The Royal Commission into Domestic, Family and Sexual Violence

Submission

Recognition of victim-survivors

We recognise the lived and living experiences of victim-survivors of family, domestic and sexual violence, including child sexual abuse, as well as their family, carers, and supporters.

We recognise that this violence disproportionately affects Aboriginal and Torres Strait Islander women and children. We thank those whose experiences have shaped our work, and those who will continue to shape better responses moving forward.

We also recognise those who did not survive.

THE AUSTRALIAN CENTRE FOR SOCIAL INNOVATION

August 2024

Introduction to TACSI and our experience

The Australian Centre for Social Innovation (TACSI) is a pioneering social innovation organisation that demonstrates new solutions and builds the innovation capacity of Australia's social change sector to tackle the country's toughest problems. As an independent non-profit, TACSI has influenced major state and federal policy and reform agendas by working alongside people with living experience and policy, social sector and private sector leaders, whilst also pursuing a (mostly self-funded) agenda of thought leadership and future thinking through publications, events and alliance building.

We have been working in the context of Family, Domestic and Sexual Violence (FDSV) since our inception in 2009, including through our award-winning social venture, Family by Family (FbyF), and an extension of this work, The Virtual Village. Since 2018, TACSI has been working alongside the Department of Social Services and Primary Health Networks across Australia to lead, design and implement models across The National Plan to End Violence against Women and Children 2022-2032. TACSI has been working to gain a nuanced and deeper understanding of FDSV at a sector and system level, and the conditions and capacities that need development across communities to make real and positive change.

This submission draws upon a range of TACSI's work across 15 years that extends beyond Domestic, Family and Sexual Violence (detailed in our appendix) into interrelated areas, and it's from this perspective we describe some of the elements we believe warrant further exploration in The Royal Commission into Domestic, Family and Sexual Violence in order to deliver the generational change needed. Additionally, we call for the attention of the Commission in how it sets an agenda for implementation with a clear blue-print, that is structured through a systemic lens to enable the translation of recommendations through rigorous, adaptive and networked approaches to bridge the high level intent of the Commission and implementation over the short, medium and long term. Ensuring that specific recommendations enable the space, time and resources to build the collaborative conditions needed for results on ground for individuals now and into the future.

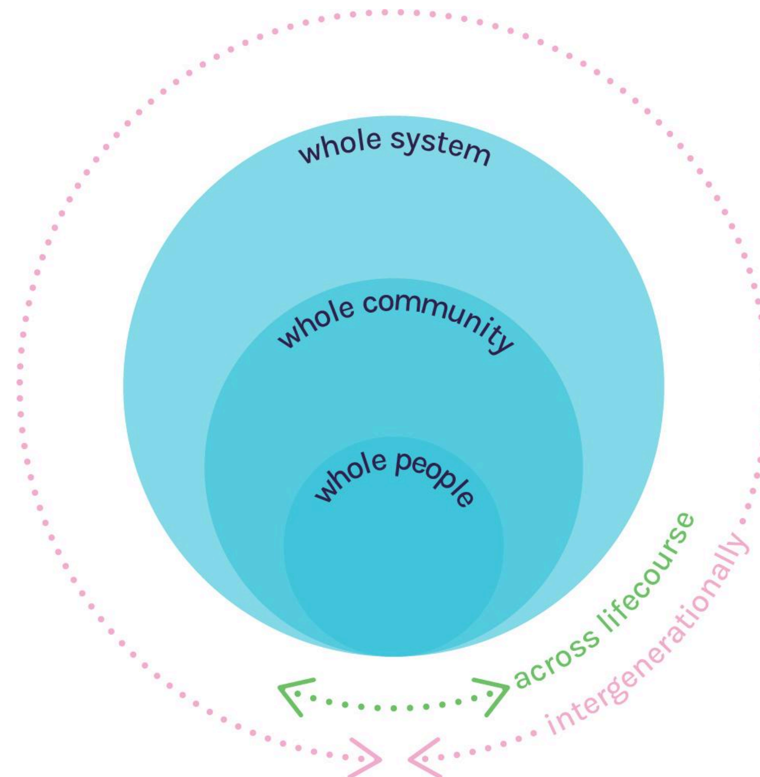
A social innovation lens and practice to addressing domestic, family and sexual violence

At TACSI, we approach 'social innovation' from a sociological perspective, recognising that new forms of social relations drive innovation.[1] In our participatory practice, we act as a bridge, convenor, translator and catalyser; to bring together lived and living expertise, practice wisdom and broader evidence bases to build upon strengths, find new ways forward together, challenge long-held views and address historically excluded views to co-design, prototype and learn across and in-between communities, practice and a broader system.

In our work within the FSDV space, and relevant to the Commission's Issues Paper we adopt a *social justice lens* and philosophy. We consider the *intersectional drivers* of these challenges across the *life course* and through an *intergenerational* lens. We strive to create, connect and integrate whole people, whole community and whole system responses. Noting we see 'whole people' inclusive of individuals,

[1] Ward, L.F., 1900. Social Laws. An Outline of Sociology. By G. Tarde. Translated from the French by Howard C. Warren, Assistant Professor of Experimental Psychology in Princeton University, with a preface by James Mark Baldwin. New York, The Macmillan Company. 1899. *Science* [Online]. Available from: https://doi.org/10.1126/science.11.268.260

children, family (inc. family of choice). We recognise the multitude of world views (and disciplines) that intersect and often conflict within the FSDV space and work. By working empathetically with these tensions we support all people to hold meaningful roles to diversify and strengthen their contribution.



A whole-of-system response

We recommend that South Australia invests in enabling a trauma responsive, whole-of-system approach to ending violence by involving the 'Whole People', the 'Whole Community', and 'Whole System'.

Key Priorities:

1. **Address Societal Gaps in Understanding**: Increase awareness and understanding of FDSV and its diverse trauma impacts, which is contributing to the increasing risk of both short term and life-long social, emotional, mental and physical consequences for people; and preventing our ability to engage with the prevalence and effects of FDSV and meaningfully and collectively organise.
2. **Cultivate Confidence and Courage**: Encourage individuals and communities to confront and address the deep-rooted causes of FDSV that remain normative elements of our society, such as cognitive bias, systemic collusion, and intergenerational trauma, by fostering environments that motivate and empower people to contribute to change.
3. **Adopt a Public Health Approach**: Advocate for a public health strategy, similar to past successful campaigns, to promote widespread awareness and behavioural change regarding FDSV within the Australian context.

4. **Holistic Recognition and Response**: Implement an intersectional social determinants awareness and systems response inclusive of health, housing, education, employment, and an individual's social capital; prioritising marginalised groups and fostering community leadership, so as approaches reinforce one another to effectively address the impacts of FDSV.
5. **Generational Approaches to Social R&D:** Invest in protected generational approaches that support the evolution of existing historical institutions, catalyse new R&D institutions to hold intergenerational responsibility for these issues that need long term stewardship, beyond the election cycles and machinery of government changes equipped with funding instruments embedded in budget processes to support ongoing change.

This comprehensive approach calls for coordinated efforts across all levels of society, ensuring that everyone—from individuals to institutions—plays a role in ending FDSV. We recommend focussing on:

Whole-People: By supporting the leadership of those with lived expertise, who understand the complex, multifaceted experiences of both adults and children affected by FDSV. Focusing on addressing the holistic needs of individuals, implementing integrated family-centred responses, holding perpetrators accountable while offering them support to change, and breaking generational cycles of violence by empowering children and young people to heal and lead.

Whole-Community: By increasing societal understanding of FDSV through innovative community mobilisation strategies and scaling effective grassroots responses using social R&D mechanisms. This approach should engage and empower unlikely community champions, including through targeted capability-building and investing in peer-to-peer support networks to bridge formal and informal responses.

Whole-System: By investing in system-wide collaboration and evolving outdated institutional frameworks, funding diverse learning opportunities that enhance both formal and informal learning pathways to create FDSV-informed systems that leverage the expertise of FDSV specialists. Prioritising funding to establish a strong evidence base for effective whole-of-community responses that integrate protective factors against violence into all areas of the system and respond to the long tail of recovery and healing.

Likely Outcomes:

- Increased public understanding of FDSV and its impacts.
- Greater systemic knowledge, integrated action, and compassion.
- Empowerment of more people to prevent FDSV and contribute to public health efforts.
- Collection of new evidence to support policy and institutional practices.
- Reduced burden on specialist sectors and lower long-term government costs.
- Enhanced readiness for collective action and improved social and cultural norms.

TACSI's experience in whole of system responses: see case study in appendix.

TACSI's response to the Issues Paper

The following recommendations are extrapolated from our 'whole-people, whole-of-community and whole-of-system' model so as to illustrate greater detail into some key systemic challenges and opportunities for the consideration and action of the Commission.

Prevention

How South Australia can facilitate widespread change in the underlying drivers of family, domestic and sexual violence?

Recommendation 1: Fund new forms of innovative evidence building of in-community responses

There remains obvious data gaps related to in-community responses. Funding limitations to evidence building and issues with community engagement surrounding this hinder effective prevention and intervention efforts. A strategic approach is needed that focuses on targeted research, resource allocation, policy development, collaboration and community development to support, test and scale effective evidence-building through new in-community solutions and evidence-based community prevention strategies to scale.

Recommendation 1: See detailed table in appendix
TACSI's experience in prevention: See case study in appendix

Early Intervention

How South Australia can improve effective early intervention through identification and support of individuals who are at high risk of experiencing or perpetrating domestic, family and sexual violence?

Recommendation 2: Fund and scale peer-to-peer models of holistic support to create new pathways at scale that address risk and protective factors across both 'Early Intervention' and 'Recovery and Healing'

Peer-to-peer models offer a powerful way to connect informal and formal support systems. There is a significant opportunity to harness the 'hidden workforces' of individuals with lived experiences of FDSV, who are now in recovery. By enhancing their skills to share effective strategies and developing the necessary infrastructure we can create a diverse, socially networked response system capable of scaling to meet the challenge. Investing in peer-models and social R&D mechanisms can build an evidence base, attract greater support, and ensure ongoing effectiveness and sustainability in addressing FDSV.

Recommendation 2: See detailed table in appendix
TACSI's experience in early intervention: See case study in appendix

Recommendation 3: Scale digital models of peer-to-peer support to address thin markets and rural and remote challenges of safety in place.

In thin markets of rural and remote areas, where funding and access remain an issue, place-based solutions (alone) can create challenges of safety and discretion thus acting as a barrier to support. Online peer-to-peer support models can effectively bridge gaps in the accessibility of support services, particularly in rural or remote areas. By utilising technology to establish a safe and confidential environment for peer interactions, integrating local resources, and offering ongoing support to peer workers, this approach can deliver crucial assistance and empower individuals to seek help in challenging situations.
Recommendation 3: See detailed table in appendix
TACSI's experience in early intervention: See case study in appendix

Response

How South Australia can ensure best practice response to domestic, family and sexual violence through the provision of services and supports?

Recommendation 4: Enable and spread a principally 'FDSV informed' social sectors response

Many professionals in specialist sectors face significant challenges, including minimal support, low compensation, and burnout, while being expected to address complex issues on their own. By democratising foundational knowledge of FDSV across various sectors—such as mental health, homelessness, alcohol and drug services, community health, and primary and tertiary care—we can create a comprehensive response system. This system would be fundamentally 'FDSV-informed,' fostering a unified approach that upholds dignity, safety, care, and respect across the entire social sector.
Recommendation 4. See detailed table in appendix
TACSI's experience in response: See case study in appendix

Recovery and Healing

How South Australia can ensure best practice response to domestic, family and sexual violence through the provision of services and supports?

Recommendation 5: Generational funding instruments for supporting the needs and potential of recovery and healing

Funding mechanisms embedded in both Federal and State budgets, supported by bipartisan commitment, could provide stable and sustained funding beyond the risks posed by election cycles and changes to the machinery of government. This approach would enable the acceleration and experimentation of dynamic models designed to support recovery and healing across the evolving needs and life-course of individuals and families.
Recommendation 5. See detailed table in appendix

Appendix: Recommendation Tables

Recommendation 1: Fund new forms of innovative evidence building of in-community responses

Challenge, Opportunity and Likely Outcomes table

Challenge	Opportunity	Likely outcomes
Data Gaps: Limited, high-quality data on FDSV and prevention strategies.	**Trauma Informed data collection:** The creation of trauma informed methods and standardised tools that engage clients in safe conversations allowing the right climate for disclosure of FDSV.	**Informed Decisions:** Policymakers and practitioners make better trauma informed choices. **Policy Development:** Informed with solid evidence. **Increased funding for prevention strategies:** resources directed towards what works.
Funding Limitations: In-community responses can experience difficulty securing sustained funding for research to complement their prevention efforts.	**Resource Allocation:** Direct funds not only to proven, effective interventions but allow for new emerging and promising practices to build the evidence of the future.	**Long-Term Impact:** Sustainable reductions in FDSV and enhanced community safety. **New Innovative Responses** that are evidence informed and scalable for greater impact. **Stronger interdisciplinary partnerships:** between academia, social health, data analysts, community and in place responses.
Underreporting: Stigma and fear lead to skewed data and less effective responses. This stigma can result in victim-survivors not seeking help at earlier opportunities.	**Improved Targeted Service Delivery:** In-community responses can create safer environments that actively reduce stigma and encourage disclosure of FDSV in order to improve help-seeking pathways for victim-survivors.	**Right Support at the Right Time:** The right specialised support delivered at the earliest intervention point for victim-survivors.

Community Engagement: There remains challenges in involving communities in evidence-building, as most evidence techniques are institutional, applied at point of engagement and often don't feel relevant to the community.	**Community Empowerment:** Build local capacity and ownership of prevention efforts by creating long-term partnerships in place, identifying champions within the community and finding creative engaging ways to build good evidence that is engaging to the community.	**Increased Awareness:** Greater community understanding and education. Greater place specific understanding of what works and for who. Enabling communities to respond early and often.
Limited Investment in New, Emerging/ promising Practice: New and emerging innovations can be overlooked as they endeavour to build solid evidence bases.	**Collaboration:** Foster innovative solutions through partnerships.	**Better Prevention:** More effective strategies to reduce FDSV.

Recommendation 2: Fund and scale peer-to-peer models of holistic support to create new pathways at scale that address risk and protective factors across both 'Early Intervention' and 'Recovery and Healing'

Challenge, opportunity and likely outcomes table

Challenge	Opportunity	Likely outcomes
Funding and Sustainability: Securing and maintaining funding for peer-models and social R&D mechanisms can be difficult, potentially affecting long-term sustainability and impact.	**Peer Models and Social R&D**: Investing in peer-models can spread effective practices and innovations. **Evidence-Based Practices**: Collecting and sharing evidence through social R&D can attract further investment and support, driving the continuous improvement and scaling of successful interventions.	**Evidence-Based Improvements**: Continuous enhancement of strategies based on collected evidence, leading to more refined and successful interventions.
Challenge of Change: Communities and key stakeholders might resist new approaches or practices, particularly if they are unfamiliar or perceived as disruptive.	**Community Ownership**: Fostering community leadership and ownership ensures that interventions are culturally relevant and sustainable, leveraging local knowledge and networks.	**Enhanced Community Engagement**: Increased involvement and buy-in from community leaders and members. **Greater Responsive Capacity in the Community:** Building

		new protective capabilities of awareness and improving intervention before crisis for a broader whole-of- community response and therefore reducing the burden on the specialist services system.
Integration into Existing Structures: Effectively integrating new practices and capabilities into established community assets (e.g., places of worship, sports clubs, activity groups) requires overcoming entrenched routines and norms.	**Trauma-Informed Capability Building**: Developing a trauma-informed approach within community assets can create practical, responsive roles in addressing FDSV and risks, making interventions more effective and sensitive.	**Improved Capability**: Strengthened skills and knowledge across key community assets, leading to more effective and trauma-informed responses to FDSV. **Expanded Reach**: Broader dissemination of effective practices and solutions through peer-models, impacting various sectors and unlikely candidates i.e. sports clubs, the arts.
Capacity Building: Building capacity within communities, especially in under-resourced areas, can be challenging and requires ongoing support and resources.	**Broad Impact**: Targeted capability building in diverse community sectors (e.g., worship places, real estate, sports) can create a widespread, integrated approach to violence prevention and support. **Offering Employment Opportunities to Historically Excluded Groups:** tapping into hidden workforces for broader change and impact.	**Sustainable Practices**: Greater long-term sustainability of FDSV prevention efforts through community-driven ownership and leadership. **A More Inclusive and Diverse Workforce:** leading to broader change and greater impact through increased innovation, economic growth, and social equity.

Recommendation 3: Scale digital models of peer-to-peer support to address thin markets and rural and remote challenges of safety in place.

Challenge, opportunity and likely outcomes table

Challenge	Opportunity	Likely outcomes
Limited Support Options: Individuals seeking support for FDSV in regional and remote communities often face a lack of available or diverse support services, leaving them with	**Flexible Support Options:** flexible, on-demand support, allowing individuals to access assistance according to their needs and schedules.	**Improved Accessibility and Access:** to support services.

minimal choices. This can be compounded by limited specialised services.	**Support to navigate specialised services**: peers to draw on their known flexible and specialised supports to help others navigate help seeking.	
Community Size and Privacy: In small communities, the close-knit nature can deter individuals from disclosing FDSV which creates a barrier to seeking help and accessing support. **Confidentiality Concerns:** The close connections within small communities may exacerbate concerns about confidentiality, leading individuals to avoid seeking help to protect their privacy. **Cultural Barriers:** Cultural norms or resistance to external intervention can further inhibit individuals from reaching out for support, making it essential to provide culturally sensitive and accessible services. FDSV remains a taboo topic in some communities.	**Alternative Support Pathways:** address barriers to accessing support by innovating alternative pathways for confidentiality and safety. **Aboriginal and or Torres Strait Islander led innovation:** to better understand, design and respond to FDSV early by partnering with leaders and peers in how to work with taboo subjects and support.	**Secure Platforms:** convenient and confidential platforms for individuals to connect with peers and receive assistance. **Increasing Confidentiality and Safety:** of those seeking support and addressing barriers of thin markets. **Community Empowerment:** Supporting online peer models can foster community building and empowerment, providing individuals with a safe, accessible space to connect and seek help. **Culturally adaptive responses:** services having an adaptive understanding, identifying what's important to individual Aboriginal families.
Geographical Isolation: The physical distance from specialised services and resources makes it challenging for individuals in remote areas to access timely and effective support. And for service providers to give timely and effective support.	**Scalable Solutions:** Digital nature of support offers scalability, allowing the expansion of support services to broader populations and integration with other community resources.	**Reduced Feelings of Isolation:** fostering a sense of community: and shared experience, in order to enhance emotional support to victim-survivors.
Resource Constraints: Regional and remote communities often face limited resources and funding for support services, which can restrict the availability and quality of help for those in need.	**Cost Efficiency:** Online support models can reduce costs related to physical infrastructure and travel, making support services more cost-effective.	**Greater Access to Support:** By leveraging Online Support models, regional and remote communities can overcome resource limitations and provide more effective and accessible support services. The reduction in costs associated with physical infrastructure and travel can

		lead to a broader reach and improved quality of support.

Recommendation 4. Enable and spread a principally 'FDSV informed' social sectors response.

Challenge, opportunity and likely outcomes

Challenge	Opportunity	Likely outcomes
Isolated Specialists: Specialist approaches are mostly acted upon by those that hold specialist knowledge.	**Specialists as Leaders in Capability Builders:** support specialist providers to be seen and valued as leaders in supporting others to recognise and respond to FDSV.	Broader social health system professionals are responding to people in FDSV specialist informed ways.
Disconnected Social Health Sectors: Lack of connection between multiple parts of a social health response can result in inefficiencies, gaps in service provisions and a disjointed experience for individuals seeking help.	**Coordinated and Shared Support:** focus on collaborative approaches, shared protocols, and joint case management.	Diverse professionals across the system are seeing each other's strengths and supporting each other.
Long Waitlists: Without a broader and shared ability to recognise and respond to FDSV many people are on waitlists to enter the specialist sectors, often waiting alone.	**Supported While Waiting**: broad social health sectors see and act upon the opportunity to support people while they are waiting for specialist support.	Professionals have new skills, supporting people whilst on long waiting lists.
Service System Responses Perpetuating the Effects of FDSV: The service system can inadvertently re-traumatised victim- survivors without the right skills and approach to recognise and respond.	**Do Away with Harmful Norms and Practices**: Restore recovery and healing principles and prevention protective factors into all norms and practices.	Decrease in systemic collusion and intentional harm. Increase in contemporary mindsets that see FDSV as everybody's business.
Varied Readiness, Willingness and Ability: some health professionals decline opportunities to improve their capacity and capability to recognise and respond to the effects of violence in the context of holistic health.	**Raise Both Expectation and Support:** support health professionals in ways that meet them where they are at, even the reluctant. Nurture champions modelling possibility and leadership.	Resulting in an increased confidence and capacity of the broader social sector responses, greater service-system integration, reduced burden at the point of crisis on the specialist

		workforce and a larger response system.

Recommendation 5. Generational funding instruments for supporting the needs and potential of recovery and healing.

Challenge, opportunity and likely outcomes table.

Challenge	Opportunity	Likely outcomes
Limited Commitment to the Long Game: The shared evidence base recognises the long-term effects of FDSVon an individual's (and often for the whole family) physical and mental health[2] creating cycles of intergenerational impact and broader stress on health systems and society.	**Whole-of-health, whole-of-life options:** unearthing and valuing recovery and healing options that see to the long term effects of trauma across lifecourse and minimise the burden of disease attributed to FDSV.	Broader recognition that FDSV is a public health issue and priority that requires more serious and long term attention and investment.
Short term Funding: The support and systemic capacity to address this remains hampered by commissioning that is short-term, piece-meal and subject to political cycles.	**Experiment with Investment Models that Serve Across the Lifecourse:** re-imagining options that are there for people when they need them, for as long as they need them.	Creative funding models that provide flexible, long term, brokerage for diverse recovery and healing opportunities.
Limited Innovation Investment: Lack of resources dedicated to working with victim-survivors and/or families to design, develop and scale recovery and healing models and service offerings.	**Build the Ecosystem of Recovery and Healing Options:** through collaborative design, prototyping and innovative evidence generation.	Emerging understanding of what recovery and healing takes and the impacts this has on people's lives, health and social outcomes.
System fulfilling prophecy for intergenerational harm: Even with ground breaking evidence backing the consequences of unresolved intergenerational effects of trauma there is little investment into undoing this by supporting children as victim-survivors in their own right to access recovery and healing.	**Enabling Early Recovery and Healing:** Begin building the support pathways and options for children .	Enhanced, proactive and early support for FDSV victim-survivors increasing the likelihood of ongoing cycles of trauma.

[2] Australian Institute of Health and Welfare (19 Jul 2024). "Family, domestic and sexual violence." https://www.aihw.gov.au/family-domestic-and-sexual-violence/responses-and-outcomes/health-outcomes

Appendix: TACSI's experience

TACSI experience: Whole-of-System response

TACSI's experience: lived experience demonstrating the burden of a fragmented support system

While co-designing with a person who has lived experience of FDSV, TACSI mapped out her challenging journey of navigating multiple, siloed services while trying to keep her family together. This illustration captures the emotional and practical toll of managing various sectors and services.

Imagine a mother striving to maintain her family amid a web of disconnected services. Each service has its own criteria, jargon, and location, forcing her to repeatedly share her painful story. Often, she finds herself excluded from services that don't align with her situation, feeling surveilled and judged. This constant struggle makes her feel like she's been placed in the 'too hard' basket, intensifying her sense of shame and blame.

The time and energy required to navigate these barriers have severe repercussions. She loses her job due to the demands of attending appointments and managing service-related tasks. This job loss leads to a significant reduction in income, which in turn puts her at risk of losing her home. The financial strain, combined with the stress of dealing with multiple services, adversely impacts all the social determinants of her health—her physical and mental wellbeing, social connections, and economic stability. As she tries to secure support for her family, the systems meant to help her end up exacerbating her challenges, making it even harder to create a stable, supportive environment for her loved ones.

TACSI experience: Prevention

TACSI's experience: building an evidence base for peer-to-peer

Family by Family, which had a demonstration site in NSW, successfully engaged families and showed notable success through qualitative data from both families and Family Coaches. The NSW site, in Mt Druitt, underwent an external evaluation, which was the fourth report on the program and the first for this site. This evaluation utilised a realist approach.

Evaluation Findings[3]

The evaluation analysed data from 108 families, revealing the following risk factors:

- **Social Isolation**: 62.9%
- **Domestic/Family Violence**: 51.4%
- **Financial Difficulties**: Over 40%
- **Food Security Issues**: About one-third
- **Mental Health Issues**: Over 40%
- **Alcohol or Other Drug Issues**: Around one-quarter
- **Other Health Issues**: About one-third

Outcomes for Children:

- Increased confidence
- Greater engagement in activities
- Enhanced social contact
- Improved social and relationship skills

Example: "He had a lot of aggression which he was taking out on his mum. I've seen him settle down a lot more." — Sharing Family about a Seeking Family's child.

Outcomes for Parents and Family Relationships:

- Increased social connections
- More time spent together
- Improved children's behaviour
- Better relationships with children
- Reduced anxiety and depression
- Enhanced self-care and health management
- Closure of child protection files
- Improved housing outcomes

Example: "They went through tough times we could relate to, and seeing their journey gave me hope that if they could overcome their challenges, I could too." — Seeking Family

Funding and Evidence Challenges

Despite the positive evaluation results, Family by Family lost funding, partly due to a preference for programs with Randomised Control Trials (RCTs) as 'gold standard' evidence. Attempts to fund and implement RCTs revealed significant challenges:

- **High Costs:** Securing $7-10M for RCTs was beyond reach for many community programs. (an amount quoted to us at the time)
- **Resource Intensity:** Difficulties in randomising families and managing practitioner variability.
- **Bias Concerns:** Ensuring unbiased data collection was challenging.

Innovative Approach

In response, TACSI partnered with BetterStart at the University of Adelaide to explore a quasi-experimental data linkage approach as an alternative to RCTs.

Approach: BetterStart is currently conducting a quasi-experimental evaluation to assess the

[3] Family by Family Mt Druitt Evaluation 2015 Community Matters Pty Ltd

impact of the Family by Family peer-to-peer support program on; child protection, education, and hospitalisation outcomes. In the absence of a randomised control trial (RCT), BetterStart are utilising advanced methodologies to draw valid causal inferences from observational data. Our approach involves emulating a sequence of 23 nested target trials of Family by Family initiation from January 2014 to June 2019.

The data analysis involves significant complexity, requiring the creation of 41 baseline covariates (predictor variables) and analysing 943 treatment variables based on treatment dates. BetterStart have already characterised two treatment groups and conducted a descriptive analysis of prior system contacts, including child protection, adult corrections, mental health and substance use hospitalizations, emergency department presentations, and homelessness services. This analysis has highlighted the high levels of complex circumstances faced by program families.

We expect to present the first fully adjusted results, isolating the causal effects of Family by Family, in November 2024.

TACSI experience: Early Intervention (1)

TACSI's experience: evidencing our peer-to-peer model of Family by Family

TACSI brings 12 years of experience working across Australia, New Zealand, and the United Kingdom, co-creating and co-delivering peer responses in collaboration with communities, individuals with lived experience, and a network of diverse partners. Their work spans various social policy areas, including child protection, FDSV, substance misuse, mental health and wellbeing, disability, foster care, palliative care, and support for young parents with care experiences.

Family by Family (FbyF) is a distinctive peer-to-peer support program designed to connect families who have overcome challenges (Sharing Families) with those currently facing difficulties (Seeking Families).

Seeking Families receive support through "Link Ups" lasting 10, 20, or 30 weeks, where they engage with Sharing Families. Sharing Families, who work with one to three Seeking Families at a time, receive focused capability building and coaching from trained professionals known as Family Coaches. This model emphasises setting behaviour change goals, which are achieved through dedicated coaching and peer-to-peer support.

The strength of FbyF lies in its community-based approach, where families, rather than professionals, offer support within the context of their own homes and communities.

In the South Australian implementation of FbyF (not specifically targeting FDSV), the following was observed from 2020 to 2024:

- 25% of families accessing the program had FDSV as a risk factor.
- 18% of these families identified as Aboriginal or Torres Strait Islander.
- 23% identified as Culturally and Linguistically Diverse.

The stresses reported by Seeking Families align with vulnerability markers outlined in Australia's Welfare Data Insights Report 2023.

An evaluation of the program found a 90% success rate in improving family life for participants, with an estimated $7 in cost savings to the government for every $1 invested.

Specific outcomes for Seeking Families included:

- Enhanced family support through both formal and informal pathways
- Increased confidence to leave situations of FDSV
- Improved health and wellbeing for parents and children
- Greater confidence and self-agency
- Enhanced parenting skills and confidence
- Reduced social isolation and stress
- Fewer child protection notifications
- Better educational attainment and career pathways

Positive impacts for Peer Volunteers included:

- Post-traumatic growth
- Improved employment and educational opportunities
- Enhanced family wellbeing

TACSI experience: Early Intervention (2)

TACSI evidencing: Digital models of peer-to-peer through the Virtual Village

The Australian Centre for Social Innovation (TACSI) developed the Virtual Village peer support platform in response to the COVID-19 pandemic to address service accessibility gaps in regional communities. This online program provided a space for individuals to connect, share experiences with peer support, access resources, and receive additional backing from a Family Coach.

Objective

The Virtual Village aims to offer peer-driven support through digital platforms, overcoming geographical isolation and limited service availability. It connects rural and remote families with peer support from those in different locations, ensuring confidentiality and reducing the concern of being judged by local community members.

Implementation

Virtual Villagers (peer family support volunteers) have experienced similar crises—such as FDSVor substance misuse—and have successfully navigated these challenges. This experience equips them to support others in similar situations.

The Virtual Village was a live, prototype service co-designed by TACSI's scaling innovation team, Uniting Communities, rural families across South Australia, and the South Australian Department of Human Services.

What We Learned

- **Peer Support Demand:** Families in crisis, including those dealing with DFSV and substance misuse, prefer support from peers who understand their situation.
- **Strength and Growth:** Both seeking and volunteering families aimed to emerge from crises stronger, with increased confidence and a goal of thriving rather than just being resilient.
- **Effective Support:** The Virtual Village provided intensive, accessible support tailored to families' preferred platforms and times.
- **Cost Efficiency**: The model proved cost-effective for supporting families across regional, rural, and remote areas.
- **Confidentiality:** Connecting families with volunteers in different locations offered crucial confidentiality, which was highly valued as a safety measure.
- **Accessibility:** The digital format helped families who were hesitant to leave home, offering a valuable initial step toward external support.
- **Child Protection:** Volunteers were trained to monitor online interactions for child protection.
- **Ongoing Value**: Families and referrers indicated that peer support is a valuable addition to the

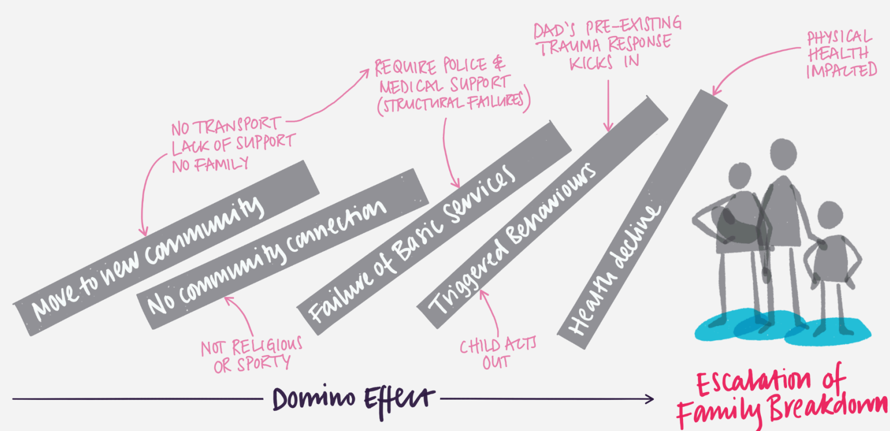
family support ecosystem and desired its continuation beyond the COVID-19 pandemic.

Feedback

- **Family Seeking Support:** "Less stress. Before the connection, I was stressed with a lot of conflict in the house. There has been less verbal abuse, less family violence, and less stress for me."
- **Family Seeking Support:** "I've seen myself differently. I've changed my outlook on the future and realised that things I thought couldn't be done, I can actually do."
- **Peer Volunteer**: "In a time when personal connections are limited, this program is crucial. It allows us to connect digitally and helps those with social anxiety gradually work towards face-to-face interactions if they choose."

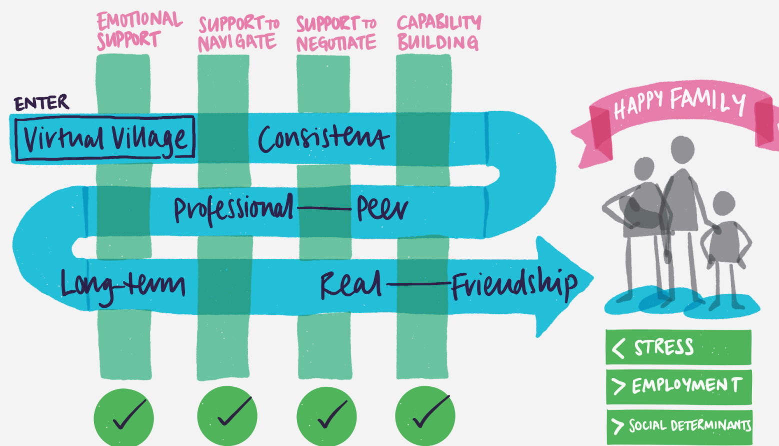
During the co-design of the Virtual Village, a victim-survivor collaborated with TACSI to illustrate her journey and the impact of the program. She described her experience as a 'domino effect' that led her into a deeper crisis. After leaving her community and trusted connections to escape FDSV, she relocated to a new rural area. This move exacerbated her sense of isolation and severed her ties to community support. The limited resources and services available in the rural community further strained her situation. The lack of support not only amplified problematic behaviours in her children but also significantly impacted her family's physical and mental health. The compounded stress and isolation contributed to the further breakdown of her family.

The illustration below visually represents her story, capturing how the sequence of challenges and the absence of adequate support led to escalating difficulties and intensified her crisis. Connected to peer support through the program, the victim-survivor received invaluable assistance from her peer volunteer. This volunteer, drawing on her own lived experience, offered on-demand emotional support and guided her through navigating various services. She helped the survivor address family well-being, improve relationships with her children, and even attended key meetings, such as school planning and child protection sessions, alongside her.



This peer support not only built the survivor's capabilities but also provided genuine friendship during a period of profound isolation. The image below illustrates how this support helped restore a

sense of balance, likened to the 'dominoes' coming back into alignment. As a result, family stress was reduced, employment opportunities improved, and all social determinants of health were positively impacted.



TACSI experience: Response

TACSI Experience: Recognise, Respond, Refer (RRR) Model with Brisbane South PHN *(now scaling across 11 PHNS Nationally)*

TACSI's Role: To work alongside Brisbane South PHN (BSPHN) as a design partner, to develop a model for an integrated health systems response to DFV

Problem or Opportunity: An integrated and multi layered response is required to contribute to the Australian Government's strategy to reduce the levels of domestic violence in Australia. Strengthening the role of primary health care in recognising and responding to domestic and family violence was a recommendation in the Not Now, Not Ever report. For many victim-survivors contact with a General Practitioner (GP) or healthcare professional is often their only link to community-based services. Enhancing practitioner knowledge of the issue can improve the response, provide early intervention and potentially save lives.

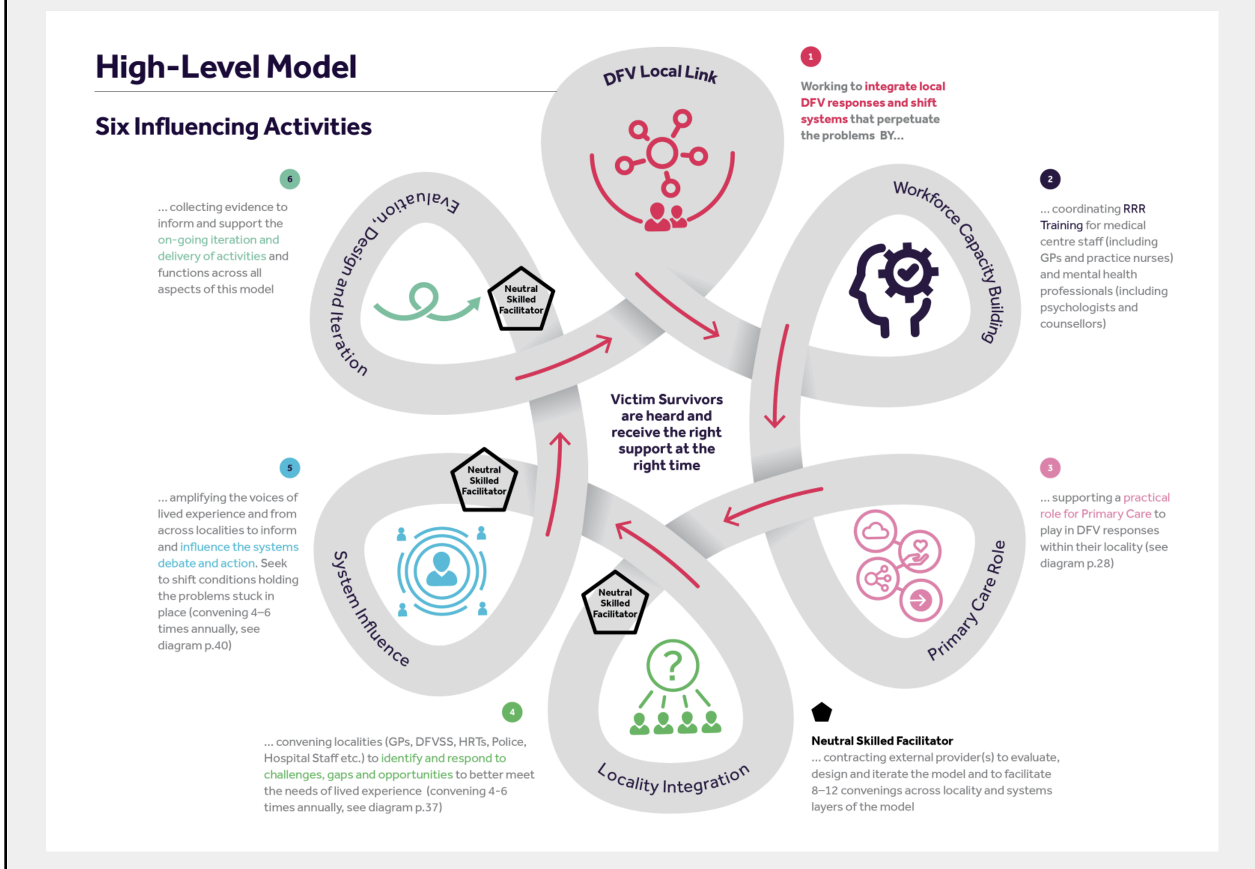
Approach: TACSI worked closely alongside BSPHN through thorough evidence reviews and various levels of deep inquiry with GP's, people from the DFV sector and victim-survivors of DFV to formulate the initial design of the model. A subsequent 'detailing' phase supported articulating an implementation plan to support action oriented learning.

Outcome: The final model comprises of six influencing activities that support primary care to take up a defined role in the systemic response to domestic and family violence Including:

The design phase produced a model with 6 core activities all of which are dependent on one and other in order to create maximum positive impact:

1. DFV Local Link (DFVLL) – The DFVLL primarily focuses on integrating a local DFV response playing a connector function between primary care, DFV services and influential systems stakeholders.
2. Recognise, Respond, Refer Training – Continuing to support GPs and practice staff in our communities to expand DFV understanding and capabilities to intervene.
3. Primary Care's Role – From creating the climate for disclosure to staying involved post disclosure/referral, there are practical ways primary care can support an integrated DFV response when properly supported to do so.
4. Locality Integration – Creating time out of business as usual for stakeholders to connect, name shared challenges, identify opportunities, explore alternative solutions and build the foundations of a united response at a local level.
5. System Influence – Convening influential system stakeholders to address structural and relational conditions which are preventing current problems being overcome and alternative solutions being adopted and scaled.
6. Evaluation, Design and Iteration – Building measurement, evaluation, co-design and prototyping approaches into the fabric of the model will ensure that it keeps evolving and improving the lives of people affected by DFV.

The model supported Brisbane South to secure 7.5 million of government funding to support the extension of the program nationally. We worked with Brisbane South PHN post the model development to prepare parts of the model to be tested in Brisbane South as well as to learn from diverse populations on how the model may need to adapt for specific cultural and diverse needs.



Impact

The Evaluation of the Improving Health System Responses to Family and Domestic Violence Primary Health Network Pilot. Sydney: Sax Institute 2023 reported that between July 2021 and November 2022 6 of the now 11 PHN's achieved the following impact:

- System integrators achieved over 3,500 meaningful engagements across almost 800 general practices These engagements had a heavy focus on relationship building but almost one-third involved providing general practices with DFV resources and/or general DFV advice.
- The DFV pilot also supported the care of DFV victim-survivors, with system integrators providing patient-specific advice on over 900 occasions, referral pathway advice on almost 700 occasions, and supporting GPs to make over 250 DFV victim-survivor referrals.
- System integrators also supported general practices with DFV-related quality improvement activities on almost 400 occasions.

The evaluation report presents evidence that the DFV pilot is contributing towards an improved support experience and outcomes for DFV victim-survivors by:

- Increased awareness & understanding of DFV in the primary care sector
- Enhanced primary care sector capacity to recognise & respond to DFV
- Enhanced relationships between DFV & primary care sectors
- Increased primary care sector referrals to DFV services
- Improved quality of support for DFV victim-survivors
- Improved outcomes for DV victims-survivors

TACSI's ongoing involvement

- Over the last 2 years we have worked with the 11 PHNs that are adapting and adapting the model.
- We are currently supporting Primary Health Tasmania and Adelaide and Country SA PHN to implement the model.