crisis/emergency accommodation within 24hrs of their initial visit/referral?

25. What percentage of people experiencing homelessness and family violence are you able to place in crisis/emergency accommodation within 72hrs of their initial visit/referral?

26. What are the main barriers for you in placing people experiencing homelessness and family violence who need crisis and emergency accommodation in accommodation within 24hrs of their initial visit/referral? Please rank in order, with #1 being the biggest barrier.
- Lack of space in refuges
- Lack of space in crisis/emergency accommodation (i.e. motels), but funding is available
- Lack of funding to purchase accommodation, but spaces are available

27. Please provide any detail on question 9, including other barriers to providing crisis and emergency accommodation to people experiencing homelessness and family violence.

28. What percentage of the people experiencing family violence and homelessness do you refer to a homelessness/housing service or access point for crisis/emergency accommodation?

29. What are the reasons you refer people experiencing family violence and homelessness to homelessness/housing services for accommodation? Select all that apply.
- SHS have access to more funding to purchase housing
- Inappropriate initial referral into my service
- Other (please specify)
- None of the above

30. Do you provide a warm referral with MARAM assessment when you refer clients to the specialist homelessness sector?
- Yes
- No
- Sometimes

31. Think about people experiencing family violence and homelessness that you refer to housing/homelessness services and access points. What percentage of these clients return to your service without having received crisis/emergency accommodation?

32. What are the main reasons for these clients being referred back to you? Rank in order, with 1 being the most frequent reason.
- SHS unable to find a space in crisis/emergency accommodation
- SHS had no funding left to purchase accommodation
- Allocated accommodation has ended
- Other (please describe below)

33. What percentage of people experiencing homelessness and family violence come to your service multiple times while trying to access/stay in crisis/emergency accommodation?

34. What are the main reasons for repeat visits? Select all that apply.
- Unable to access accommodation/still seeking accommodation
- Have been referred back to us by another service
- Accommodation they received was inappropriate
- Previous accommodation ended
- Other (please specify)
- None of the above

35. In your opinion, what is the biggest barrier for people experiencing homelessness and family violence in accessing crisis and emergency accommodation?

36. Is there anything else you want to add on the topic of crisis and emergency accommodation for people experiencing homelessness and family violence?

37. If you are interested in being contacted for further consultation, please leave your email below. If you leave your email, your answers will no longer be anonymous--they will, however, not be attributed to you in any reports.

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