frsa Family & Relationship Services Australia

Providing Leadership, Linking Services, Supporting Relationships

3/2 Townsville St, Fyshwick ACT 2609
PO Box 1270, Fyshwick ACT 2609
T 02 6162 1811
E admin@frsa.org.au
ABN 38 124 321 080
www.frsa.org.au

SUBMISSION

24 July 2020

FRSA SUBMISSION TO THE STANDING COMMITTEE ON SOCIAL POLICY AND LEGAL AFFAIRS INQUIRY INTO FAMILY, DOMESTIC AND SEXUAL VIOLENCE

Contact:
Jackie Brady
Executive Director
Family & Relationship Services Australia
(02) 6162 1811
ExecDirector@frsa.org.au

CONTENTS

About FRSA.....2
Our Vision.....2
About our members.....2

Introduction.....3

Response to Terms of Reference.....5
a) 5
e) 14
g) 15
h) 17
i) 17
j) 20

Conclusion.....21

Appendix A – Families and Children Programs and Services 23

ABOUT FRSA

As the national peak body for family and relationship services, FRSA has a critical leadership role in representing our extensive network of Member Organisations to support their interests and the children, families and communities they serve across Australia. FRSA plays a significant national role in building and analysing the knowledge and evidence base relating to child and family wellbeing, safety and resilience. We undertake research and work with government and non-government stakeholders to inform policy and shape systemic change.

Our vision

The wellbeing of all children, families and communities in Australia is supported and protected.

About our members

FRSA has 165 members, with 135 members in a direct service delivery role.[1] The range of services provided includes:[2]

- Family Relationship Centres
- Children's Contact Services
- Family Law Counselling
- Family Relationship Advice
- Family Dispute Resolution (FDR) and Regional FDR
- Parenting Orders Program
- Supporting Children after Separation Program
- Family and Relationship Services
- Specialised Family Violence Services

Under these Commonwealth programs, which sit within the scope of the Australian Government Department of Social Services' 'Families and Children Activity', FRSA members provide services to approximately 580 000 Australians each year, and directly employ between 4 000 and 5 500 people across metropolitan, regional and remote Australia.

As identified in a survey undertaken with FRSA members earlier this year, a high proportion of family and relationship services staff are specifically trained to support clients experiencing or at risk of family and domestic violence.

As well as the Commonwealth services listed above, many of our members deliver a broader range of social services from a mix of federal, state and local government funds, including but not limited to, family and domestic violence services, drug and alcohol services, mental health services, child protection, elder abuse services, financial counselling, youth, homelessness, Aged Care and disability services.

[1] FRSA's full members deliver family and relationship services. FRSA's associate, individual and honorary members hold policy, research and professional expertise in family law, family and relationships services and related social services.

[2] See Appendix A for a description of Commonwealth-funded family and relationship services

INTRODUCTION

Our submission is informed by:

- The experience and wisdom of FRSA members, many of whom have been providing services to Australian children and families for over 60 years.
- A consultation meeting with members held on 16 June 2020 with over 30 participants from FRSA Member Organisations.
- Community of practice meetings with members discussing delivery of specific programs within the evolving COVID-19 pandemic context.
- Members' and stakeholders' views and experiences shared with us via phone and email.
- Members' input to FRSA submissions to past public inquiries that include a focus on family, domestic and sexual violence. Since 2015 this includes:
    - Australian Human Rights Commission (2015), *Children's Rights Report 2015*
    - House of Representatives Standing Committee on Social Policy and Legal Affairs inquiry into a better family law system to support and protect those affected by family and domestic violence (2017)
    - Australian Law Reform Commission Review of the Family Law System (2018-19)
    - Joint Select Committee on Australia's Family Law System (2019).

Family, domestic and sexual violence is a major and deeply troubling health and social problem in Australia. The prevalence of family, domestic and sexual violence is so concerning that it is frequently described as an 'epidemic', and within the context of COVID-19 restrictions, the 'shadow pandemic'.

Family, domestic and sexual violence may be perpetrated against any person regardless of their age, gender, socio-economic or cultural background. Women are disproportionately affected by family, domestic and sexual violence, however, revealing the gendered nature of this issue. Our Watch states:

> ***There is consensus in the international and national research that violence against women must be understood in the social context of gender inequality.***[3]

At the same time, particular groups are more vulnerable to family, domestic and sexual violence showing that there are also other factors at play. While family, domestic and sexual violence may be experienced across all of society, prevalence and severity is not uniform. For example, in 2017 people with disability were 1.8 times more likely to have experienced partner violence than people without a disability, and Aboriginal and Torres Strait Islander adults were 32 times more likely to be hospitalised for family violence as non- Aboriginal and Torres Strait Islander adults.[4]

---

[3] Our Watch website - https://www.ourwatch.org.au/the-issue/

[4] AIHW (2019), *Family, domestic and sexual violence in Australia: continuing the national story – In brief*, Pp 4-5.

Different aspects of identity – such as race and sexuality – and different lived experiences and social conditions – such as childhood trauma, resettlement experience, mental health and poverty – will impact the prevalence and experiences of family, domestic and sexual violence and of help-seeking behaviours. Identity, lived experience and social conditions also shape those who use violence. It is important that prevention and intervention programs targeting those who use violence as well as those who are victims/survivors of domestic and family violence recognise these differences.

Our submission emphasises the role of prevention and early intervention in tackling family and domestic violence. This is both a practical and a philosophical position. The family and relationship sector deals primarily in prevention and early intervention in the provision of family and domestic violence services and support (although some of our members also deliver crisis intervention services) and this submission brings to the Committee's attention our members' work. FRSA also believes that real change will not be achieved until the principle drivers of, and contributors to, domestic, family and sexual violence are addressed: gender inequality, discrimination, social and economic disadvantage, and alcohol and substance misuse. Prevention and early intervention are critical.

We recognise, however, that tertiary services working around the clock with women and children who may be in great danger and great distress, are struggling to keep pace with service demand within constrained resources. A long-term funding commitment that does not compromise crisis intervention and support while investing more broadly in prevention and early intervention measures is essential. In 2015-16, the cost of violence against women and their children was $22 billion.[5] It will take governments to fully invest now to minimize future costs and future harm.

[5] KPMG (May 2016), *The cost of violence against women and their children in Australia: Final Report*, Prepared for the Department of Social Services, p. 4.

RESPONSE TO TERMS OF REFERENCE

Our submission focuses predominantly on family and domestic violence, including sexual violence that occurs in the family setting. This reflects our sector's focus on working with families and children. We recognise, however, that sexual violence that occurs outside of the family context remains a significant problem in Australia.

We further note that as the terms of reference focus on women and their children, we have elected not to address elder abuse in our submission. We acknowledge, however, that elder abuse within the family (and broader) context has harmful physical, emotional and social consequences for older people. A number of FRSA members provide services to people experiencing elder abuse.

Our submission responds to terms of reference a., e., g., h., i., and j.

a) Immediate and long-term measures to prevent violence against women and their children, and improve gender equality.

Family and relationship services play an important prevention and early intervention role for a range of health and social problems, including domestic and family violence.

In 2017 FRSA surveyed members who provide family law services on their experiences of responding to family and domestic violence in family law contexts. The survey found that most respondents (75%) reported that violence was present in 60-80% of cases at the point of intake. Where violence was present, 80% of respondents reported the existence of multiple and complex needs in addition to those related directly to violence. The main issues presenting with family and domestic violence cases included mental health issues, substance abuse, financial constraints, housing insecurity, child protection issues, and social isolation.

First cut results from a survey of members undertaken in early 2020 across all service streams, again indicated a high proportion of clients accessing family law services experience or are at risk of domestic and family violence. Over 50% of respondents estimated that violence was present in 60%+ of cases. Across other family relationship services over 40% of respondents estimated that domestic and family violence was present in 50%+ of cases.

Early identification of domestic and family violence issues

Knowing the prevalence of family and domestic violence, staff in the family and relationship services sector are trained to screen for early indicators of family or domestic violence and to identify violence risk.

FRSA members' family and relationship services incorporate comprehensive policies, processes and procedures for identifying violence and for ensuring

that the safety needs of clients who are affected by family and domestic violence are identified and met.

Often people affected by family and domestic violence who access family and relationship services initially present with an issue other than family and domestic violence. It is often through the intake screening and assessment processes that family and domestic violence is picked up. However, at other times violence may be disclosed further down the track in the therapeutic relationship, when trust and rapport have been established.

There are a number of key prerequisites for identifying family and domestic violence and for keeping clients safe:

- **Tools for ensuring safety and protection:** tools used for screening and assessment, and identifying and responding to violence need to be consistent across service providers and across the system, and comprehensive training and skills updating of professionals using them. Similarly, the implementation of processes and protocols needs to be supported by appropriate training and resources, and clearly understood and consistently applied by all who use them. Tools and processes must be designed to uphold the best interests and safety of children, and the safety of all family members, especially where violence is present.
- **Culture:** child-focused, non-adversarial, conflict-reducing, sensitivity to vulnerability, non-judgemental, respectful and which actively engage the strengths and expertise of clients themselves.
- **Communication:** of information, process, timeframes, consequences, options; in an environment respectful of confidentiality, privacy, capacity to understand in the face of significant vulnerability, stress, fear or confusion; and informed through practice wisdom, specialised knowledge and experience.
- **Time:** to listen, to build trust and rapport, to carefully work through processes that can be confusing and stressful and to follow up on clients when they miss appointments or need extra support. Aboriginal and Torres Strait Islander clients and clients that have resettled in Australia to escape past traumas, in particular, may require more quality time with practitioners. Current resourcing does not necessarily acknowledge that sometimes, 'quickly' does not mean 'better.' Change and understanding can only take place through the development of trusting worker/client relationships. Building trust takes time.
- **Constant review and assessment** of all aspects of the families' situations is required (e.g. issues of contention, level of safety, level of violence, etc.).
- **Multidisciplinary responses and linkages:** including therapeutic responses, warm referrals to specialist services, continuity of support through consistent case management, and cross-sector collaboration.

The case study below illustrates the above prerequisites at work, including the identification of family and domestic violence, in 'Jenny's' story.

CLIENT CASE STUDY – JENNY

A young mum, Jenny, approached Centacare seeking mediation. She had recently left a relationship and was having no contact with her two-year old daughter who had remained living with her father. Jenny was homeless and experiencing depression and anxiety, with recent thoughts of suicide.

While completing Centacare New England North West's Request for Service form we were able to identify various risk factors that would require a high level of support. Jenny was referred to support services and booked in for an urgent Intake and Assessment meeting with a Mediator.

By utilising our internally developed Mediation Intake and Assessment tool a number of reports/ incidences of family violence in multiple forms during the relationship and post-separation were shared by Jenny with the mediator. Staff worked closely with the local Women's Refuge and domestic violence services to have Jenny referred to specialist support, as well as to support her to find accommodation. Given that we were preparing to bring Jenny and her former partner together for mediation, Centacare staff also monitored the escalation of risk to ensure family safety.

Engaging dad (Bob) was difficult. It took over a month to build rapport with him as he had a distrust of services. When we met with Bob for his Mediation Intake and Assessment, he informed us that he could not read or write. To overcome this barrier, we did not complete any paperwork at this session and instead conducted an initial assessment on a narrative basis. We identified that he was engaging in problematic drinking, experiencing financial hardship and struggling with anger and depression as he was adjusting to life as a single parent. Bob was reluctant to engage in any kind of counselling service, so his Mediator checked in with him via weekly phone calls, simply to have a chat. After several weeks Bob admitted to his Mediator that he was having a hard time and agreed to work with our Education Facilitator to strengthen his parenting skills and knowledge. He also started contacting our service regularly to update us on his progress or to simply talk if he was feeling frustrated or overwhelmed.

By this time, mum was also doing better. She had successfully secured a rental property and was feeling stronger.

As noted above, screening for safety was critical in considering whether Jenny and Bob would be suitable for mediation. Upon review, the mediators brought the two parents together for two legally assisted shuttle mediation sessions, where they were supported to develop interim parenting arrangements that would allow Jenny to have contact with her daughter safely.

Jenny's ultimate goal was that their daughter lives with her. Unfortunately, this issue could not be resolved through mediation; however, Jenny and Bob who had now established rapport with their respective lawyers used during the legally assisted mediation process were able to continue to work with their lawyers through court.

Jenny reported feeling in a much stronger position after mediation and continued to engage with support through domestic violence services.

Dad returned to our service and completed all our parenting workshops over the next twelve months. He reported an improved relationship with his daughter along with better co-parenting skills. Dad has even referred people experiencing difficulties in their family relationships to our service.

Fallon Roberts, Executive Manager, Family, Wellbeing and Justice Services, Centacare New England North West

Source: FRSA (2019), *An audit of intake screening and assessment tools used in the FRS sector*

A stronger role for family and relationship services in prevention and early intervention

The role that family and relationship services play in prevention and early intervention of family and domestic violence is not always recognised in the broader public policy context. This means that the potential of family and relationship services is not fully realised.

Common wisdom holds that prevention is better than cure. There is strong evidence which shows that a public health approach[6] that focuses on prevention and early intervention to address health and social problems can deliver economic benefits as well as social and health outcomes.[7] In a public policy setting, however, working with the pressures of short-term political cycles, investing in long-term prevention and early intervention approaches can be difficult to get across the line.

The National Plan to Reduce Violence against Women and their Children 2010-2022 and the commitment to a renewed plan shows a genuine bi-partisan intention to think in the longer-term. We view the next iteration of the National Plan as a critical opportunity to expand both the investment in, and the focus of, prevention and early intervention.

Measures to address gender inequality must, of course, continue. The National Community Attitudes towards Violence against Women Survey (NCAS), which is conducted every four years, showed some improvements in attitude between 2013 and 2017. However, concerning trends were also identified in the 2017 findings, which revealed that many people's understanding of, and attitudes to, violence against women do not reflect the evidence or women's experiences. At the same time, statistics on family, domestic and sexual violence and on gender inequality remain unacceptably high.

We consider that a public health approach to family and domestic violence is needed to focus on addressing all the key risk factors – along with gender inequality – by building protective factors in vulnerable groups and delivering population-wide prevention measures. We see a contributing role for family and relationship services in this approach.

In 2017, FRSA undertook Research in partnership with Deakin University Centre for Social and Early Emotional Development to explore the potential for a public health approach to domestic and family violence along with seven other priority health and social problems, including substance abuse, obesity,

[6] A public health approach refers to a "coordinated service system response to move whole populations toward healthy norms and lower risk factors while offering targeted responses to those at higher risk". Hayes et al. (2012) cited in Toumbourou, J., Hartman, D., Field, K., Jeffery, R., Brady, J., Heaton, A., Ghayour-Minaie, M., & Heerde, J. (2017).

[7] Toumbourou, J., Hartman, D., Field, K., Jeffery, R., Brady, J., Heaton, A., Ghayour-Minaie, M., & Heerde, J. (2017). *Strengthening prevention and early intervention services for families into the future.* Deakin University and FRSA, p. 16-17.

mental illness, developmental injury, chronic illness, school failure and social exclusion.

Many of these problems arise from common modifiable risk factors in families and child development. Poor child-parent attachment and childhood trauma, for example, present risks to child development and mental health. Structural gender inequality can present risks for future intimate relationships – such as power imbalances in decision making and domestic violence.

The strengths of the family and relationship services sector provide the potential to play a bigger prevention and early intervention role. These strengths include:

- Well-developed expertise and resources for working with a range of families,
- National coverage and extensive community links,
- Developing expertise in the delivery and evaluation of evidence-based family programs and evidence-informed practices,
- A national service footprint,
- Engagement with families across key transitions in the family life course, and
- Non-stigmatised services relative to tertiary services (such as child protection and corrections).[8]

Family and relationship-based prevention and early intervention programs can address many risks that lead to health and social problems, while also building supportive relationships.

Building protective factors

Intervening at the earliest stage can circumvent the intergenerational impact of violence on individuals and families that research has shown can result in diminished life outcomes for all members of the family (and subsequently higher overall 'costs' to the community of managing escalated and intensive interventions).

Delivery of prevention and early intervention programs across family life course transitions such as the transition to parenthood, parenting children and teens, post-separation support, can build protective factors – particularly for those with high levels of risk of health and social problems, including domestic and family violence.

For example, it is well established that there are transition phases when family and domestic violence is more likely to escalate or emerge – at the start of parenthood/pregnancy and in the lead up to and just after separation.[9] Family and relationship services offer relationship and parenting support programs

[8] Toumbourou, J., Hartman, D., Field, K., Jeffery, R., Brady, J., Heaton, A., Ghayour-Minaie, M., & Heerde, J. (2017). *Strengthening prevention and early intervention services for families into the future.* Deakin University and FRSA, pp 18-19.

[9] Kaspiew, R., Horsfall, B., Qu, L., Nicholson, J. M., Humphreys, C., Diemer, K., … Dunstan, J. (2017). *Domestic and family violence and parenting: Mixed method insights into impact and support needs: Final report* (ANROWS Horizons 04/2017). Sydney: ANROWS, p. 12.

across the life course, including a range of pre- and post- relationship separation services that can help to build protective factors across the population but particularly with already vulnerable groups. These protective factors include things like social and emotional competencies, positive role modelling and building warm attachment between parent and child.

The family and relationship services sector already has a strong record of delivering programs that encourage safe and respectful relationships and build parenting skills – particularly with high-risk families. There is potential to contribute further – particularly in providing universal (whole of population) services, like respectful relationships programs that can be rolled out across all schools, as well as targeted interventions to vulnerable groups.

In short, a stronger more coordinated universal focus on relationship and parenting skills, and emotional and social competencies, coupled with a continuing focus on early intervention through screening and assessment, and other supports, will lead in the longer term to a capacity to decrease investment in tertiary, crisis interventions.

At a broader level, and as discussed later in this submission, financial hardship is a significant contributor to a range of health and social problems, including family and domestic violence. Therapeutic services such as counselling may help build protective factors in managing stress and building resilience. If, as a society, we are to truly make headway with family and domestic violence and other social problems, the issue of poverty must be addressed.

A greater focus on children and young people

> ***Children's experiences of violence must be central to all measures that we take to prevent violence and to deal with the consequences where it has occurred.[10]***

In 2015, the then National Children's Commissioner, Megan Mitchell, focused the annual Children's Rights Report on how children (to age 17) are affected by domestic and family violence. The report (to which FRSA made a submission) concluded that the voices and needs of children must be responded to in their own right.

Research on children and young people exposed to domestic and family violence paints a concerning picture, with established negative psychosocial and developmental outcomes.[11] We note, in particular, the emphasis given to the first 1000 days of life, with neurodevelopment research showing detrimental impacts of domestic and family violence on brain development during

[10] Australian Human Rights Commission (2015), *Children's Rights Report 2015*, p. 99.

[11] Monica Campo, Rae Kaspiew, Sharnee Moore, Sarah Tayton (2013), *Children Affected by Domestic and Family Violence: A review of domestic and family violence prevention, early intervention and response services*, Australian Institute of Family Studies, p.15 and Kaspiew, Rae et al. (2017), *Domestic and family violence and parenting: Mixed-method insights into impact and support needs: Final report*, Sydney: ANROWS.

pregnancy and in early childhood – particularly without therapeutic interventions.[12]

The Australian Institute of Health and Welfare's 2020 *Australia's Children* report summarises outcomes for children affected by family and domestic violence, as identified in recent research:

- "diminished educational attainment
- reduced social participation in early adulthood
- physical and psychological disorders
- suicidal ideation
- behavioural difficulties
- homelessness
- future victimisation and/or violent offending"[13] [14]

Research shows that children affected by other risk factors as well as family violence – socioeconomic disadvantage, poor parental mental health, parental substance abuse etc. – are likely to experience more severe negative outcomes.[15]

Greater attention to children's rights and needs

An area of particular concern, which we articulated in our recent submission to the Parliamentary Inquiry into Australia's Family Law System, is the insufficient attention paid to the rights and needs of children within the family law system. FRSA's position is that the family law system must adopt more child-focused approaches (incorporating the practitioner's knowledge of the research literature on children's development into the negotiation process)[16] and child-inclusive approaches (incorporating the views of the particular child who is subject to the process through the involvement of a specialist child consultant).[17] This currently occurs, albeit in a non-systemic way, in the services provided by FRSA members.

---

[12] Australian Human Rights Commission (2015), *Children's Rights Report 2015*, p. 156.
[13] Australian Institute of Health and Welfare (2020), *Australia's children*, Cat. no. CWS 69. Canberra: AIHW, p. 338.
[14] For a discussion on outcomes for children affected by interparental conflict or family violence see Kaspiew, R., Horsfall, B., Qu, L., Nicholson, J. M., Humphreys, C., Diemer, K., … Dunstan, J. (2017). *Domestic and family violence and parenting: Mixed method insights into impact and support needs: Final report* (ANROWS Horizons 04/2017). Sydney: ANROWS.
[15] Australian Institute of Health and Welfare (2020), *Australia's children*, Cat. no. CWS 69. Canberra: AIHW, p. 338.
[16] Webb. W & Moloney, L. 'Child-Focused Development Programs for Family Dispute Professionals: Recent Steps in the Evolution of Family Dispute Resolution Strategies in Australia' (2003) 9(1) Journal of Family Studies, p. 23.
[17] Moloney, L. & McIntosh, J. 'Child-Responsive Practices in Australian Family Law: Past Problems and Future Directions' (2004) 10(1) Journal of Family Studies, p. 71.

In the latter approach, the consultant speaks to the child about their experiences and views and feeds this information back to the parents during the dispute resolution process, with the aim of this information being the focus in negotiations.[18]

While an age-appropriate, child-focused and child-inclusive approach is important in all family law cases, this is particularly so in cases involving domestic and family violence. We reflect further on this in the section below: *Family and domestic violence within the context of the family law system.*

FRSA members have further proposed that the needs and rights of children should be brought to the forefront by:

- Ensuring there are specific child-focused services for children affected by family and domestic violence (for example, ensuring that support tailored to children is offered, as well as support to the partner/ex-partner of participants in perpetrator intervention programs).
- Ensuring that children who are displaying behavioural issues are assessed within a holistic framework that extends beyond a purely medical model. This would require health and educational practitioners undertaking assessments for ADHD, learning and development, for example, to be trained in assessing domestic and family violence risk.
- Providing trauma-informed interventions that "build trust and engagement over the long term" for adolescents who are themselves using violence within the family context, noting childhood trauma events (including family and domestic violence) are the biggest contributor to adolescent violence in the home.[19]

It is essential that services put the needs, views and aspirations of children and young people at the core of their work to improve child and family wellbeing and safety.

It was encouraging to see the national focus given to children's safety through development of the National Principles for Child Safe Organisations, which were endorsed by the Council of Australian Governments in 2019. The Principles are underpinned by a child rights, strengths-based approach and, importantly, include a principle on the child's right to participate in decisions that affect them. We further point the Committee to the Safeguarding Children and Young People Portal, developed by the Institute of Child Protection Studies, Australian Catholic University.

We suggest that greater consideration be given to areas of intersection in the development and implementation of the next National Plan for Reducing

[18] McIntosh J., 'Child Inclusion as a Principle and as Evidence-Based Practice: Applications to Family Law Services and Related Sectors' (AFRC Issues Paper No 1, Australian Family Relationships Clearinghouse, 2007).

[19] Australia's National Research Organisation for Women's Safety. (2020). *The PIPA project: Positive Interventions for Perpetrators of Adolescent violence in the home* (Research to Policy and Practice, 04/2020). Sydney, NSW: ANROWS, p. 15.



Violence Against Women and their Children and the next National Framework for Protecting Australia's Children, to ensure that full and consistent expression is given to the rights and needs of children within the domestic and family violence context.

Family and domestic violence within the context of the family law system

FRSA has made submissions to several inquiries that include a focus on family and domestic violence within the context of the family law system. Most recently these include the Parliamentary Inquiry into Australia's Family Law System, the Australian Law Reform Commission's Inquiry into the Family Law System (final report published in March 2019) and this Committee's 2017 inquiry into a better family law system to support and protect those affected by family and domestic violence.

It is the FRSA network's experience that the needs of families entering the post-separation family law system are becoming increasingly complex, and that violence is likely to be present in a substantial number of cases,[20] especially those presenting with ongoing conflict over children.

We consider that a number of measures could be taken to better support families affected by or at risk of violence within the family law system and have outlined these in our previous submissions. A summary of the main measures is provided below: [21]

- Improving information sharing between the family law, family violence and child protection systems to prioritise the safety and wellbeing of children and families at risk.
- Mandatory and ongoing training for all professionals working in the family law system to improve understanding of, and capacity to respond to, family and domestic violence.
- Implementing a holistic services system for families going through the family court process that ensures the safety of all family members before, during and after court attendance.
- Providing greater supports for families experiencing family violence issues in negotiating parenting and property arrangements, including collaboration with legal assistance services in delivering Family Dispute

[20] See also Moloney, L., Smyth, B., Weston, R., Richardson, N., Qu, L. & Gray, M. (2007), *Allegations of family and domestic violence and child abuse in family law children's proceedings: A pre-reform exploratory study*, Research Report No. 15, Australian Institute of Family Studies: Melbourne, and Kaspiew, R., Moloney, L., Dunstan, J. & De Maio, J. (2015) Family law court filings 2004-05 to 2012-13, Research Report No. 30.

[21] We discuss these issues in more detail in our submissions to the Joint Select Committee on Australia's Family Law System (2019) and the House of Representatives Standing Committee on Social Policy and Legal Affairs inquiry into a better family law system to support and protect those affected by family and domestic violence (2017) .

Resolution, effective use of technology and adapted mediation methods.

- Honouring the rights of the child to be safe in all family law decisions. While the rights of the child to be safe trumps the rights of the parent to have access to children in theory, this is infrequently borne out in court orders; it is nearly always the rights of the parents to have a meaningful relationship with the child that is given precedence. We concur with the ALRC's recent recommendation that "Section 61DA of the Family Law Act 1975 (Cth) should be amended to replace the presumption of 'equal shared parental responsibility' with a presumption of 'joint decision making about major long-term issues'."[22]

e) All forms of violence against women, including, but not limited to, coercive control and technology-facilitated abuse.

We draw the Committee's attention to the issue of systems abuse – that is, the use of legal and administrative processes to further abuse and control after separation. Research published by Australia's National Research Organisation for Women's Safety (ANROWS) in 2017 adds weight to the recognised problem of systems abuse.

> ***It is clear that the fragmented system of service delivery to women and children affected by violence is open to exploitation and that other aspects of the system are similarly open to abuse by perpetrators of family violence, including private law, mediation, family dispute resolution, and adversarial processes for making parenting arrangements.[23]***

Some examples of systems abuse disclosed by women in the ANROWS research study included 'repeated litigation and mediation', 'repeated breaches of personal protection orders', and 'using protracted family law proceedings to seek 100 percent of care-time with children when fathers had not previously been active parents.'[24]

The authors note the need for a full assessment and analysis of systems abuse as a form of family violence and what can be done to prevent it. They further note the need for building awareness among professionals and agencies working with separated parents with a background of family and domestic violence, of the potential for perpetrator misuse of services, systems and processes.[25]

---

[22] ALRC (2019), *Family Law for the Future – An Inquiry into the Family Law System: Final Report*, p. 16.
[23] Kaspiew, R., Horsfall, B., Qu, L., Nicholson, J. M., Humphreys, C., Diemer, K., … Dunstan, J. (2017). *Domestic and family violence and parenting: Mixed method insights into impact and support needs: Final report* (ANROWS Horizons 04/2017). Sydney: ANROWS, p. 192.
[24] Kaspiew, R., Horsfall, B., Qu, L., Nicholson, J. M., Humphreys, C., Diemer, K., … Dunstan, J. (2017). *Domestic and family violence and parenting: Mixed method insights into impact and support needs: Final report* (ANROWS Horizons 04/2017). Sydney: ANROWS, p. 154.
[25] Kaspiew, R., Horsfall, B., Qu, L., Nicholson, J. M., Humphreys, C., Diemer, K., … Dunstan, J. (2017). *Domestic and family violence and parenting: Mixed method insights into impact and support needs: Final report* (ANROWS Horizons 04/2017). Sydney: ANROWS, p. 192.

g) The efficacy of perpetrator intervention programs and support services for men to help them change their behaviour.

Perpetrator intervention programs have been around for some time but in more recent years there has been a greater focus on expanding their reach and encouraging a shared approach to underpinning concepts and outcomes. Different perspectives about concepts integral to perpetrator intervention programs – such as 'accountability'– and different perspectives about outcomes to be achieved and the complexity in setting outcomes and evaluating programs is driving much research.[26] We note that ANROWS has a dedicated research stream for perpetrator interventions research.

National Outcome Standards for Perpetrator Interventions were developed under the National Plan to Reduce Violence Against Women and Their Children, and endorsed by the Council of Australian Government (COAG) on 11 December 2015. Minimum standards and guidelines have also been developed at state levels.

This focus on perpetrator intervention programs reflects a philosophical shift in thinking about family and domestic violence from "why doesn't she leave?" to "why doesn't he stop?" – that is, a shift from blaming the victim/survivor to holding the perpetrator responsible.[27]

We recognise the need for a clearer articulation of outcomes across perpetrator intervention programs, and greater linkages between perpetrator intervention programs and other forms of intervention and support. Notwithstanding this, FRSA considers that perpetrator intervention programs are an integral part of tackling family and domestic violence and helping to protect the safety of victims/survivors of family and domestic violence, including children. In the main, our sector promotes these services as Men's' Behaviour Change Programs (MBCPs) to reflect the therapeutic and intended transformative nature of these programs.

Men who use violence in the family context can retain contact with their children even in circumstances when the parents separate. (We have noted our concern above that this is not always what the child wants; nor is it always in the best interests of the child). As discussed earlier, the impact of domestic and family violence on children is deeply harmful. This harm is likely to continue if children maintain contact with the offending parent unless the abusive

[26] See for example, Vlais, R., Green, D. (2018), *Developing an outcomes framework for Men's Behaviour Change Programs: A discussion paper*, Stopping Family Violence Inc., and Australia's National Research Organisation for Women's Safety. (2019), Men's behaviour change programs: Measuring outcomes and improving program quality: Key findings and future directions (Research to policy and practice, 01/2019). Sydney, NSW: ANROWS.

[27] Australia's National Research Organisation for Women's Safety. (2019). Men's behaviour change programs: Measuring outcomes and improving program quality: Key findings and future directions (Research to policy and practice, 01/2019). Sydney, NSW: ANROWS, p. 1.

behaviour stops.[28] Programs that aim to bring about positive behaviour change in men who use violence are central to interrupting harm.

A number of FRSA members deliver Men's Behaviour Change Programs. Some members also deliver intervention programs for others who use violence in the home – women, adolescents, trans and gender diverse people.

We note the following points that FRSA members have emphasized:

- It is critical that all MBCPs have companion support services for the partners/ex-partners of MBCP participants and for their children. Their safety and wellbeing are paramount.
- Intervention programs for those who use violence must be tailored to participants – a nuanced approach is required. For example, practitioners may need to be alert to particular dynamics and experiences across different LGBTIQ+ groups, or have specialist expertise (including community connections) to work with different culturally and linguistically diverse communities and Aboriginal and Torres Strait Islander peoples.
- It is important to hold men (and others) who use violence to account – that is, to work with them to recognise and take responsibility for their violent behaviour. It is also important to seek to understand their personal histories and explore factors that may have put them at greater risk of perpetration, such as childhood trauma, mental illness or alcohol/ substance abuse.
- It is important to find the motivation in men to change – often it is the desire to be a better parent.

In the main, perpetrator intervention programs are state-funded and this funding is uneven around the country. A few FRSA members use funding under the Commonwealth Special Family Violence Services funding to deliver MBCP. Participation in MBCPs can be voluntary or mandated, and they are run both in the community and in correctional institutions.

CEO of No to Violence, Jacqui Watt, has estimated that roughly 80% of men who attend a MBCP have been court-mandated (or referred via a police intervention), and 20% voluntarily attend. This indicates a positive systematic approach to intercepting violent behaviours, which Ms Watts noted the court system was not set up to do 10 years ago.[29] FRSA believes, however, that with greater early intervention, including through family and relationship services, and increased investment in (and therefore access to) MBCPs, we could see greater numbers of men who use violence accessing intervention programs and support before violence significantly escalates.

---

[28] Kaspiew, R., Horsfall, B., Qu, L., Nicholson, J. M., Humphreys, C., Diemer, K., … Dunstan, J. (2017). *Domestic and family violence and parenting: Mixed method insights into impact and support needs: Final report* (ANROWS Horizons 04/2017). Sydney: ANROWS, p. 13.

[29] Watt, J (24 June 2020, *Proof Committee Hansard* - evidence to Joint Select Committee on Australia's Family Law System, p. 25.

h) The experiences of all women, including Aboriginal and Torres Strait Islander women, rural women, culturally and linguistically diverse women, LGBTQI women, women with a disability, and women on temporary visas.

The Fourth Action Plan to the National Plan to Reduce Violence Against Women and Their Children 2010-2022 gives emphasis to the diversity of women in Australia impacted by family, domestic and sexual violence, including designating a stand-alone priority for support for Aboriginal and Torres Strait Islander Women and Their Children.

Australian Institute of Health and Welfare statistics reveal significant differences in the prevalence, severity and experience of family, domestic and sexual violence, with some groups of women more vulnerable. For example:

- In 2017-18, 22% (26,500) clients seeking specialist homelessness services as a result of family or domestic violence were aged 0-9
- People in remote and very remote Australia are more than 24 times as likely to be hospitalized for domestic violence as are people in major cities
- People living in the most disadvantaged areas of Australia are 1.5 times as likely to experience partner violence as those living in areas of least disadvantage.[30]

FRSA members have emphasised the need for a nuanced approach to working with people from different cohorts or groups, and perhaps more pertinently, adopting a nuanced approach to working with people within categorical cohorts. For example, experiences amongst LGBTIQ+ people – both victims/survivors and those who use violence – may vary greatly. FRSA members have also emphasised the impact that resettlement experience can have on different culturally and linguistically diverse communities and the value of recruiting workers with lived experience from the respective communities to help build appropriate services and supports.

i) The impact of natural disasters and other significant events such as COVID-19, including health requirements such as staying at home, on the prevalence of domestic violence and provision of support services.

Impacts of COVID-19 restrictions on prevalence of family violence

During the COVID-19 restrictions over March-May this year, FRSA members made a number of observations that indicated that family and domestic violence was on the rise:

- Families were talking more about family violence in their contact with services. This was attributed, in part, to the pressures of COVID-19. However, some providers felt that conducting intake and assessment over the phone was less confronting for some clients, enabling them to

[30] AIHW (2019), *Family, domestic and sexual violence in Australia: continuing the national story 2019—in brief*, Cat. No. FDV 4. Canberra: AIHW.

be more transparent in their responses. (Note: many providers shifted to phone/online service delivery, as discussed below).

- In some regions, members reported increased drug and alcohol intake was fueling family violence. In other places, where access to alcohol was restricted (deliveries not getting into remote communities), members speculated that this may be alleviating the prevalence of domestic and family violence.
- In some places there was an increase in presentations of family and domestic violence at hospitals, suggesting that family and domestic violence was being under-reported to domestic violence services and/or police, thereby escalating to a critical point.
- Changes in referral pathways were noted, with increased perinatal contacts recorded.
- An increase in violent incidents at 'changeover' – that is, when one parent delivers a child/ren to the other parent.
- A rise in domestic violence in some culturally and linguistically diverse communities (the communities were not specified).
- People were accessing family and relationship services (and other social services delivered by members) for the first time, including clients presenting with family and domestic violence issues.

The increase in family and domestic violence observed by FRSA members was confirmed in a statistical bulletin released on 13 July 2020 by the Australian Institute of Criminology.

The statistical bulletin presents the findings from an online survey of 15,000 Australian women about their experience of domestic violence during the initial stages of the COVID-19 pandemic. The survey found that for many women, the pandemic coincided with the onset or escalation of violence and abuse. Many women reported that safety concerns were a barrier to help-seeking – particularly for those experiencing more serious or complex forms of domestic violence.

The survey was conducted in May and covered the three-month period prior to that. The survey found that:

- 4.6 percent of women who responded to the survey experienced physical or sexual violence from a current or former cohabiting partner.
- Almost six percent (5.8%) of women experienced coercive control
- 11.6 percent reported experiencing at least one form of emotionally abusive, harassing or controlling behaviour.

Impacts of COVID-19 restrictions on provision of support services

The pandemic created complex challenges for service providers – particularly around ensuring suitability and safety of services. Providers moved quickly to adapt to the changing environment to ensure that clients continued to receive

support while meeting social distancing and 'lockdown' restrictions. Providers moved many of their services online/telephone if it was suitable to do so. Strict hygiene and social distancing measures were introduced where services continued to be delivered face-to-face. Group work, such as Men's Behaviour Change Programs, were often suspended with providers moving to an individual case management/crisis management model until group sessions could resume. Limited group work was conducted via online platforms.

Technology proved to be a great enabler during this time, but the limits of technology – especially for client safety in family and domestic violence contexts – were also starkly evident. Women in violent situations were often isolated at home with their violent partner making it more difficult to reach out for help or to fully disclose their circumstances when they were able to connect online or by phone.

FRSA members noted that:

- Practitioners had to be more mindful in their phone conversations with women about what could be revealed on the call (there was an awareness amongst practitioners that many women could not seek or overtly ask for support because it was too risky).
- Conducting sessions virtually (by phone or video link) made it more difficult to ensure the privacy of participants – who else at the participants' houses could hear their stories? Who could see them? Who could identify them?
- It was taking up to 60% more (paid work) time to cover off on safety risks prior to delivering services online, rather than face-to-face.
- Increased safety risks were present not just for women in violent relationships but also for children. FRSA members run Children's Contact Services, which provide a space for a child to have supervised contact with a parent in situations when it is not safe/appropriate for the child to have unsupervised contact. During the lockdown a number of providers supported online video contact sessions between a child and parent. Members needed to ensure the environment of both parents (the living with parent and the spending time with parent) were safe and appropriate for videoconferencing. An environmental risk assessment was undertaken that looked at the respective spaces that the contact would be held in (e.g. what was on the walls? Who else was in the home/physical environment?)

We note also that some clients – particularly those in remote areas – do not have access to (and/or cannot afford) the technology and internet services required to attend online sessions. Technological literacy is also a big issue for many vulnerable people in our community.

Financial hardship and family relationship challenges

The economic consequences of the pandemic are a significant challenge facing many Australian families. ABS labour force figures reported in mid-May showed that approximately 2.7 million people either left employment or had

their hours reduced between March and April. Between May and June between May and June, the ABS reported that the unemployment rate rose from 7.1 per cent to 7.4 per cent.

The experience of FRSA members is that financial hardship can place considerable stress on family relationships, leading to interparental conflict and, in some cases, the onset or escalation of domestic and family violence.

The links between financial hardship and family relationship challenges have been well-established in other contexts. A systematic review of empirical literature examining families' responses to economic distress within the context of macroeconomic crises found that family dynamics experience negative changes in the face of adverse economic circumstances. Similarly, a main finding from a 2017 study by the UK Early Intervention Foundation was that poverty and economic stress affect the quality of inter-parental relationships, and this, in turn, impacts on child outcomes.

Locally, an Australian Institute of Family Studies report that looks at the impacts of recessions on families found that involuntary unemployment normally has negative economic, social, physical health and psychological impacts. In turn, these negative impacts can flow to other family members, including children.

These findings are reflected in a recently initiated, longitudinal collective action research project in Western Australia (WA). The 100 Families WA project, which studies entrenched disadvantage in WA, found that 43% of a study of 400 financially vulnerable families experienced relationship break down attributed to their debt.[31]

Notwithstanding the gendered nature of family and domestic violence and the ongoing need to address this, we consider that addressing financial hardship is an integral precondition to reducing family and domestic violence. FRSA's position is that Government must mitigate adverse consequences, including family and domestic violence, over the life of the pandemic and in the aftermath through ongoing adequate financial support. We recommend, in particular, that there are no further cuts to the JobSeeker payment. In addition, people seeking support from financial counsellors for financial hardship at this time should also be offered family and relationship counselling services. The FRSA network of service providers has an established national footprint of services skilled in providing family and relationship support services, who could easily provide this service with additional funding.

j) The views and experiences of frontline services, advocacy groups and others throughout this unprecedented time.

Monash Gender & Family Violence Prevention Centre undertook two surveys over the initial lockdown period – one in Victoria and one in Queensland. The surveys looked at family and domestic violence practitioner views on the

[31] 100 Families WA (2019), *Financial Vulnerability Snapshot*.

nature of and responses to the 'Shadow Pandemic' during the lockdown period. The findings resonated with the observations of FRSA members.

The surveys found:

- An increase in the frequency and severity of violence against women,
- An increase in the complexity of women's needs,
- An increase in first-time family violence reporting by women,
- New forms of intimate partner women, including enhanced tactics to achieve social isolation and forms of violence specifically relating to the threat and risk of COVID-19 infection,
- For many women experiencing violence during the lockdown period, there was less ability to seek help,
- A number of service innovations,
- Numerous challenges to providing support, undertaking effective risk assessment and carrying out safety planning during the COVID-19 shutdown phase.[32]

We note that while COVID-19 restrictions have resulted in service innovations, particularly with technology, the suitability and safety of services for those affected by family and domestic violence, must be given full consideration in the longer term.

CONCLUSION

In summary we propose that:

- Governments invest in a public health approach to family and domestic violence, which looks at universal prevention as well as early targeted intervention across a range of contributing factors as well as gender inequality.
- Greater attention is given to the rights and needs of the child within the family and domestic violence context, including provision of dedicated support services for children affected by family and domestic violence, and enabling their participation in decisions that affect them. To this end, we recommend that the next iterations of the National Plan for Reducing Violence Against Women and Their Children and the National Framework for Protecting Australia's Children are more closely aligned.
- Improvements are made to the family law system to better deal with families experiencing family and domestic violence including: improved information sharing between family law, family violence and child protection systems, mandatory training for family law professionals, and holistic service supports for families as they move through the family law system.

[32] Pfitzner, N., Fitz-Gibbon, K. and True, J. (2020). Responding to the 'shadow pandemic': practitioner views on the nature of and responses to violence against women in Victoria, Australia during the COVID-19 restrictions. Monash Gender and Family Violence Prevention Centre, Monash University, Victoria, Australia, p. 6.

- Further attention is given to the issue of systems abuse as a form of family and domestic violence.
- Governments provide for greater investment in perpetrator intervention programs.
- Victims/survivors of family and domestic violence, and those who use violence, are provided with appropriate supports and services by ensuring that nuanced approaches involving specialist expertise, and where appropriate the harnessing of lived experience, are adopted.
- Government provides adequate financial support to families and individuals over the life of the pandemic and in the aftermath to help mitigate adverse consequences, including the elevated risk of family and domestic violence.
- The suitability and safety of service innovations developed during COVID-19 for families and children affected by or at risk of family and domestic violence are given full consideration in the longer term.

FRSA would welcome the opportunity to discuss any of the matters raised in our submission with the Committee.

APPENDIX A – Families and Children Programs & Services

The Families and Children (FaC) Activity is delivered under the Families and Communities Program and provides support to families to improve the wellbeing of children and young people to enhance family and community functioning, as well as increasing the participation of vulnerable people in community life. Below are five sub-activities run by the FRSA network:

1. Family Law Services

Family Law Services aim to provide alternatives to formal legal processes for families who are separated, separating or in dispute, to improve their relationships and make arrangements in the best interests of their children. Family Law Services has a particular role to help families with complex needs, including those with family violence issues.

Family Law Services include:

- **Family Relationship Centres (FRC)**
  FRCs are a highly visible entry point or gateway to the whole family support service system. FRCs play an important role in improving family relationships by providing information, support and referral services to all families, as well as family dispute resolution and access to some legal assistance for separating or separated families.

- **Parenting Orders Program - Post Separation Co-operative Parenting Services**
  This service help separated or divorced families who are in high conflict to work out parenting arrangements in a way that encourages consideration of what is in a child's best interests in establishing or maintaining relationships, while at the same time ensuring the safety of all parties. It helps parents manage their conflict, understand the effect their conflict is having on their children and to develop strategies to deal more constructively with each other and develop and manage parenting arrangements.

- **Supporting Children after Separation Program**
  This program aims to support the wellbeing of children under the age of 18 from separated or separating families who are experiencing issues with difficult family relationships.

  The services help children and young people deal with issues arising from the breakdown of their parents' relationship and the circumstances in which they find themselves and provide opportunities for them to participate in decisions that impact on them.

- **Children's Contact Services**
  Children's Contact Services enable children of separated parents to have safe contact with the parent who they do not live with in circumstances where parents are unable to manage their own contact arrangements.

Children's Contact Services provide a safe, neutral venue for the transfer of children between separated parents. Where there is a perceived or actual risk to the child, they provide supervised contact between a child and their parent or other family member. Parents may be ordered by a court to attend Children's Contact Services to facilitate changeover or have supervised visits with their children.

- **Family Dispute Resolution (FDR)**
  FDR services assist families to reach agreement and to resolve their disputes related to family law issues about child and property related matters, outside of the court system.

- **Regional Family Dispute Resolution**
  Regional Family Dispute Resolution services assist families to reach agreement and to resolve their disputes related to family law issues, in particular child and property related matters, outside of the court system. Regional Family Dispute Resolution services may also include the provision of counselling and group work as part of meeting the needs of separated families in their community.

- **Family Law Counselling**
  Family Law Counselling services help people with relationship difficulties better manage their personal or interpersonal issues to do with children and family during marriage, separation and divorce.

- **Family Relationship Advice Line (the Advice Line)**
  The Advice Line is a national telephone service to assist families affected by relationship or separation issues. The Advice Line provides:
    - information about services to help maintain healthy relationships;
    - advice on family separation issues;
    - guidance on developing workable parenting arrangements after family separation;
    - advice about the impact of conflict on children;
    - telephone and online family dispute resolution for people who need assistance;
    - information about the family law system;
    - simple legal advice and information for separating families with children, and
    - referral to a range of other services to help with family relationship and separation issues.

2. Family and Relationship Services (FaRS)

Family and Relationship Services aim to strengthen family relationships, prevent breakdown and ensure the wellbeing and safety of children through broad-based counselling and education. These early intervention and prevention services aim to support families when going through critical family transition points including formation, extension, and separation.

Services include information and referral, support, education and skills training, counselling, dispute resolution, outreach, community capacity building and development.

Family and Relationship Services include:

- **Specialised Family Violence Services (SFVS)**
  SFVS deliver specialised services that support individuals, couples, children and families who are experiencing or at risk of family or domestic violence.

  Services might include, individual or couple counselling and dispute resolution services; education for people with violent or abusive behaviour; support for people affected by family violence; and support for children who experience or witness family violence.

3. Communities for Children Facilitating Partner

Communities for Children Facilitating Partners (CfC FPs) supports children and families in disadvantaged communities across Australia. CfC FPs take an early intervention approach that supports families to improve the way they relate to each other; improve parenting skills; and to ensure the health and wellbeing of children.

CfC FPs build on local strengths to meet the needs of individual communities, and to create capability within local service systems, using strong evidence of what works in early intervention and prevention. They collaborate with other organisations to provide a holistic service system for children and families.

4. Children and Parenting

Children and Parenting funds early intervention and prevention services and resources to improve children's development and wellbeing, and support parents and carers in raising children. Services focus on children aged 0–12 years, but may include children up to 18 years.

Services aim to be accessible to everyone through strategies such as cultural awareness and diversity, and flexible opening hours and service locations. They work closely with clients to find solutions that suit their individual needs.

Children and Parenting comprises of:

- **Intensive Family Support Services (IFSS)**
  IFSS are evidence-informed and outcomes-based and focus on reducing child neglect and increasing the capacity of families to support their children to be safe, nurtured and thriving.

  These services provide the most vulnerable families in identified communities in the Northern Territory and South Australia with practical parenting education and support for up to 12 months, to help them improve the health, safety and wellbeing of their children.

- **Children and Parenting Support**
  Children and Parenting Support services provide early intervention and prevention support to children and their families. Services seek to identify issues such as risk of neglect or abuse, within families, and provide interventions or appropriate referral(s) before these issues escalate.

  Early intervention and prevention strategies aim to influence children's and families' behaviours to reduce the risks of an emerging issue. A key component of early intervention and prevention is to increase protective factors to enable children and families to be resilient when issues arise.

- **Home Interaction Program for Parents and Youngsters (HIPPY)**
  HIPPY is a two-year home-based parenting and early childhood program, targeted to families with 4 to 5-year-old children, that helps parents and carers to be their child's first teacher and give them a better start at school.

  HIPPY builds the skills of parents and carers to help prepare their child for school. The program also offers some parents and carers a path to work and local community leadership.

- **Child Support Advocacy**
  Child Support Advocacy funding is provided to community organisations that regularly assist separated or separating parents with support and information regarding their interaction with the Child Support Scheme.

5. Adult Specialist Support

Provides specialist services and support to improve outcomes and enhance wellbeing for people adversely affected by past institutional and child-welfare practices and policies.

Below are services that fall under Adult Specialist Support:

- **Find and Connect Support Services**
  The Find and Connect Support Services provide specialist trauma informed counselling; referral services; peer, education and social support programs; assistance to locate and access records and reconnect with family members (where possible) for Forgotten Australians and Former Child Migrants.

- **Royal Commission Community-Based Support Services**
  The Royal Commission Community-Based Support Services delivers services such as counselling, support and case management to individuals and their family members people before, during and after their interaction with the Royal Commission.

Source: Program Specific Guidance – Commonwealth Agencies in DEX – 31 July 2019