

Domestic and Family Violence Safety Alliance

Response to Issues Paper

Royal Commission into Domestic, Family and Sexual Violence

August 2024



**Domestic and
Family Violence
Safety Alliance**

Supporting people to live safer and free from violence

Domestic and Family Violence Safety Alliance (DFVSA)

The Domestic and Family Violence Safety Alliance (DFVSA) provides specialist domestic and Aboriginal family violence services to victim-survivors across South Australia through our 8 service delivery partners and 19 services, alongside government partners (Department for Human Services – Office for Women). The service partners are:

- Women’s Safety Services South Australia (WSSSA)
- Centacare Catholic Community Services (CCCS)
- Centacare Catholic Country SA (CCCSA)
- Yarredi Service, Inc.
- Nunga Mi:Minar Incorporated
- Uniting Country South Australia
- Junction Australia
- The Salvation Army

Our services support over 4,500 people annually and include local place-based support and state-wide services such as the Domestic Violence Crisis Line. DFVSA brings together specialist providers of domestic and family violence support and are the primary providers of DFV crisis support in South Australia (emergency accommodation, crisis, supportive and transitional accommodation). The Alliance partners also provide SA-wide Safe at Home support, supporting women and children to remain in a home of their choosing through a uniquely integrated model.

While DFVSA is a collaboration between government and non-government services, we acknowledge the different spaces, roles and responsibilities of all our partners. In considering this, while our submissions reflect whole of alliance discussions and inclusive consultation and engagement, it is submitted on behalf of the non-government partners.

Introduction

DFVSA are pleased to submit an initial response to South Australia’s Royal Commission into Domestic, Family and Sexual Violence. This submission provides a brief overview of the key areas of concern, focus and opportunity for DFVSA, which will be further expanded upon in our primary and more substantive submission in September 2024.

We have not specifically responded to the questions outlined in the Issues Paper, however our response represents a holistic response to the overarching key areas of inquiry. Due to our expertise and focus in the provision of frontline support – particularly the areas of the Royal Commission described as Response and Collaboration - we have chosen to focus on these areas through our submission, noting the significant linkages, expertise and experience in particular with Early Intervention and Recovery/Healing, and the expertise of others in these and Prevention spaces. We strongly submit that, while reflecting the outline of the National Plan, Early Intervention, Response and Recovery/Healing, in particular, must be considered together.

DFVSA will focus primarily on a response to domestic and family violence. We acknowledge that domestic and family violence encompasses sexual violence within the context of domestic and family violence relationships, and include it in such contexts. However, while we acknowledge the deep links across all forms of gender-based violence, we are not experts in the response to sexual violence, and acknowledge the expertise of key voices such as Yarrow Place and Embolden in this space.

South Australia needs to develop a service system that enables the provision of appropriate support at the right time and the right place for victim-survivors in line with their needs, when and where they choose to seek support, and in a way that meets their needs. We need a flexible and responsive model of support that

ensures that no matter where a victim-survivor is, they can access the support they require – this may be earlier intervention to work with the whole family, through to engaging with other victim-survivors in a therapeutic healing space which supports them to re-establish their lives and move forward (from financial health, to employment, to social and emotional wellbeing). Currently, these artificial barriers create significant barriers, as too often victim-survivors' needs shift between these arbitrary lines, finding themselves ineligible for services due to the impacts of the violence.

We strongly advocate for a shift towards a **holistic approach** to domestic and family violence, noting that this will take time and that additional resourcing will be required to enable a shift from crisis focused response to holistic, prevention and early intervention activities. DFVSA, as frontline services, strongly posit that this will require a strategy that serves to complement, rather than reduce, existing services, noting that the development and expansion of South Australia's prevention and early intervention spaces will take time, and that the need for current services to be maintained and expanded is vital to ensure that we do not disadvantage or risk victim-survivors who need support in the interim.

Finally, we also acknowledge the **importance and linkages between other submissions**, and have worked collaboratively with individual partners, and Embolden, to develop mutually reinforcing and supporting submissions that enable a deeper understanding of the local, regional, state, service policy and advocacy landscape. We encourage this submission to be read alongside those of our service delivery partners, who can provide more nuanced and specialised insights into the specific barriers experienced in their areas of operation and expertise. Similarly, we support and acknowledge Embolden's submission as the peak body for DFSV in South Australia, particularly regarding the policy, strategic and national context.

Key Recommendations and Positions

Recommendation 1: Develop and Fund a Holistic Specialist DFV Support Sector

South Australia requires a genuinely **holistic response sector** which is inclusive of a cultural, family and holistic lens, including evidence-based, best practice responses to all victim-survivors, including those who may require respite, to return to a family home with a person who uses violence, or may not wish to leave, as well as those at different stages of their experience or support needs.

The current system is overly focused on crisis response, and homelessness/accommodation-focused outcomes, creating significant barriers to victim-survivors accessing specialist support. An over-reliance on a simplified, western understanding of crisis response limits South Australia's ability to meet the holistic needs of victim-survivors, and creates a system which is over-stretched, over-burdened and frustrated by systemic barriers to best practice response. DFVSA strongly advocates for a holistic system which:

- a. **Embeds holistic victim-survivor responses into all frontline services state-wide**, noting that victim-survivors' experiences are not linear, and require a more fluid and person-centered response to meet their needs. Currently, eligibility and funding criteria mean that many victim-survivors are not eligible for supports due to not being at risk 'enough', not at risk of homelessness or living in an area that is not part of specific pilot programs. South Australia owes each victim-survivor the right to equitable support, which includes place-based, funded and inclusive support options across the state. This includes access to crisis, transitional, supportive and long-term accommodation, meaningful access to earlier intervention, crisis and recovery and healing options and localised options for therapeutic and long-term support across life domains;
- b. **Supports children as clients in their own right** through child-specific roles funded and embedded in all services as standard, including support to services and staff to build specialist expertise, skills and responses for children as clients in their own right – current capacity and funding puts significant limitations on access to child-specific supports, and also reinforces the 'postcode lottery' of where

specialist supports are available. Too often in our current system, children are supported via primary support towards their parent/caregiver, and are not provided specialist age-appropriate, intensive, therapeutic responses. Providing support to children impacted by DFV, is both a response and a prevention strategy, knowing the long-term impacts of DFV and the correlation between experiences of DFV and future life trajectories. This includes for unborn children and babies, noting the increasing evidence of the impacts of early trauma;

- c. Includes significant investment and capacity building in **working with perpetrators and families**. South Australia has a significant dearth of opportunities for perpetrators to engage meaningfully with services, and often only in specific areas or regions, limiting access due to geography. Perpetrators must be visible and accountable for their actions – too often we see victim-survivors, primarily women, bearing the responsibility for the safety of themselves, and their children, and carrying the financial, social and family burden of their experiences. This includes:
 - i. Accommodation options for perpetrators to leave the family home (e.g. DFV-Perpetrator program);
 - ii. Opportunities for family and perpetrator early intervention, behaviour change and non-custodial interventions;
 - iii. Genuine accountability and visibility of perpetrators through the utilization of existing mechanisms such as IVOs, breaches and child protection;
 - iv. Place-based responses which go beyond telehealth or custodial programs.
- d. Improved responses to **intersectional needs**, and recognition of the need for a culturally appropriate, diverse and inclusive support sector:
 - a. Currently Aboriginal Family Violence (AFV) is the only type of **family violence** that is meaningfully responded to by DFVSA, but we know that family violence can be wide-ranging. While we provide some limited support to victim-survivors from CALD backgrounds, defining what we mean by family violence as a sector, and funding it appropriately, including where other sectors have a responsibility (for example aged care and child protection), is vital. It is currently ill-defined and may not sit within the gendered drivers of domestic/interpersonal/Aboriginal family violence. However, we know that there are significant impacts across the community, and particularly for those from CALD backgrounds, for those who identify as LGBTIQ+ (including young people who are impacted by family violence due to gender or sexual identity);
 - b. Roughly a quarter of DFVSA's clients identify as Aboriginal, and yet our system and services remain tied to white, Western constructs of response, significantly impacting the cultural safety of not just services, but of the system as a whole. South Australia needs to **proactively build support systems that are truly culturally informed, safe and responsive**, across mainstream and specialist services, and focus on centering and embedding Aboriginal ways of being and doing across all elements of the DFSV sector. As noted in Recommendation 3, this includes increased funding and leadership by ACCOs and Aboriginal community, recognising the important role they play not only in directly supporting victim-survivors, but in working with community;
 - c. **Specialist and expanded LGBTIQ+ response**, including practice lead resourcing to support increased capacity and safe, inclusive accommodation options across the state. DFVSA has been heavily involved exploring and understanding how to better work with this community, and is currently reviewing and updating our recommendations in this space, and will include specific recommendations on this in our second submission;

- d. Expand specific responses and engagement with and for **migrant and refugee communities**, noting that in-person responses only available in metro Adelaide, though a state-wide service is available virtually, including:
 - 1) Considering and responding to the specific barriers and types of violence faced by those from culturally and/or linguistically diverse backgrounds, migrant and refugee communities, including barriers to accessing support due to a lack of income, which automatically disqualifies them from mainstream supports such as emergency accommodation (see, for example, DFVSA’s response to Dept. Home Affairs’ consultation on amendments to the migration framework to support visa holders experiencing DFV, at [Appendix A](#));
 - 2) Expanded place-based and community engagement response that provides an in-person state-wide response – currently Migrant Women’s Support Program’s funding and staffing curtails their ability to deliver full services across the state.

Recommendation 2: Build a Response Model Beyond Specialist Homelessness Service Limitations

Currently, frontline domestic and family violence response, primarily delivered via DFVSA, is actually a homelessness response, rather than a specialist DFV response. While DFVSA holds a specific role and space within the homelessness sector, our ability to meet the needs of victim-survivors is significantly constrained by contractual obligations regarding eligibility around ‘*at risk of, or experiencing, homelessness*’. We fully acknowledge that homelessness response and funding will always be an important element of DFV crisis response (as in other states), and strongly advocate for the maintenance and expansion of homelessness support alongside many of our homelessness sister services (particularly in light of the recently-released report by the Auditor General regarding the management of homelessness services¹). However, homelessness should not be the primary or only focus of the DFV specialist sector, and the specialisation of DFV crisis response, including but not limited to crisis, medium and long-term accommodation options, must be recognised, strengthened and preserved.

We absolutely acknowledge the important linkages between homelessness and DFV, and the importance of working alongside partners across the system². We also recognise that many victim-survivors are supported via homelessness support pathways, sometimes due to choice (including for those who identify as LGBTIQ+ who may not feel safe accessing predominantly women-focused services), often due to their experiences being historical or at lower risk at the time they seek support. Victim-survivors should not have to make themselves homeless or be at risk to access support, but too often, particularly in metro Adelaide, the current structures leave services with little option. See, for example, DFVSA’s response to the Housing and Homelessness National Plan Issues Paper (September 2023) at [Appendix B](#).

DFVSA calls on the Royal Commission to support the expansion of DFV specialist services beyond homelessness responses to:

- a. Develop **DFV-specific accommodation responses** that cater to the needs and drivers of DFV, rather than alignment to homelessness processes which may not be appropriate for victim-survivors – we must acknowledge that accommodation requirements for victim-survivors of DFV are different to those experiencing homelessness (acknowledging the significant trauma, systems failures and systemic barriers also faced by those experiencing homelessness, many of which cross over with those experienced by the DFV sector). At a minimum, we must look at:

¹ See Report of the Auditor-General: [Report 8 of 2024, Managing Homelessness](#) Services

² See, for example, Homelessness Australia’s Report [Homelessness and Domestic and Family Violence: State of Response Report 2024](#)

- i. Swift and meaningful actioning and embed Emergency Accommodation Program review recommendations, particularly regarding alternatives to hotels/motels and the specialist needs of victim-survivors of DFV, and considering differential requirements for victim-survivors;
 - ii. Access to appropriate, trauma informed, client-centred accommodation – including a broader remit that incorporates the experiences of victim-survivors, including respite, crisis, short-, medium- and long-term, including supported long-term. For example, currently, respite options (where someone requires a short-term accommodation response for their safety, but are not ‘homeless’ as they intend to return), is out of scope for emergency and other accommodation but is a cornerstone of many victim-survivors’ safety planning and management. Currently, the backlog in access to longer-term properties is creating a bottleneck in the system where clients are remaining in transitional and supportive accommodation sometimes beyond their support needs, but without appropriate exits, requiring them to continue to engage in supports that may not be appropriate to their current situation. These must be available across the state – currently, there remain accommodation ‘black spots’, where crisis or other accommodation types simply do not exist;
 - iii. Develop Aboriginal and Torres Strait specific accommodation options, with leadership from specialist ACCOs and Aboriginal community, that provide culturally safe accommodation options for community;
 - iv. Expand, fund and equitably distribute perpetrator accommodation options, to decrease the burden of response on victim-survivors, hold perpetrators to account and provide additional pathways for specialist services to support the safety and wellbeing of victim-survivors.
- b. **Fund specialist DFV responses for those not at risk of homelessness**, but still in need of support – many victim-survivors who are at high risk may still have safe (or relatively safe) accommodation, or may not be in immediate danger, and so are at significant risk of falling through gaps in the service system;
- c. **Fund the specialist crisis response to DFV alongside those requiring homelessness and/or housing support** – the current system makes it difficult to co-case manage across homelessness and DFV services due to eligibility linked to ‘at risk of or experiencing homelessness’ for both, and a lack of capacity to provide non-accommodation-based support, particularly in metro Adelaide. South Australia must recognise and develop the specialised DFV response, which goes beyond those experiencing or at risk of homelessness, ensuring that existing programs have the capacity to deliver the services required. This includes immediate investment in:
- i. Brokerage and direct client costs, which currently stand at around 3% of total budget, as specific funding for ISSP has ceased and ongoing needs to work within diminishing budgets has reduced available funding for client costs;
 - ii. Increased funding for Safe at Home, to enable meaningful delivery of safety and security upgrades to all victim-survivors (not only those who are assessed as high risk and identify as female);
- d. Invest in and prioritise specialist practice, including **translation of evidence and innovation into practice on the ground** – we must invest in and support Practice Lead(s) and enhance services’ ability to engage with, inform and learn from emerging research and evidence to enable practice to remain innovative and in line with best evidence both nationally and internationally.

Recommendation 3: Increase State Investment to DFVSA Specialist Response to Meet the Actual Needs of Community and Real Costs of Delivering Services, and Increased Engagement with Commonwealth Regarding System Gaps and Responses

The current system is **overly reliant on Commonwealth funding, with limited true State funding for DFV services**. DFVSA receives over \$17m per year of homelessness funding (primarily via Commonwealth National Social Housing and Homelessness Plan, previously National Housing and Homelessness Plan), but limited long-term state investment for the DFV specialist support. While we acknowledge the funding included in state budgets, this does little to provide a systemic, state-wide, holistic response, focusing on short-term, limited funding which do not meet the level of need in services and community.

This was clearly evidenced in the recent 2024-2025 budget, where no additional funding was provided to frontline services in the face of increased demand due to the visibility through the Royal Commission itself, and increased national focus, and indexation once again failed to meet the base needs of services.

SA is significantly behind other states' and territories' investment in services, leaving alarming gaps in our ability to meet the needs of the community. Recent analysis of DFV specific funding opportunities included in the Commonwealth's Safe Places Inclusion tender³ put this into stark contrast, where the only DFV-specific funding for South Australia in FY23-24 noted was \$7.3m over 4 years for DFV-CAP/PERP. This stands in stark contrast to, for example, Northern Territory which included \$55.1m in their 23-24 budget, including an additional \$20m over 2 years to support implementation of their second Action Plan. This lack of state funding has left South Australia behind nationally and risks the existing support system.

DFVSA has engaged in significant advocacy regarding the ongoing **structural deficit** embedded in contracts, including writing to Commonwealth, SA Premier, Ministers and the Treasury, both as an individual alliance and in partnership with other homelessness alliances. There has been no meaningful response, and in fact has demonstrated the lack of State investment or understanding of the financial challenges faced by DFVSA, and other specialist services, cumulatively over the past number of years.

Current funding is **not keeping pace with current service delivery needs** and is in fact facing ongoing structural deficits and real-world decreased funding. This was also reflected in the recent [Report from the Auditor General on Managing Homelessness Services](#), which noted that even in light of increased clients across the specialist homelessness sector (which includes DFVSA), funding has reduced in real terms.

Indexation continues to lag behind benchmarks, meaning DFVSA continues to struggle to maintain current levels of service delivery. Indexation must, at the very least, match CPI across the full contract amount (not only Commonwealth contributions), building on actual end of year baselines, or we will continue to be underfunded to deliver on core service requirements. Current significant risks include:

- i. Reliance on organisational contributions to maintain baseline service delivery;
- ii. Reliance on client rent and derived income, meaning decisions have to be made regarding access to services for those with no ability to pay rent;
- iii. Frontline staffing reductions;
- iv. Brokerage reductions;
- v. Increased travel, energy and core service delivery costs.

If we truly wish to meet a higher threshold for the delivery of appropriate responses to DFV, South Australia requires:

- a. **new and additional state funding** to enable a more holistic DFV focused response – this must come from State matching Commonwealth funding and ensuring that indexation actually keeps pace with

³ Analysis – State and Territory Alignment List, Resources to Support Safe Places Inclusion Round Applications. Downloaded October 2023

increases in CPI, staffing costs and costs of living, and that funding amounts reflect the true cost of delivering services in an increasingly complex and resource-scarce broader operating environment;

- b. **Increased meaningful investment in ACCOs** and community oversight of use of Aboriginal specific money to ensure it meets the needs of community when administered by mainstream organisations;
- c. Meet the operational needs and ensure equitable access to support in **regional/remote areas**, including increased cost of delivering services, tighter recruitment environment and lower access to mainstream services. This requires a revision of value for money considerations, and an understanding that ensuring truly place-based and equitable access to support across the spectrum of need for victim-survivors may not meet traditional value for money thresholds, but must acknowledge that each victim-survivor deserves to access the support they need, no matter where they are located in the state;
- d. **Re-funding of brokerage supports**, such as ISSP, which were initially funded by Commonwealth, but with no state-funding to continue, ceased in 2023, significantly impacting on the ability of services to meet the basic financial needs of clients;
- e. The pressures of delivering services in the current environment are significantly impacting on the ability of the sector to **recruit, train and retain experienced and qualified staff**. This is creating significant stresses on an already-stretched sector, where burnout and vicarious trauma are very real. While the recruitment environment looks different in different areas, maintaining and developing a specialist workforce with deep understanding of gender-based violence, risk, trauma and person-centered support requires a considered response. This includes considering the impact of the Social Worker Registration Scheme on the recruitment and retention of staff.

Recommendation 4: Improved Supports through Strengthened Multi-Sector Response and Whole-of-Community Responsibility

Responding to, and preventing, DFV is a **whole-of community response**. It cannot be responded to only by specialist services, particularly where there is an over-reliance on crisis response as there is in the current system. Building a state, system and society where DFV is everybody's business is vital, and can only be achieved through cutting through systemic barriers, reducing silos between sectors and services, building a culture of accountability and empathy within key organisations and structures, and ensuring a strong, cross-sector, government-led strategy, with outcomes and deliverables that cut across departments, sectors and silos. While there is much to be done in this space, some initial recommendations from DFVSA include:

- a. Maximising the use of **existing options** for response and accountability, including, for example:
 - i. Reinvigorating Family Safety Framework, to support swift, trauma-informed, multi-sectoral responses for victim-survivors at high risk. This includes ensuring that the intent and opportunity provided by FSF is maintained, including managing administrative and backbone responsibility, accountability and prioritisation for all partners and ensuring decision-makers are active participants;
 - ii. Ensuring that bail, remand and Intervention Orders are utilised, monitored and implemented to their fullest ability to support the visibility and accountability of perpetrators and the safety of victim-survivors and their families;
- b. **Safe at Home** currently has significant gaps due created through DSS contracting arrangements, significant underfunding and misses important groups including those not assessed as high risk and who do not identify as female;
- c. **Strengthening Police, Corrections and Court responses** to DFV, including:

- i. Improved training and capacity building, to support culture change at all levels, and build genuine understanding of DFV, its impacts and the role of different parts of the system. This must be embedded on an ongoing basis across all levels to develop best practice and trauma-informed responses that keep the safety of victim-survivors, and accountability of perpetrators, at their heart;
 - ii. Expanding specialised perpetrator responses both within Corrections and the community;
 - iii. Supporting Police and Courts to work collaboratively to ensure perpetrator accountability, including accountability for perpetrators who breach IVOs or bail conditions with meaningful repercussions. This is particularly important in building knowledge and understanding of coercive control;
 - iv. Supporting best-practice, appropriate police responses across the state, including in regional areas where there can be an over-reliance on individual Family Violence Officers who carry a significant burden and are at risk of burnout, and in small communities where police taking leave can result in no police response for victim-survivors at risk;
- d. **Developing and increasing opportunities for co-location, co-case management and multi-sector response.** This includes building on evidence-based models of co-location in South Australia and across other jurisdictions, including between statutory and non-government services (e.g. Women’s Safety Services SA (WSSSA) and SAPOL Northern Hub) and across social and community services (e.g. in Havens or regional areas). This includes the capacity to work across sectors and silos, to develop robust ways of co-case managing effectively and with the best outcomes for clients at the heart of the work – ensuring that South Australia maximises the opportunity of the AOD, homelessness, mental health, primary health, DFV and other sectors to work collaboratively at an individual, local, regional and state level.

Recommendation 5: Evidence-Based and Data-Informed System and Services, building a best practice culture of monitoring, evaluation and learning

South Australia lacks a robust strategy for the utilisation of data and evidence for best practice, innovation, monitoring and evaluation. Many services still do not have access to the totality of their data (e.g. Homeless2Home data system), while across the sector we are lacking the requisite capacity, skills and resources to use data effectively to inform decision-making at all levels. This is impacting our ability to meaningfully evaluate and continuously improve our offerings, to build service models which reflect best practice and emerging research, evidence and experience, and to bring together data from across sectors to provide a holistic understanding of the needs, experiences and gaps in the system.

- a. South Australia continues to lag behind best and emerging practice nationally and internationally regarding how we engage with, centre and prioritise the leadership of survivor-advocates. We must meaningfully **fund and embed lived experience across entire sector**. DFVSA and Embolden have collaborated to develop a Roadmap (see [Appendix C](#)) for the sector that outlines the necessary steps to immediately strengthen and centre this vital work – which plays a central role to the evidence, evaluation, monitoring and learning capacity of the sector;
- b. To support building improved **evidence-informed decision-making and practice**, South Australia must create opportunity to buy in the skills and expertise to manage this. This includes:
 - i. Funding Monitoring and Evaluation roles to better utilise data, identify trends/issues, evaluate and learn - currently there is extremely limited capacity to engage with or utilise data beyond performance reporting;

- ii. Monitoring, evaluation and learning must have dedicated funding within all contracts to build the sector's understanding and utilisation of more sophisticated monitoring, evaluation and learning (MEAL) tools and focus on learning and improvement;
- c. South Australia has no central capacity to understand or analyse outcomes, impact or whole-of-community data regarding DFV. **Increased investment in and oversight of outcomes and impacts** of the system is vital to achieving change – DFV is currently invisible across key Outcomes Frameworks within government, including both DHS and Homelessness Outcomes Frameworks. Without a clear strategy and focused, measurable and visible outcomes measurement, we will continue to be unable to understand the true impact of interventions and commissioned programs.
 - i. This should sit alongside a state-wide strategy, action plan and implementation plan, to support visibility of activities across the entire DF(S)V sector, understanding the intersections and relationships between services and programs, and to truly understand the depth and scope of DFV in South Australia – currently, we do not even have reliable data regarding demand, or the type(s) of violence victim-survivors are experiencing. This must include specific and meaningful understanding of data sovereignty, including how data is used, collected, accessed and interpreted, particularly by and for Aboriginal communities;
- d. **Build sophisticated data collection and utilisation infrastructure** that includes linked data, reduced administrative requirements and supports an outcomes framework that reflects DFV. At a minimum, this should include;
 - i. Action and fund recommendations from H2H review, and particularly develop capability to better collect information on DFV and the specialised nature of service delivery;
 - ii. Currently data is owned by government, with services only able to access data via monthly service delivery and KPI reports, significantly limiting the capacity to utilise, engage with and view holistic service and client data. Data should be accessible to services and alliance, supported by improved data capability.

Recommendation 6: Develop the Alliancing Model in Line with System Governance and Oversight, to Maximise Resources and Opportunities

DFVSA echoes Embolden's position on overarching system governance, noting that the DFV system governance remains challenging as it is diversified across a range of portfolios and responsibilities.

DFVSA favours the retention of a potentially adapted alliance model for frontline services, noting the significant importance of collaboration, coordination and accountability that has led to several key successes over the past 3 years and builds on a legacy of collaboration across the sector. However, the machinery of government changes which moved responsibility from Minister Nat Cook and SAHA (as it was) to Minister Katrine Hildyard and Office for Women, splitting DFVSA from the 4 homelessness alliances and wider alliance system, provides an opportunity to review key areas of compliance, governance and risk management which have dogged the alliancing model since inception. DFVSA therefore recommends:

- a. **In-depth, formal evaluation of the alliance system**, building on Auditor-General's recent report and SAHT/Flinders light touch governance review that focuses on:
 - i. Best outcomes for clients;
 - ii. Governance and compliance requirements;
 - iii. Legal implications of non-incorporated alliancing model, including risk management, financial accountability and compliance;
 - iv. Impact of alliancing on services and capacity;
 - v. Appropriate funding for alliances/frontline services, and equitable funding decisions;

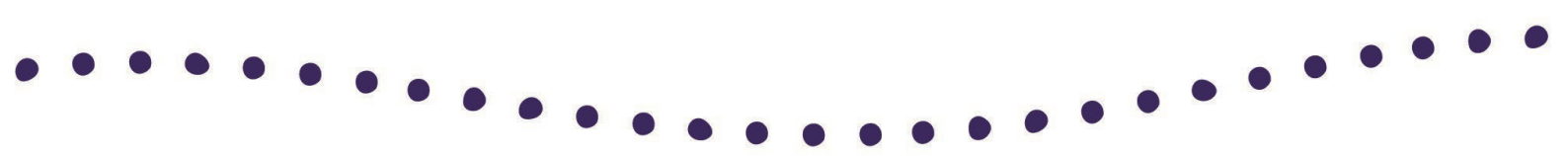
- vi. Differences between state-wide and regional alliancing models;
 - vii. Roles and responsibilities, including that of government, partners and lead agencies.
- b. Review and strengthen **whole-of-sector response**, reflecting the recent Machinery of Government move to DHS, including:
- i. Establishment of an outcomes-focused, impactful and robust sector steering group to replace the now-defunct ASSG, learning from significant consultations and trials (noting that there is work being conducted by DHS to progress);
 - ii. Cross-government and cross-sector engagement across whole-of sector DFV and whole-of-system responses (including homelessness) to ensure cross-government, whole of community responsibility to prevent and end DFV;
- c. **DFVSA is recognised as a specialised voice within the sector**, as a point of consultation, reference, advocacy and input:
- i. Specialist frontline DFV services are strengthened by a collective voice and the Alliance provides the best platform we have currently to ensure that this voice, perspective and expertise is prioritised. DFVSA must be recognised as central to DFV strategy, sector, system and operations in South Australia, and included as a key partner in strategic, policy and system discussions and decisions. DFVSA holds a unique perspective, bring operational knowledge and bridging the gap between operations and strategy to provide important insights into strategic decision-making;
 - ii. As the Royal Commission’s recommendations are likely to open opportunity for significant changes across DF(S)V sector, the importance of maintaining the specialisation in the response to victim-survivors is paramount. DFVSA works well alongside the peak body and other key parts of the sector (e.g. perpetrator responses), and provides an opportunity to ensure that decisions are considered in light of best outcomes for clients, impacts on the ground, service continuity and ongoing collaboration.

Conclusion

DFVSA appreciates the opportunity to provide this brief response to the Issues Paper for the Royal Commission, and provide initial priorities and recommendations to support the first phase of work of the Commissioner. We look forward to providing a more fulsome and expansive response as part of our main submission in September.

In the meantime, should you require any further detail, information or direct consultation, please reach out to Laura Cremen, Alliance Senior Manager [REDACTED]

Appendix A: Response to Dept. Home Affairs Consultation Paper on Amendments to the Migration Framework to Support Visa Holders Experiencing DFV, DFVSA: August 2023





**Domestic and
Family Violence
Safety Alliance**

SUBMISSION TO CONSULTATION PAPER

**Amendments to the migration
framework to support visa holders
experiencing domestic and family
violence**

Introduction

Domestic and Family Violence Safety Alliance (DFVSA)

The Domestic and Family Violence Safety Alliance (DFVSA) provides specialist domestic and Aboriginal family violence services to victim-survivors across South Australia through our 8 service delivery partners and 19 services and programs, alongside government partners. The service partners are:

- Women's Safety Services South Australia (WSSSA)
- Centacare Catholic Family Services (CCFS)
- Centacare Catholic Country Services (CCCSA)
- Yarredi
- Nunga Mi:Minar
- Uniting Country South Australia
- Junction Australia
- The Salvation Army

Our services support around 5,000 people annually, and include local place-based support and state-wide services such as the Domestic Violence Crisis Line. Services provide support in a range of accommodation types, primarily including hotels, motels, caravan parks and other providers of Emergency Accommodation Program accommodation, service-led crisis accommodation (often congregate sites of 4-10), Supportive

and Transitional Housing Program accommodation. We also provide SA-wide Safe at Home support, supporting women and children to remain in a home of their choosing in a uniquely integrated model.

As the primary providers of frontline crisis DFV specialist support, we are uniquely positioned to provide input and feedback on these issues, and welcome the opportunity to ensure that the barriers, gaps and needs related to ensuring that victim-survivors of DFV from culturally and linguistically diverse backgrounds are better responded to.

The Alliance is proud to include the state-wide Migrant Women's Support Program, who deliver specialist responses to victim-survivors of DFV. This gives us a unique and important role in advocating for policies, practices and services which are proactively delivering culturally safe, appropriate and impactful responses to women from culturally and linguistically diverse backgrounds. As part of our commitment to service improvements and sector collaboration, our CALD Working Group is leading work to improve our practice, engage with partners and continuously improve how we as services, as a sector, and a community, are ensuring that all victim-survivors, regardless of their visa status, are safe and supported through their experiences.

Responses to Consultation Topics

Temporary visa holders who experience domestic and family violence face a multitude of challenges and disadvantages. Their vulnerable immigration status can be wielded as a tool of control and coercion by perpetrators, exacerbating their predicament. Moreover, these women often encounter significant barriers when seeking assistance from health and family violence services. Compounding their isolation, many of these women lack a support network and rely on the abuser for social and community connections.

At DFVSA, we deeply value the safety of all women and their children, recognizing their right to be free from violence, irrespective of their visa status. Consequently, we offer the following recommendations to ensure the safety and well-being of all women and their children.

Recommendations for Amendments to the Migration Framework

We must do all we can to prevent women from having to choose between their safety or their visa status.

Part A.

Primary issues affecting temporary visa holders experiencing DFV

Through extending the temporary stay for DFV victim-survivors, we can empower and protect individuals who are already vulnerable due to their experiences of domestic and family violence. This proposal aims to prevent these victim-survivors from becoming unlawfully present or losing their visa status, providing them with the necessary time, resources and support to rebuild their lives and access the appropriate legal and community assistance they require to recover and thrive.

In taking this proactive step, we demonstrate our commitment to humanitarian values and ensure that DFV victim-survivors have a fair chance at securing their safety, wellbeing and long-term stability.

In the below, we outline the most pressing issues, including both those listed in the consultation paper and additional issues which we feel require further consideration.

Recommendation 1: Ensuring Victim-survivors' Safety

Extending the stay of DFV victim-survivors is fundamentally driven by the need to prioritize their safety and security.

To effectively address this issue, it is crucial to establish robust measures that safeguard the information shared between Centrelink/Medicare, police and other relevant government services.

These measures should ensure that such information cannot be used to the detriment of the woman or her dependants, including visa cancellation, deportation, or any negative immigration-related consequence. Clear protocols for information sharing must always prioritize the safety of women and their children.

Recommendation 2: De-linking the visa status of a secondary visa applicant from a primary applicant perpetrator of violence to protect their privacy

We strongly endorse the implementation of measures to ensure that the visa status of secondary applicants is not contingent upon the primary applicant, who may be the perpetrator of domestic and family violence.

This entails enabling secondary applicants to maintain their visa status independently, regardless of the actions of the perpetrator. It is imperative to guarantee that secondary visa applicants, who may be victim-survivors of violence, have the freedom to access support services without the fear of their visa status being connected to the perpetrator.

Through adopting this recommendation, we aim to sever the link between the visa status of secondary applicants and primary applicants who engage in violence. This step is crucial in safeguarding their privacy, empowering them to seek assistance and fostering an environment that promotes safety and support. Ultimately it encourages individuals to come forward to seek help and break free from situations of domestic and family violence.

This could reduce the use of visa status as a form of control and fear, providing a clear message to all people that victim-survivors of DFV will be supported by Australia to be safe and supported.

Recommendation 3: Ensuring streamlined eligibility to equitable access support services and Extending Temporary Stay in Australia

To ensure the safety and recovery of DFV victim-survivors it is essential to prioritize their eligibility and access to services and government support, regardless of their migration status. Ensuring that victim-survivors can make meaningful decisions that prioritize their safety, well-being and recovery is vital. This includes facilitating their access to specialist services such as housing, health care, legal aid, social security benefits, education and stable visa status. We know that lack of access to crucial social and economic supports creates an enormous barrier to victim-survivors leaving unsafe situations, which is exacerbated when access is fundamentally denied due to their status. It is crucial that victim-survivors and their dependents have the right to safe accommodation and access to support without interference from the perpetrator.

It should also be considered and recognising that DFV victim-survivors often require a comprehensive range of support services to address their needs. This may include stable financial support, trauma and other specific needs counselling, legal assistance and emergency accommodation.

An extended stay allows victim-survivors to fully engage with support networks, such as domestic violence services and shelters, counselling centres and community organizations. This facilitates improved access to essential resources and ensures victim-survivors receive the necessary assistance for their physical and emotional recovery.

Recommendation 4: Appropriate Funding for Support Services

DFVSA strongly advocates for the allocation of additional and dedicated funding to services who support victim-survivors who may be impacted by the extension of visas. Through securing adequate funding, we can ensure the availability and sustainability of specialized programs and initiatives that cater to the complex needs of temporary visa holders facing domestic violence. This funding should encompass culturally sensitive support services, legal aid, emergency accommodation, financial assistance and ongoing case management.

Furthermore, it is imperative that existing support services receive specific and appropriate funding to address the unique circumstances faced by temporary visa holders and their children. This funding would enable organizations to strengthen their capacity to provide culturally sensitive and linguistically appropriate support tailored to the needs of these vulnerable individuals. Furthermore, the funding for specialist organisations to provide free interpreting and translating services should be included.

We are concerned that without the above, services risk being unable to provide appropriate support to victim-survivors who may be made eligible for support. We remain committed to ensuring we support as many victim-survivors as possible, but strongly advocate that any changes in access to services is linked to appropriate funding for those services to be delivered in a safe, timely and culturally appropriate manner.

Recommendation 5: Access to sustainable funding to specialist legal services

Many victim-survivors of DFV may require engagement with legal processes, such as obtaining restraining orders, initiating divorce proceedings, or pursuing criminal charges against their abusers. Extending their stay provides sufficient time for victim-survivors to navigate the legal system and seek justice, without the added pressure of prematurely leaving the country. It enables victim-survivors to fully engage with law enforcement agencies and receive support during court hearings, thus ensuring a fair legal process that upholds their rights and promotes their overall safety.

Recommendation 6: Children's right to support and safety

Recognising that focusing on the adult victim-survivors alone is insufficient; it is equally crucial to consider the needs of the affected children who are also victim-survivors in their own right. Witnessing and experiencing domestic and family violence can have profound and long-lasting impacts on the well-being and development of these children. Therefore, any proposed extension of support services and/or temporary stay must encompass addressing the specific needs of these children.

Extending their stay would allow these victim-survivors to prioritize the safety and well-being of their children, ensuring that they can seek appropriate protection and support services. This includes accessing child protection agencies, enrolling children in schools, and establishing a stable environment that fosters their recovery and development.

This would also remove a significant barrier to leaving unsafe relationships, at the real risk of deportation of a victim-survivor on a temporary visa, potentially separating them from children who are Australian citizens. This has a significant impact on fears for parents in reporting DFV and the impact on their ability to remain in Australia with their children, particularly as there are often concerns regarding custody arrangements, safety or support in their home country, and managing international custody hearings and arrangements.

An extended stay for visa holders would ensure that they can make the best decisions for themselves, and often their children, without fear of imminent separation and potentially leaving children with their abusive parent

Recommendation 7: Economic Stability

DFVSA advocates for several measures to support victim-survivors of DFV who are on temporary visas. These measures aim to address the financial hardships faced by victim-survivors and provide them with the necessary support to secure housing, healthcare, income and independence.

- **Eligibility for Social Security Payments:** DFVSA suggests that a new temporary visa category should be created to provide victim-survivors of DFV with access to appropriate social security payments and entitlements, similar to those available to permanent residents or citizens. This would help alleviate financial burdens and provide victim-survivors with the necessary resources to rebuild their lives;
- **Exemption from Waiting Periods:** Currently, women who are granted permanent residency through their application for family violence provisions may be subject to a four year newly arrived resident's waiting period. DFVSA recommends that these women be automatically granted an exemption from this waiting period as part of their visa approval. This would ensure they receive immediate support without further delay;
- **Immediate Parenting Payment Access:** Women who are sole parents and victim-survivors of DFV should have immediate access to the parenting payment. Currently, these women may have to wait for a decision on their family violence provision application before being eligible for this payment. DFVSA asserts that immediate and ongoing funding support is necessary during the waiting period to assist these women;
- **National implementation of women without income programs** to provide financial assistance to victim-survivors and services to provide sustainable support to meet the safety needs of women and their children.

Through implementing these measures, DFVSA aims to reduce the vulnerability of victim-survivors on temporary visas and support them to regain their independence and financial stability.

Recommendation 7: Collaboration and Partnerships

To address the needs of victim-survivors and their children effectively, it is crucial to foster collaborations between government agencies, community service organizations and support networks. Through joint efforts, comprehensive and integrated approaches can be developed, providing holistic and coordinated support that promotes the safety, empowerment and long-term recovery of victim-survivors.

Additionally, it is essential to prioritize the implementation of comprehensive training programs for service providers and community organizations working with this vulnerable population. By equipping personnel with the necessary knowledge and skills to address the unique challenges faced by temporary visa holders, we can enhance their ability to provide effective support while reducing potential barriers arising from cultural or linguistic differences. We would also encourage broader training and understanding of the FVPs, and the rights of those on temporary visas, within Home Affairs, Border Control and related departments to ensure victim-survivors are recognized and supported appropriately no matter where they seek support, disclose or where a staff member may have concerns.

Recommendation 8: Cultural Challenges and the Need for Extension

The family violence provision visa serves as a crucial lifeline for victims of domestic and family violence on secondary visas in Australia. However, the current restriction of accessing this visa only when violence occurs within Australia, overlooks a significant reality of cultural barriers.

For individuals originating from cultural backgrounds where divorce or separation is not supported or where this is stigmatized, seeking legal assistance becomes extremely challenging, sometimes exacerbated due to experiences of judicial systems which discriminate against women, or particular communities.

DFVSA advocates for expanding access to the family violence provision visa beyond instances of violence within Australia, as it is imperative to acknowledge and address this safety concerns of victim-survivors who endure violence perpetrated by family members from their home country.

By dismissing the experiences of those who face violence originating from their home country, we disregard the unique and complex barriers they face in obtaining safety and protection.

Restricting access to the family violence provision visa solely to cases occurring in Australia perpetuates a cycle of abuse, leaving victims trapped and without the means to escape their abusive situations.

Recommendation 9: Recognizing the role of deception and coercion

DFVSA fervently advocates for a temporary visa extension to be granted to victim-survivors of coercive control, recognising the formidable obstacles they face in collecting the necessary evidence to meet visa requirements.

Victim-survivors of coercive control face well-documented challenges in gathering evidence to meet the criteria for a visa extension. It is vital to recognize that the dynamics of coercive control within relationships are not fixed; they often escalate over time, leaving victim-survivors in increasingly vulnerable situations. Perpetrators of coercive control frequently isolate their victim-survivors, making it even more difficult for them to seek assistance or collect proof of the abuse they endure.

Additionally, coercive control primarily operates through psychological manipulation, which can be harder to substantiate compared to physical violence. This perpetuates a vicious cycle where victim-survivors remain trapped in abusive circumstances, unable to meet visa criteria, resulting in prolonged suffering.

Besides advocating for a more compassionate approach to eligibility requirements, it is crucial to ensure that victim-survivors receive the essential support and protection they need. As more and more states introduce or consider legislation on coercive control, it is imperative that the migration framework keeps pace and reflects the increasing understanding of the risk, safety and impact of coercive control.

Part B.

Expanding the Family Violence Provisions (FVPs) to additional permanent visa subclasses

Recommendation 10: Permanent Visa Subclasses who Require Expansion of Access to FVPs

The family violence provisions of the Migration Regulations 1994 (Cth) currently only allows individuals on certain visa pathways, primarily Partner visa applicants or related Bridging visa holders, to continue their application for permanent residency after experiencing domestic violence by their intimate partner.

However, DFVSA recommends expanding access to these provisions to include additional applicant groups who are also experiencing family, domestic, and sexual violence.

This expansion should encompass:

- Prospective Marriage (Subclass 300) Visa holders who have not married their sponsor before the relationship breakdown or violence has occurred;

- Onshore permanent visa applicants who have applied as a secondary (dependent) applicant;
- Onshore applicants who have applied for a family visa;
- International Student visa holders.

Implementing this recommendation would ensure that a wider range of individuals affected by domestic violence can access the necessary support and protections provided by the family violence provisions.

Part C.

Temporary visa for victim-survivor of domestic and family violence

Recommendation 11: Key Elements of a New Temporary Visa for Victim-Survivors

- The visa application should include a provision for a bridging visa with work rights to ensure applicants can maintain households and care for dependents effectively;
- The visa should not impose any limitations on work or study and should grant victim-survivors access to essential services like Medicare, Centrelink and social security support;
- The temporary visa should offer a clear pathway to obtaining a permanent visa, providing victim-survivors with a sense of safety and certainty;
- It is crucial to introduce a new substantive temporary visa to protect victim-survivors of domestic and family violence, regardless of whether their temporary visa was cancelled onshore or offshore;
- This visa should also cater to individuals who are involved in ongoing family court matters concerning their children;
- Victim-survivors who are unable to provide evidence of their spousal relation due to domestic, family, or sexual violence should also be eligible for this visa;
- The visa should have a pathway to a permanent visa, specifically designed for parents of Australian children;
- There should be no application fees associated with this visa and waivers should be granted for health and police check requirements.

Recommendation 12: Evidentiary requirements

The requirement for the relationship to have ended before a victim-survivor of domestic and family violence can access the Family Violence Provisions is a problematic aspect of the process.

This condition poses risks as the perpetrator may escalate their violence to reclaim power and control. Additionally, leaving the home may not be feasible due to limited access to support services, income and housing options. In such situations, if homelessness becomes the only alternative, some women may choose to provide evidence of domestic and family violence and seek assessment for a permanent visa while still residing with the perpetrator.

Recommendation 13: More Understanding Requirements toward Coercive Control

In recognizing the unique challenges faced by victim-survivors of coercive control, it is crucial to revise the visa requirements to be more empathetic and understanding. Current requirements tend to focus heavily on evidence-gathering, often disregarding the complexities and nuances of abusive dynamics. Thus, a revised and comprehensive approach should be adopted, taking into account the psychological, emotional and financial constraints faced by victim-survivors.

Appendix B: Response to Housing and Homelessness National Plan
Issues Paper, DFVSA: September 2023



South Australia Domestic and Family Violence Safety Alliance (DFVSA)

Response to Housing and Homelessness National Plan Issues Paper

September 2023



**Domestic and
Family Violence
Safety Alliance**

Supporting people to live safer and free from violence

Domestic and Family Violence Safety Alliance (DFVSA)

The Domestic and Family Violence Safety Alliance (DFVSA) provides specialist domestic and Aboriginal family violence services to victim-survivors across South Australia through our 8 service delivery partners and 19 services, alongside government partners. The service partners are:

- Women's Safety Services South Australia (WSSSA)
- Centacare Catholic Family Services (CCFS)
- Centacare Catholic Country SA (CCCSA)
- Yarredi
- Nunga Mi:Minar Incorporated
- Uniting Country South Australia
- Junction Australia
- The Salvation Army

Our services support over 4,500 people annually and include local place-based support and state-wide services such as the Domestic Violence Crisis Line. DFVSA brings together specialist providers of domestic and family violence support and are the primary providers of DFV homelessness support in South Australia (emergency accommodation, crisis, supportive and transitional accommodation). The Alliance partners also provide SA-wide Safe at Home support, supporting women and children to remain in a home of their choosing through a uniquely integrated model.

DFVSA acknowledge that housing instability and homelessness is a multifaceted and complex problem caused by multiple push and pull factors that span social, cultural and economic domains. However, due to the scope of service provision of the DFVSA, this paper will primarily address issues associated with domestic and family violence and housing instability and/or homelessness. Our responses to the Plan are therefore framed within this context. Our response also incorporates input from sister services to the Alliance, in particular the Coober Pedy Homelessness and DFV service which, while not formally part of DFVSA, is an important partner in delivering homelessness and DFV services in remote South Australia.

General Comments

Links between DFV and Homelessness

Women who experience DFV often face disadvantage across the spectrum of housing instability and homelessness for a range of reasons, including decreased earning capacity (gender pay gap and burden of care), single parenthood and multiple moves in their efforts to secure long-term, safe, stable, secure and affordable housing¹. Housing instability and homelessness may continue across the lifespan for women and children experiencing DFV. This could mean moving 3, 4 or more times in a very short period, across urban and regional locations. This impacts significantly on the capacity of these women and children to build supportive community connections and stability. For example, children may have to switch schools at short notice, and, similarly, women who may be employed may need to terminate employment and sever local, supportive connections.

DFVSA is significantly concerned at the lack of visibility of domestic and family violence throughout the issues paper. As one of the primary drivers of homelessness for women and children, we expected the paper to be more explicit about responses to DFV. This is especially surprising given that the National Housing and Homelessness Agreement underpins the funding of many specialist DFV crisis services across the country. In South Australia, homelessness funding remains the biggest funding tranche for crisis DFV services (DFVSA currently receives just over \$16million to deliver 19 frontline services and programs across the state). In not recognising and articulating the extensive links between DFV, housing and homelessness in the Issues Paper, we are concerned that such links remain hidden and segmented and do not acknowledge the impact on victim-survivors, communities, policy and support programs, such as DFVSA.

The links between DFV and housing and homelessness are well-evidenced via longitudinal data and research. We therefore strongly recommend that any Housing and Homelessness National Plan clearly articulates the link between, and

¹ Ann Summers' excellent research report *The Choice: Violence or Poverty*, clearly articulates these links and the impacts of structural programs on individual socio-economic and personal wellbeing.

appropriate responses to, DFV and homelessness, while aligning with the National Plan to End Gender-Based Violence, Closing the Gap and other key strategies. This includes how homelessness programs, services and systems are flexible and adapted to the differing needs of different communities and groups.

By erasing intersectionality and difference, albeit with good intent, we risk a generic system that is inflexible and does not cater to the needs of the many different communities we work with across the state – communities impacted by geography, culture, experiences of violence (including domestic and family violence), age, gender, sexuality and socio-economic differences.

Investment

Specialist homelessness and DFV services are feeling the impact of cumulative years of financial stress, with modest funding increases unable to meet statutory staffing increases and inflation (particularly considering the disadvantage faced by services who are funded primarily via Commonwealth regarding the equitable application of CPI).

YEAR	CPI	Min Wage Increase	Super increase	State Funding Indexation	Alliance Funding Indexation (SAHA)	Funding Received	Actual \$ Increase (year on year)	Actual % Received	Minimum funding required to meet CPI and wage increase	% Increase required (minimum)	Actual additional minimum funding required to meet increases
2021-22	3.8%	2.5%	0.5%	0%	N/A	\$15,543,000					
2022-23	5.1%	4.6%	0.5%	2.6%	2.25%	\$15,650,900	\$107,900	0.69%	792,693	5.10%	684,793
2023-24	7%	5.75%	0.5%	2.5%	2.42%	\$16,196,519	\$545,619	3.49%	1,007,527	6.44%	461,908
Total						\$47,390,419	\$653,519		\$1,800,220		\$1,146,701

In the years covered by the table above, we have seen services diminished by the expectation of doing the same, or more, with less. Services are expected to continually find savings where there are none, and run increasingly lean service models to remain financially compliant and viable. This has resulted in a base funding gap of over \$653k over the past 3 years for services which are already running on extremely fine margins and/or deficits³, in addition to the cumulative impacts of underfunding over previous years.

Funding must also be long-term and sustainable, with clear plans for long-term funding for successful pilots. Equally, funding must support the policy-driven models enacted to support service delivery, e.g. the Alliance model in South Australia, with its increased administrative costs.

South Australia has recently seen the cessation of COVID-era Individual Safety and Support Packages (ISSP), which has reduced the brokerage available to DFVSA services by around 65% this financial year, having been injected into the sector for over 3 years. Without sustainability planning and greater collaboration between State and Commonwealth to invest in sustainable, evidence-based service options, and a true equity lens across the country, we continue to risk sector instability, reduced access to quality services and ultimately the potential to provide timely, safe interventions to people most at risk.

Pilots must have clear sustainability and long-term planning attached from the outset, so that there is a clear pathway to **long-term, sustainable funding** for pilots that work. Too often, services get caught between state and Commonwealth funding, which ultimately impacts on those seeking support. For example, the newly-launched early intervention and recovery pilots in South Australia, funded under the National Plan, must have sustainability measures built in, particularly in the case where pilots are shown to be successful. Risking the longevity of services that are demonstrated to work though a lack of long-term financial planning risks the integrity of the system, and of services who are responsible for responding to community needs and expectations.

Focus area 1: Homelessness

What are the different challenges for people experiencing homelessness in urban, regional and rural areas?

Homelessness presents a variety of challenges irrespective of location. However, the specific nature of these challenges can differ in urban, regional and rural settings due to the distinct characteristics of each environment.

Access to Crisis Accommodation

DFVSA supports an average of 35-45 families (up to 100 individuals) in emergency accommodation (hotel/motel) every night, with 75-85% of these being in the greater Adelaide area. This reduces the capacity of services to provide support to victim-survivors outside of crisis accommodation (including Emergency Accommodation (EAP), DV-Crisis Accommodation Program (DV-CAP), Supportive Housing Program (SHP), Transitional Housing Program (THP) and core and cluster/shelter), Such services are only available to a very limited degree.

There are no approved EAP providers in regional areas at all, though services can access local providers if available. In regional areas, where accommodation options are limited, services must provide support to clients in other forms of accommodation (including clients' own homes) - the lack of options does not necessarily denote a lack of need. Significant blockages to alternative accommodation may also be the result of family, cultural or other connections where clients, understandably, are reluctant to relocate.

While it is important to maintain place-based responses - and this fundamental to the policy and principles that support DFVSA - it does lead to inequitable access to safe accommodation options for those experiencing or at risk of homelessness due to DFV. This can and does look different in different areas and contexts, and has a direct impact on the scope of services and support that is available through crisis services.

	Core and Cluster/ Crisis	DV-CAP	Supportive Housing Program	Transitional Housing Program	Total
Metropolitan Adelaide	42	10	74	76	202
Aboriginal-Specific (metro)	11	0	9	10	30
Regional	32	5	23	44	104
Remote ²	2	1	2	0	5
Total	87	16	108	130	341

Table 1. DFVSA Accommodation Options across the state

In regional centres, where services may already be limited, inflow from remote communities can create waitlists and access issues. A clear example of this is evident within the more rural and remote areas that DFVSA services are delivered. Some regional areas have no crisis accommodation at all, and most regional and remote areas have extremely limited (if any) access to hotels/motels for emergency accommodation. Access to appropriate crisis accommodation for victim-survivors of DFV is severely limited. Thus, there is a significant difference between the availability of crisis accommodation options across South Australia. Geography also impacts the type of services available – regional and rural services often cover vast distances, with case managers often hours away from clients. While technology has done much to bridge these gaps, it leads to inequitable access to support, in-person engagement and reduced safety options for those at high risk.

Urban Areas

In urban areas, high living costs make it harder for people experiencing homelessness to afford essentials. Competition for limited resources such as shelter, community support, food and medical services is significant. Safety is a concern due to crime and exploitation and although there are generally more services such as mental health, AOD and financial wellbeing supports in urban areas than rural, accessing them is a challenge due to waitlists and high demand. Urban areas also experience inflow from regional and remote areas, as hubs for services and community, with more limited flow out from urban areas to regional and rural areas. This can result in tighter eligibility criteria for access to urban services, where higher demand may mean that delivery is constrained to those who are in crisis or at highest risk. Whilst public transport may be more readily accessible in urban areas, distance between services and supports can impact on accessibility, particularly for victim-survivors of DFV who may need to move out of one area for safety but maintain ties with that area through children's education or work.

Regional Areas

In regional areas, support services like shelters, transitional housing, medical assistance, and mental health resources are often scarce. People experiencing homelessness in these areas are more likely to feel isolated due to close-knit communities and the heavier stigma attached to DFV and Homelessness, resulting in reduced support options. The challenge of limited public transportation can hinder access to services, work opportunities, and appointments. Moreover, fewer job prospects in regional areas can make it more challenging for individuals to secure stable

² Including 2 crisis properties in Coober Pedy

employment. Confidentiality can be difficult or impossible to maintain, where the location of DFV crisis services and accommodation are often well-known in the community. While this can increase community commitment to safety, it means that perpetrators or their families often know the location of victim-survivors, requiring additional safety planning and risk management. There is also fewer private rental, public or community housing options in regional communities, particularly where industry or commercial business interests have the capacity to book out rentals and short-term accommodation. This lack of availability is further exacerbated by close community ties, impacting access to hotel/motel or other emergency accommodation where someone is known, or is linked to specific families, cultural groups etc.

Rural/Remote Areas

In more remote areas, basic services like medical care, mental health resources and housing options are either scarce or entirely absent. Where they do exist, they are often provided via fly-in, fly-out or telehealth service delivery modes. In these places, access to food, shelter and safety can be extremely difficult and increases vulnerabilities and isolation. In smaller communities, there is more likely to be heightened stigma regarding homelessness and DFV, leading to increased isolation and diminished support. Transport to even the most basic services can be expensive and difficult to access, where lack of access diminishes rights. For example, the inability to easily access legal, health or other supports because of non-availability locally, can limit the exercise of those rights.

What short, medium and long-term actions can governments take to help prevent homelessness or to support people who may be at risk of becoming homeless?

Services often fall short in addressing the **distinct and localised needs of specific clients and communities**. Homelessness is not a one-size-fits all issue. It is intrinsically linked to the cultural, economic and social fabric of each person's situation and community. Solutions and options often overlook the nuances that define personal or community challenges and strengths. Service planning, options and pathways often neglect to account for the availability or lack of local resources and capacity, cultural sensitivities and community dynamics that significantly impact the effectiveness of interventions. To meaningfully address homelessness, it is crucial to tailor solutions to the unique characteristics of each community, fostering an approach that acknowledges and embraces the diversity of the challenges faced by those experiencing homelessness in different places. Lessons from the last two years of the Alliance Model in South Australia, and particularly for DFVSA as the only state-wide alliance specialising in DFV, has underscored the importance of responses that are flexible enough to be adapted to local, place-based contexts, communities, and needs.

The current homelessness service model in South Australia, is not fit-for-purpose, **relying too heavily on crisis response**. Without a move towards a **public health model** of addressing DFV and homelessness, we will continue to over-emphasise crisis response while under-investing in impactful, evidence-based earlier intervention and prevention models proven to provide better outcomes and longer-term wellbeing. Without additional investment in earlier responses, crisis services will continue to be forced to neglect those who could be supported through earlier intervention to avoid homelessness whilst (rightly) prioritising the immediate needs of those in crisis and at greatest risk.

Whilst there is significant evidence to support earlier intervention, the situation in South Australia is further exacerbated by the **lack of true outcomes measurement and frameworks**. While we applaud the work that is being undertaken at both state (South Australia is currently finalising a homelessness outcomes framework) and a national level (the recently-released National Plan to End Violence against Women and Girls outcomes framework), we acknowledge that we need to be able to better monitor, measure, manage and invest in what is working. To do so, we need investment in effective monitoring, evaluation and data analysis tools to enable us to better understand the data and the efficacy and impact of our work. Only in this way, can we build on what is working and learn from what could be improved. This is also contingent on developing linked and connected data across sectors (and even across programs within the same services), and the capacity to adapt and modify services in line with emerging trends, environmental changes and evidence-based best practice.

Post-crisis and early intervention services are also an important support for victim-survivors of DFV. The impact of multiple moves as a flight response to safety issues can have significant lingering psychological impacts that often remain unsupported. Such impacts and effects can manifest once the person is safe. Supporting those experiencing homelessness where the root cause is DFV requires comprehensive interventions to address psycho-social challenges. Recovery and post-recovery programs must be funded, piloted and evaluated to properly consider their cost/benefits. Additional supports for this cohort could include legal assistance and expanded tenancy support in public and private rentals. Recognizing the root causes of homelessness is crucial in prevention, especially in cases where it stems from

domestic and family violence, and providing post-crisis support further demonstrates a commitment to prevention though building resilience and meaningful recovery (see section below for further points regarding early intervention). By providing comprehensive support, preventing homelessness, addressing emotional and mental health challenges, promoting economic stability, and offering legal assistance, early intervention and recovery/post-crisis programs effectively support individuals and families affected by domestic and family violence. Recognizing the importance of investing in these programs is essential to breaking the cycle of abuse as well as homelessness. Ensuring that victim-survivors have the right support, at the right time, from the right service, is vital to addressing their short, medium and long-term needs.

How can the homelessness system more effectively respond to those at risk of, or already experiencing homelessness?

How can the homelessness system ensure those at risk of homelessness or in crisis receive appropriate support to avoid homelessness or so they are less likely to fall back into homelessness?

Put simply, it is imperative to **invest in earlier intervention and recovery**, including post-crisis response following exits to longer-term accommodation. This is further discussed in the section on early intervention below.

Current Supportive and Transitional Housing Programs in South Australia remain unfit for purpose, as they **presuppose access to longer term housing options which are unavailable** in the current housing environment. Linking DFV support to housing outcomes and exits without clear specialist pathways and longer-term supportive housing models, takes focus away from DFV support and pushes into homelessness and housing first responses which are not always most appropriate. Ensuring that programs are flexible for those engaged in them is vital in tailoring supports to specific needs. Linking support directly to accommodation options, rather than client needs, means that clients are forced to engage with services as part of lease agreements that can last up to 2 years (depending on their housing options). The capacity to transfer leases from supported accommodation and connected supports, to long-term independent leases would allow for flexible support which rewards clients who are ready for independent living. Ensuring access to support following exit from formal crisis programs could also lead to greater stability and positive outcomes.

We consider it imperative that programs that do currently exist, such as 'Safer in the Home' (national program) and 'Safe at Home' (state programs), funded under the **Keeping Women Safe in Their Homes** Commonwealth initiative, are connected to support women across the continuum of risk and need. Currently, SITH provides support to people at low/medium risk, while those at high risk are supported by state Safe at Home initiatives. However, there is limited case management or short-term support available via SITH, which is focused on brokerage and security upgrades, and often those clients are not at high enough risk to access crisis support services. In South Australia, the Safe at Home program only enables access to case management support beyond security upgrades if the victim-survivor meets the eligibility criteria for crisis DFV services. However, the South Australian model for delivering Safe at Home via DFVSA has ensured true state-wide coverage, local response and partnerships with local housing and trades partners, and we encourage similar models nationally to address inequitable access to support wherever possible. Ensuring that there are supports available locally where additional needs are identified is vital for those at lower risk to prevent escalated risk. Security upgrade interventions need to be coupled with appropriate social or other supports (usually short-term).

Access to appropriate, long-term, safe accommodation is essential, and we simply do not have enough. Further, the lack of culturally appropriate housing (see elsewhere in this paper and in the attached briefing to SA Government) exacerbates this issue. The client group with whom we work are most often those with no other options. By accessing DFV-specific accommodation and services, victim-survivors have usually exhausted any and all other options. The funding provided to DFVSA focuses on providing support to those at risk of, or experiencing, homelessness due to DFV.

We know that the lack of appropriate housing can, and does, lead to women deciding not to leave, or returning to a DFV perpetrator. This is particularly risky in the current service provision environment, where women and their children are being forced to spend more time in crisis, supported or transitional housing due to the dearth of appropriate and safe long-term housing exits. DFVSA data tells us that:

- The length of time women and children are spending in emergency accommodation (hotel, motel, caravan parks) has been increasing an average of 1 night / quarter since July 2022, indicating that exits into appropriate housing options (both supported and otherwise) are more difficult;
- The length of stay in Transitional Housing Program properties is also increasing (by almost 20 nights on average over FY22-23).

The proportion of DFVSA clients who are successfully exiting into long-term accommodation is decreasing, mostly due to reduced options for long-term housing.

We also highlight the impact of visa restrictions on those with **temporary visas**, which limits income and therefore affordable and safe housing options. At least 10% of DFVSA's clients identify as CALD, and 105 clients last year were on temporary or student visas, severely restricting their access to safe, affordable housing. This creates a significant barrier to identifying appropriate long-term housing options, with many migrant families waiting months and years in **crisis accommodation** due to the lack of alternative viable options. Ensuring availability and access to safe, appropriate accommodation for those on temporary visas must be supported.

Many existing **financial supports**, such as the Private Rental Assistance Program, focus on supporting those who already have an independent income, but there are extremely limited, if any, options to support those who have no income, and no right to any government support (for example, the Escaping Violence Payment is only available to those on permanent visas or to Australian citizens), although we note and welcome the trial announced in the recent budget for this to be extended to those on temporary visas. Ensuring victim-survivors of DFV from all backgrounds and socio-economic situations have access to the housing and support they need to safely settle and thrive in Australia must be addressed.

Considering the current housing market, and the significant competition for affordable properties, better engagement with private landlords and rental agents is vital. Considering ways to combat the ongoing discrimination against, and lack of options for, low-income earners through incentives or head-leasing could be explored. We welcome South Australia's recent roundtable on renting and DFV, but note that without all relevant government, private and service partners together (including senior representatives from housing, homelessness, DFV, health and others), providing a coordinated and efficient response remains cumbersome.

What actions can governments take to facilitate early intervention and preventative responses?

We must review and reconsider the current models of support, which heavily rely on crisis interventions to bolster the whole sector. We argue that homelessness and DFV are public health issues, and must be treated as such – through a **public health model of support**. Continuing to invest in homelessness or crisis DFV responses will continue to push people into systems that we know aren't working. We need new investment to support earlier intervention and prevention and reduce the impact on tertiary services, enabling them to work holistically with those with complex needs.

Governments must consider **broader definitions of early intervention and prevention**. Current definitions are narrow and applied within a 'housing first' paradigm. Housing instability and homelessness are often impacts experienced as a result of other factors. Early intervention must be viewed through a broader lens, considering the holistic needs of a person experiencing housing instability or homelessness. Doing so would enable earlier intervention and/or prevention by addressing intersectional issues such as DFV, substance misuse, psycho-social and mental health issues, all of which are significantly associated with increased risk of homelessness. We must foster **cross-sector and cross-governmental strategies and responses**. For many of the clients with whom we work, housing instability or homelessness resulted from a range of other factors – especially DFV. An approach that privileges people, in place, in intersectional ways, rather than programs ensconced within specific and siloed policy portfolios is vital to address the complexities that exacerbate housing instability and homelessness.

In South Australia, for example, the primary early intervention service funded for victim-survivors of DFV through homelessness is the 'Safe at Home' Program – which is only appropriate for those where the perpetrator is no longer living at home, where the owner of the property has consented and where physical security upgrades are deemed the primary response. While this is a welcome service, with DFVSA supporting around 700 clients through this program last year across the state, it does not fill the gap of earlier intervention programs that address the risk of repeat or chronic homelessness, where insecure housing and crisis-focused support reduce the opportunity for long-term impacts.

Many crises services end support once a medium-term accommodation option has been identified outside of homelessness programs (in South Australia, that would be outside of programs such as emergency assistance program, crisis accommodation program, crisis accommodation, transitional and/or supportive properties). There is extremely limited support available for clients following the identification of a successful tenancy, which is often when someone is finally able to focus on their recovery, resilience, and long-term plans. For many victim-survivors of DFV, this is when support can be most impactful, but most difficult to access.

Ensuring that there are supports available to clients to settle into accommodation following the identification of appropriate long-term options (which remains a significant challenge in itself) is vital. This is often the time where people need support to re-establish their lives having been in temporary accommodation of various types for some time. Too

often, due to service pressures, contractual parameters and/or services available, support will 'drop off' after someone finds an appropriate exit from the homelessness support system. Being able to provide a more meaningful supportive housing model could provide the longer-term support needed to enable clients to settle into tenancies, and rebuild their lives, thus reducing the risk of 'falling back' into homelessness.

How can governments capture better evidence on 'hidden' or 'invisible' homelessness (e.g. couch surfing, living in a car and overcrowding)?

AIHW data, collected directly by services, informs much of our work in this context (at a service, state and national level). However, this data relates only to clients who are actively supported by DFV or homelessness services funded under the National Housing and Homelessness Agreement (NHHA). It remains notoriously difficult to measure unmet or unseen demand, or broader population level homelessness, where people have not actively reached out to, and been supported by, funded services.

Improving connected datasets – including specialist homelessness services, specialist DFV services, justice, health, child protection and others – alongside population level data from ABS, HILDA, census and others, would provide a more holistic and robust understanding of broader homelessness issues. This should be tailored and supported at Commonwealth, state and local government. This would require investment in systems and people to collect, collate and analyse such data, but would provide a far richer picture of homelessness and the broader factors that impact upon housing instability and homelessness. A common data dictionary developed across government portfolios and co-designed with service providers could enable the collection of data to inform unseen and unmet needs. Social services and their delivery should be underpinned by a minimum data set informed by intersectionality which drive service improvements and adaptations. Over time, such data could inform greater efficacy and joined up service delivery, create savings that could drive earlier intervention and prevention services.

While some methodologies, such as By-Name-Lists, have shown success in rough sleeping and specific areas, these remain resource-intensive and also not appropriate for some groups. For example, to protect safety and confidentiality of victim-survivors of DFV, BNLS may not be an appropriate mechanism (particularly beyond localised responses).

Is the Canadian National Occupancy Standard measure of overcrowding, and the way it is applied in Australia to define homelessness, suitable for the Australian context?

We believe that the Canadian National Occupancy Standards (CNOS) imposed by government can have a negative impact on the capacity for victim-survivors of DFV to find appropriate, long-term accommodation, and in making decisions for their family and situation. This is particularly relevant to large families, Aboriginal communities and CALD communities. The current occupancy standards often reflect a systemic bias towards white social constructs and understanding of living arrangements that don't align with different cultural groups and don't align with the availability of appropriate housing options. This results in women and children becoming 'trapped' in the housing instability and homelessness system for no other reason other than there being insufficient properties that can accommodate their family size/make-up.

There can be inconsistencies in how these standards are implemented between crisis, short/medium term and long-term housing options. One large family can feasibly be supported in homelessness/DFV transitional or supportive accommodation but due to a lack of appropriate housing options and CNOS, are unable to find long-term options. This can leave a family without housing exits for years, impacting on their wellbeing and recovery, while also reducing the crisis housing available within the system.³ Conversely, this can also impact on single people, who can find it difficult to access housing outcomes due to 'under-occupancy'.

For these reasons, we strongly recommend that the CNOS measure of overcrowding is reviewed with special consideration for First Nations and CALD communities, and includes appropriate consultation and leadership, with such consultations aligned to appropriate child development, health and related input. We appreciate the need for standards to ensure that public housing in particular is providing safe, hygienic and appropriate housing options to tenants, but this needs to be balanced by empowering families to make decisions regarding their own, and their family's, lives.

³ The ABS Survey of Income and Housing 2019-20 found that, applying CNOS, almost 4% of Australian households required at least one additional bedroom to meet the requirements of the household, while 77% had at least one bedroom spare. Source: <https://www.abs.gov.au/statistics/people/housing/housing-occupancy-and-costs/latest-release#:~:text=Applying%20the%20Canadian%20National%20Occupancy,at%20least%20one%20bedroom%20spare.>

Focus area 2: Homelessness Services

What are the main challenges in addressing chronic and repeat homelessness?

Chronic and repeat homelessness is the result of a range of **social and systemic failures** for those made vulnerable by circumstance or experience. **Siloing homelessness** as a single issue sidelines many of the causes and influences on homelessness. Challenging the disconnect between the ways in which our services address these causes and influences, and thus considering the wide range of cultural, structural, socio-economic, psycho-social and other impacts on a person's journey is vital to addressing chronic and repeat homelessness.

Understanding 'repeat' homelessness episodes and the reasons for them is also very important. While repeat homelessness episodes may indicate that services have not met the needs of some clients, or they require further or different support options, for others repeat episodes of homelessness and help-seeking can be indicative of the exercise of both protective and positive strategies. For victim-survivors of DFV for example, re-presenting at a crisis service (in South Australia, these are homelessness services specializing in DFV) forms part of a safety plan and often reflects a positive previous experience of feeling safe, supported and knowing where to go. The data is clear that it takes women 7-9 times to finally leave an abusive relationship, and each time is an opportunity to build their skills, to take time to reflect and make decisions and plans, to understand their options and consider their safety. Addressing repeat homelessness in this context must take a nuanced and client-focused perspective, acknowledging that safe, short-term, respite or similar options remain vital to the safety journey of victim-survivors.

Similarly, **access to appropriate and specialised respite and short-term options** would reduce the impact on crisis accommodation and enable the provision of short-term safety responses for the many women who do not want to leave a perpetrator, but for whom short-term homelessness is a viable and necessary safety option. This is particularly important for Aboriginal communities, where family healing, rather than relationship breakdown, is what the client seeks. However, our current social constructs, often based on a mainstream, individualistic lens, often requires a woman to leave a relationship and/or make herself homeless to access mainstream support.

For victim-survivors of DFV, a lack of **sustainable, evidence-based, appropriately funded prevention, earlier intervention and recovery models** severely impacts the capacity of the sector to provide long-term responses to the community, as outlined in the section above.

What housing or dwelling models may need to be considered to provide appropriate options for people experiencing chronic and repeat homelessness?

Longer-term supported, multi-sector housing options, are imperative, where there are appropriate supports available to address the core drivers of someone's homelessness experience (for example AOD support, DFV, mental health, therapeutic support, skills building and access to work placement and support). Current models and systems move too quickly from crisis/medium-term accommodation linked to support, to long-term (if available) accommodation which is unsupported and fully independent. A phased approach, where supports are provided if and when people need them, would provide a more supportive environment that acknowledges the impact of chronic or long-term homelessness, and the ongoing support needs individuals, young people and families may face.

As noted above, ensuring that future planning reflects the demographics and requirements of the range of individuals and families impacted by homelessness is vital. Adequate flexible housing options, including for singles and for large families, must be considered through any future investment.

What are the medium and longer-term steps that can be taken to ensure we have a more consistent and coordinated service system to support people who are experiencing or at risk of homelessness?

1. **Collaborative and coordinated response:** In South Australia, the Alliance model of service delivery is improving the coordination and navigation of a complex homelessness service system. The importance of information sharing, collaboration and shared accountability has clearly led to greater engagement and coordination across homelessness and specialist DFV services. However, the next evolution must also consider how an alliance or collective impact model brings in expertise and engagement with the broader service system to address root causes and upstream failures which result in people needing crisis support. This includes improved coordination

and collaboration between government housing authorities, community providers and specialist homelessness support services, as well as broader strategic and operational engagement and collaboration with ancillary services from health, corrections, child protection and others to use resources and funding efficiently and effectively. The experience of a state-wide DFV alliance has shown that being able to develop state-wide processes, responses and understandings has significantly improved relationships and collaboration across specialist DFV services. Conversely, rather than creating a 'one-size-fits-all' approach that could potentially be expected from such a model, the DFV Alliance has created a greater collective awareness amongst service providers of the nuanced needs of place-based communities. This can be attributed in part as a result of the relationships created between Alliance members and the capacity for shared consideration of service issues.

2. **Multi-sector response:** Too often, the 'service system' reflects the homelessness system only, with the addition of DFV services in some areas. In South Australia, as crisis DFV services are funded by the SA Housing Authority via DFVSA, DFV services are specifically referred to as specialist homelessness services, with some nuance regarding their role in responding to those at risk of or experiencing homelessness due to DFV. However, this narrow definition of a system does not incorporate the need for a multi-sector, community response to homelessness due to DFV. We know that significant numbers of the victim-survivors we work with also experience a range of other psycho-social, physical and community impacts including:
 - 32% experiencing mental health issues
 - 6% experiencing AOD issues (which we know is a significant under-report)
 - 6% with a disability
 - Only 12% are actively employed, and of them at least 67% are part time

If we do not actively engage with, plan, and hold to account other parts of the service sector to develop a truly coordinated service system for all people, including those experiencing or at risk of homelessness, we will continue to develop siloed approaches to wicked problems, rather than solutions that can only be arrived at through collaboration. Understanding our communities through better connected data, holding relevant parts of the system to account to develop innovative collaborative approaches and working together to address the root causes of homelessness is the only way we can develop a system which can deliver better outcomes. This takes leadership at all levels, from Commonwealth, State Government, department leads and service organisations, and must be holistically and consistently addressed at all levels. Homelessness is not just the absence of a home, but it is the cumulative result of multiple system failures for a person made more vulnerable by a disconnected sector.

What are the best specific early intervention approaches to prevent someone becoming homeless?

Addressing homelessness must come with a multi-sector response – too often earlier intervention or prevention approaches focus on private rental assistance (for example, in South Australia where private rental assistance is the basis of diversion/prevention from emergency accommodation in an ongoing review of the current program). Programs such as private rental assistance and Intensive Family Support remain, rightly, incredibly important early intervention programs, and ones which we fully endorse as vital for many people experiencing or at risk of homelessness. However, these are not appropriate for all victim-survivors, so a more holistic model of early intervention which looks at social determinants of homelessness (such as DFV) must be included in a holistic early intervention approach.

While of course vitally important, if this is not explicitly linked, both programmatically and through funding, to a multi-sector and holistic response that recognises the **intersectionality of people and communities**, then the focus will continue to be overly narrow and hyper-focused on housing, rather than the social, community, structural and personal issues that we know are key drivers of homelessness. It is telling that in South Australia there is no specialised DFV or homelessness response for those who identify as LGBTIQ+.

It remains **concerning that earlier intervention supports for victim-survivors of DFV are not considered as part of a suite of early intervention programs for addressing homelessness**, even though it is so strongly correlated. Providing services that support safe access to early support, which may include safe exit planning to long-term, appropriate and safe accommodation, would reduce the pressure on emergency accommodation and/or crisis support. Currently in South Australia, for example, one of the only earlier intervention programs that exists is a recent pilot started through the National Partnership. There remains clear messaging from government that there is no scope to include earlier

intervention in DFV through homelessness funding (except for Safe at Home, which is partially funded through SAHA alongside Commonwealth KSWITH), despite the evidence on correlation. Such limited investment in earlier intervention specific to DFV significantly curtails the capacity of services to engage in any meaningful, tailored, DFV early intervention which would reduce the impact of homelessness on victim-survivors. These interventions, were they available, would provide a more effective early intervention model to reduce episodes of homelessness. Ensuring that Commonwealth and state governments work together and collectively is vital, and ensuring that Commonwealth and state priorities marry into a cohesive system with long-term, multi-sector funding, is vital.

In discussing homelessness, we must also consider the intersectionality of a diverse range of experiences and systems, where homelessness is the result of failures across the life course, and across the social services sector. Without a cross-sector vision for early intervention encompassing DFV, mental health, child protection, the justice system, AOD, racism and fundamental poverty, early intervention options will continue to focus on 'Housing First' rather than a holistic, human-centered approach. Thus, there is a need to **engage with key sectors** in any plan to address homelessness.

Perpetrator responses remain severely lacking across the country – for as long as DFV remains an issue, we need to identify and invest in appropriate perpetrator responses. This includes removal of a perpetrator from the family home – too often it is women and their children who are forced to leave and engage with homelessness services because of the power imbalance and structural barriers. Recent trials in South Australia of the perpetrator beds program should be evaluated and built upon. Without appropriate accommodation options for men to exit family housing, women (particularly in remote communities) will remain forced to leave and take on the economic, social and personal burden of leaving the family home due to the actions of perpetrators. We strongly encourage better consideration for appropriate perpetrator accommodation and interventions to ensure that perpetrators, rather than victim-survivors, remain visible and accountable for their actions.

Additionally, reframing early intervention is also important in considering **healing responses** to DFV – not all women want to, or choose to leave. If earlier intervention programs can work with families and perpetrators to heal, and successfully become a safer environment for women and their children, then this may also reduce the risk of homelessness for one or multiple family members.

In what areas of the homelessness service response are people who are experiencing or at risk of homelessness not getting the support they need?

There are significant gaps in the delivery of support for those experiencing or at risk of homelessness, particularly around holistic support model based on a public health model of support as noted earlier. This is further complicated by an environment which is extremely complex, and where the need and pressures of the cost of living and lack of housing is putting immense pressure on so many parts of the community.

In our view, the lack of consistency and clarity on some key issues is further exacerbating the issue. These include:

1. No clear definition of 'at risk of homelessness';
2. The cost and practical impacts of 'No Wrong Door' policies in the current housing and cost of living crisis;
3. Lack of short-term options for victim-survivors of DFV – particularly those who may return to the relationship. For example, in SA, it is very difficult to access emergency accommodation if a client is clearly remaining in a relationship with the perpetrator. While the risk to her safety may mean that she is experiencing homelessness temporarily (as the alternative is inherently unsafe), the fact that she has a home and does not wish to leave severely limits her options for safety when risks escalate;
4. Crisis-focused model means that there is limited access to early intervention or prevention approaches (particularly for those experiencing risk of homelessness due to DFV), as noted elsewhere in this paper.

We know that access to **long-term, appropriate housing** is vital – and current availability is inadequate. As mentioned above, and in the attached submission to the SA Government consultation on housing options, we do not have the right mix of housing to ensure that those who are experiencing homelessness can access safe and culturally appropriate options. Access to public housing, often the most viable option for clients accessing and requiring crisis homelessness support, is severely limited. For example, almost 16,000 people are on the Single Housing Register in South Australia (May 2023), 21% of whom are on Category 1 (the highest level). The average wait before being housed is 7 months, but 15% are waiting over a year – and that does not account for the 69% of people on Categories 2 and 3. While maintenance remains an issue, there is simply not enough housing stock, nor enough *appropriate* properties, to support people to move through the homelessness or DFV system smoothly. This also means that specialist DFV staff spend significant

resources supporting clients to search for housing, detracting from their capacity to engage in managing and responding holistically to risk and safety.

How can the availability of accessible (particularly in relation to the physical environment) crisis and/or transitional accommodation be increased in the short to medium-term?

Funding for infrastructure must be **matched by appropriate investment in support**. While there are excellent opportunities such as 'Safe Places' to identify opportunities for new builds or redevelopments, support is limited without matched funding to provide a 'safety first' model of care.

What strategies can be used to build awareness of available services and supports for people who are at risk of homelessness or experiencing homelessness?

Whilst we support raising awareness of available services and supports for people, we do **caution against raising community expectations where services remain stretched**. It is important for people to know where to go, and most services and sectors do this well, but we also know that community expectations are not always matched by the capacity and capability of what homelessness or crisis DFV services can provide. Clarity is required to ensure service awareness, but this must be managed with messaging that immediate access to safe housing may not be available, and that much of the support provided is via temporary accommodation. This is vital, to protect the safety of women seeking supports.

We also emphasise, that where there are changes in legislation and/or awareness campaigns (including DFV prevention campaigns), due consideration must be given for flow-on impacts on services and community expectations. For example, recent discussions on coercive control legislation and awareness raising in South Australia is extremely positive, but services are bracing for potential increases in requests for support due to the increased awareness, which we will struggle to absorb without additional resources.

Ensuring that the community is aware of resources and options which can support them without having to enter the homelessness system, and which they can access themselves, is vital – whether that is private rental assistance schemes, or specialist options such as the DV Disclosure Scheme or 'Safe at Home'. Strategies to remove the stigma attached to asking for help or seeking information or support is important, as are the information outlets. By normalising information provision about where to access support, we can reduce the stigma of help-seeking.

Focus Area 3: Aboriginal and Torres Strait Islander Housing

We remain very concerned at the **lack of culturally appropriate housing options for Aboriginal and Torres Strait Islander people**. This includes access to crisis accommodation, which is often not designed by, for, or with Aboriginal people, and often does not align with cultural expectations or culturally safe responses. We strongly advocate for the provision of specialist accommodation options to be available across the country. In South Australia, while there are some designated Aboriginal crisis accommodation options attached to metro Aboriginal-specific and/or ACCO services, these are still mostly mainstream properties allocated to Aboriginal clients – with no specific Aboriginal accommodation outside of metro Adelaide. The DFV Alliance has committed to exploring options for Aboriginal-specific crisis responses in regional SA, where we know there is little to no emergency accommodation, and where racism and bias means that access to the minimal available hotel and motel accommodation is extremely limited. This must be designed with community, to reflect the needs of traditional women and families, acknowledging that non-Aboriginal expectations and ways of working are not culturally appropriate, and this extends to the built environment as well as services available.

DFVSA strongly advocates for a re-established **Aboriginal Community Housing Authority**. We reiterate the **Closing the Gap Target**, and in particular Outcome 9 (Schedule 3) that *Aboriginal people can secure appropriate and, affordable housing aligned with their priorities and needs*. This work must reflect and align with the *SA Aboriginal Housing Strategy*, to prioritise Aboriginal voice and decision-making and equitable access to safe, secure and affordable homes which maintain Aboriginal people's personal, social and cultural wellbeing.

Any actions to improve housing accessibility and affordability must consider and implement proactive strategies to **mitigate barriers to Aboriginal people** accessing safe long-term housing, while also developing appropriate models of Aboriginal community housing that reflects the cultural and Country-focused needs of First Nations people. Tenancies and standards must reflect community expectations, and support, rather than inhibit cultural obligations, family and kin networks and practice. This must be a consideration for metro, rural and remote Aboriginal housing and include Aboriginal leadership from across the state and from different communities. Only in this way, will appropriate strategies proactively

address systemic racism and barriers experienced by Aboriginal community in the housing market be addressed. Such strategies should also include ensuring that all housing programs, and programs related to earlier intervention, recovery and prevention, proactively and intentionally include the development of models that are appropriate and impactful for Aboriginal communities. This may mean developing alternative models that better reflect Aboriginal community needs. One exemplar might be 'Safe at Home' initiatives that are designed specifically for community, reflecting that healing and recovery may include remaining in a home with a partner who uses violence and working with the family holistically.

Policies affecting the housing and homelessness outcomes of Aboriginal and Torres Strait Islander people should be developed by First Nations Peoples and organisations. They should also link into and support work on the Closing the Gap target of 'People can secure appropriate, affordable housing that is aligned with their priorities and need'. Policy setting should support the creation of an environment for First Nations Peoples to exercise self-determination in addressing the unique housing and homelessness issues they face.

Focus area 4: Social Housing

As we have shown, a 'one-size-fits-all' approach to housing support does not work. This extends to the provision of infrastructure. Ensuring that **future housing stock is an appropriate mix of housing options is vital**, and must consider the diverse needs of those experiencing homelessness as a result of DFV, e.g. single women, older women, large families, specific cultural needs and accessibility. The current public housing stock mix is inappropriate in this regard. There are extremely limited safe options for single women (or indeed men), for example, as they often do not meet the occupancy standards for the 2-3 bedroom properties that are more common, thus it can be extremely difficult to identify appropriate housing options for them. Another area of concern is older women, for whom there are extremely limited affordable options. We regularly face barriers for safe housing exits for single older women, with limited public housing options and poor affordability in the private sector. Ensuring that future housing stock considers the demographics of the community and particularly longer-term population and demographic trends, is vital to ensuring housing stock is fit for purpose.

Similarly, for large families, there is extremely limited stock available. This particularly impacts on families from multicultural backgrounds and Aboriginal families, for whom multigenerational living and larger families may be more common and sought.

Recently, the New South Wales Government imposed a freeze on the sale of public housing. This is a positive step toward addressing both the availability and the suitability of public housing. Similarly, the South Australian Government has committed to creating new housing opportunities and to halt the planned sell-off of public housing. We see such strategies as essential in ensuring adequate housing options into the future.

With the **National Rental Affordability Scheme** ceasing in South Australia by 2026 (noting that many properties have already started to phase this out), this should be evaluated and expanded to support ongoing access to private rental properties for those on low incomes. A reversion to full market rates by landlords for private rentals will increase pressure on community and public housing, and lead to increased waitlists and reduced secure tenancies. More flexible rental, home loan and rent-to-buy schemes would also be effective measures to support whole of community access.

Victim-survivors of DFV are having to remain in the homelessness system for longer than they may need or desire, due to the lack of appropriate, safe, and affordable longer-term options and a lack of holistic support services. For people with chronic histories of homelessness and more intensive support needs, there should be parameters that allow for a focus on an economically and socially viable and personally valuable approach to addressing homelessness. Currently, many **services exit clients once they identify a long-term housing option**, due to their contractual obligations and funding capacity and the growing need for crisis support. Lack of ongoing support can put new tenancies at risk for those who may still be dealing with trauma or the legal, financial and social impacts of DFV. We need to focus on ensuring people can access appropriate and long-term housing, which is linked with appropriate long-term support where required or requested. People experiencing homelessness need effective responses to help them regain stable housing and, if necessary, access ongoing assistance with health, wellbeing, education, employment and other issues to prevent future homelessness.

Attached For Further Reference:

- Response to SA Housing Inquiry (joint submission between Embolden and DFVSA) May 2023
- DFVSA Submission to Home Affairs re DFV Visa amendments August 2023
- DFVSA Safer Places Accommodation Feedback March 2023

**Appendix C: A Roadmap for Lived Experience Engagement:
Supporting South Australia’s Specialist Domestic, Family and Sexual
Violence Services Sector, DFVSA and Embolden: August**



A Roadmap for Lived Experience Engagement

Supporting South Australia's Specialist Domestic, Family and Sexual Violence Services Sector

August 2024

A joint project between:

embolden



Domestic and
Family Violence
Safety Alliance

Supporting people to live safer and free from violence

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The Project

In February 2024, Embolden SA Incorporated¹ and the Domestic and Family Violence Safety Alliance² partnered on a project to understand and develop a pathway to strengthen sector-wide lived experience engagement practices across South Australia. *A Roadmap for Lived Experience Engagement* (the Roadmap) represents a shared vision for the South Australian specialist DFSV services sector towards true engagement with survivor-advocates and accountability to those who have lived experience of DFSV. The Roadmap charts a course for the specialist DFSV services sector to demonstrate leadership in a way that recognises the centrality of lived expertise in ensuring a sector that is responsive, respectful and safe.

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¹ Embolden is South Australia's member-based peak body for specialist domestic, family and sexual violence services.

² The Domestic and Family Violence Safety Alliance (DFV Safety Alliance) is a statewide specialist domestic and family violence homelessness alliance consisting of 8 service partners (19 services) and government partners. All DFV Safety Alliance services are individually members of Embolden.

Acknowledgements

Aboriginal & Torres Strait Islander Sovereignty

We acknowledge the sovereignty of Aboriginal and Torres Strait Islander Peoples over the lands, skies and waterways of Australia. We pay respect to Elders past and present as the traditional owners and custodians of the lands across Australia and acknowledge their cultural authority on ways of being in relationship with Country. Colonisation brought patriarchal violence that has impacted all Aboriginal and Torres Strait Islander Peoples, particularly women and children. We acknowledge the cultural knowledge and wisdom that has sustained and strengthened First Nations peoples in resisting, responding to, and healing from violence on these lands since 1788.

This roadmap was developed with consideration of the community in South Australia including those living on Kurna, Peramangk, Ngarrindjeri, Boandik, Ngadjuri, Nukunu, Barngarla, Nauo, Wirangu, Kokatha, Mirning, Ngalea, Ngargad, Erawirung, Thanggali, Malyangapa, Antakirinja, Yankunytjatjara, Pitjantjatjara, Arabana, Dieri, Dhirari, Wangkangurru, Yarluyandi, Ngamini, Yandruwandha, Yawarrawarrka, Pirlatapa, Adnyamathanha and Kuyani lands.

People with Lived Expertise

We recognise the valuable knowledge, skills and perspectives of people with lived experience of domestic, family and/or sexual violence. The specialist DFSV services sector must be grounded in the perspectives of those with lived expertise. Without the expertise of people with lived experience, this roadmap and other efforts of the DFSV services sector would struggle to truly recognise and effectively respond to the needs of the victim-survivors we work alongside. We hold great respect for this expertise, and we ground this roadmap in a pursuit of justice for victim-survivors of DFSV, past and present.

We acknowledge the strengths and limitations of our collective voice - recognising that it does not represent the experiences or perspectives of all victim-survivors or professionals across the community. To the best of our abilities, we have aimed to develop the *Roadmap for Lived Experience Engagement* through a highly critical and holistic lens, holding a strong appreciation for diverse, intersectional identities. As lived experience approaches are strengthened across the SA specialist DFSV services sector, there must be an ongoing commitment to amplify the voices of victim-survivors and communities, with particular consideration for marginalised groups.

Terminology

The following definitions are primarily derived from key national policies and lived experience resources. *We acknowledge that these terms do not reflect the identities or experiences of all people who have lived experience of DFSV.*

Domestic and family violence includes all forms of violence that can occur within relationships. This includes intimate partner violence (commonly referred to as domestic violence), violence perpetrated between family members and in family-like settings (including carer relationships and Aboriginal and Torres Strait Islander kinship relationships), coercive and controlling behaviour and sexual violence. It encompasses physical, emotional, sexual, social, spiritual, cultural, psychological and economic abuses. This Roadmap acknowledges the gendered nature of domestic and family violence, which is primarily perpetrated by men against women, but acknowledges that it can impact on anyone regardless of gender identity, sexual orientation, culture or experience.

Sexual violence includes any sexual activity that happens where consent is not freely given or obtained, is withdrawn or the person is unable to consent due to their age or other factors. Sexual violence occurs any time a person is forced, coerced or manipulated into any sexual activity. Sexual violence can be non-physical and include unwanted sexualised comments, intrusive sexualised questions or harassment of a sexual nature.³

DFSV is a shortened form of domestic, family and/or sexual violence. Similarly, **DFV** is a shortened form of domestic and family violence.

The specialist DFSV services sector (the sector) refers to the statewide collective of services directly funded to deliver services to support those who are experiencing or have experienced domestic, family and/or sexual violence or those who are using or have used DFSV. The Roadmap focuses on engagement with victim-survivors of DFSV.

Lived experience describes the knowledge, insights and expertise that arise from the direct experience of domestic, family and/or sexual violence. Clients, the workforce and survivor-advocates are key sources of lived experience for the specialist DFSV services sector.⁴ The focus of this document is survivor-advocates, who may include current and former clients.

Victim-survivor refers to people who have direct, first-hand experience of domestic, family and/or sexual violence.

Client refers to victim-survivors who have been provided with support by a specialist domestic, family and/or sexual violence service. Note that clients can also engage as survivor-advocates, either during or after their experiences of support. Client and survivor-advocate

³ The National Plan to End Violence against Women and Children 2022-2032

⁴ Sources of Lived Experience in the Family Violence Sector, Issues Paper, July 2022, Safe+Equal
<<https://safeandequal.org.au/resources/sources-of-lived-experience-in-the-family-violence-sector-issues-paper/>>

are not mutually exclusive in this context, as clients are often a valuable and integral source of expertise and insight into operational and strategic work in the DFSV specialist sector.

Survivor-advocate refers to a victim-survivor who actively engages in advisory, policy or program work on the issue of domestic, family and/or sexual violence, basing their work on their lived experience of DFSV.

Gender-based violence refers to violence that is used against someone because of their gender. Gender inequality and other forms of discrimination create the social context in which violence against women and children occurs. Overwhelmingly, men are the perpetrators of violence against women in Australia. By referring to violence as gender-based, it strengthens our understanding that gender-based violence against women is a social problem requiring comprehensive responses that go beyond specific events, individual perpetrators and victim-survivors. Gender inequality, rigid gender norms and stereotypes, and discrimination including racism, are at the heart of the problem.⁵

⁵ Theory of Change for the National Plan to End Violence against Women and Children 2022-2032 <<https://www.dss.gov.au/the-national-plan-to-end-violence-against-women-and-children/theory-of-change-2022-2032>>

Introduction

Engagement with lived experience perspectives is critical to the effectiveness of the specialist DFSV services sector and constitutes an important mechanism of accountability to victim-survivors, who are best-placed to identify gaps and opportunities in practice, services and systems.

The Roadmap for Lived Experience Engagement (the Roadmap) emerged from a project between Embolden and the DFV Safety Alliance in 2024 to understand the current practices, strengths and challenges of lived experience engagement across the South Australian specialist DFSV services sector, and to map these to best practice approaches identified in the lived experience literature and implemented within other Australian jurisdictions. The development of a statewide lived experience roadmap is a key deliverable for Embolden and aligns with the DFV Safety Alliance's strategic commitment⁶ to centre victim-survivors' perspectives within service design and delivery (including through the DFV Safety Alliance Lived Experience Plan). It also aligns with work being undertaken across other states and territories to embed lived experience perspectives into DFSV service planning, practice and policymaking.

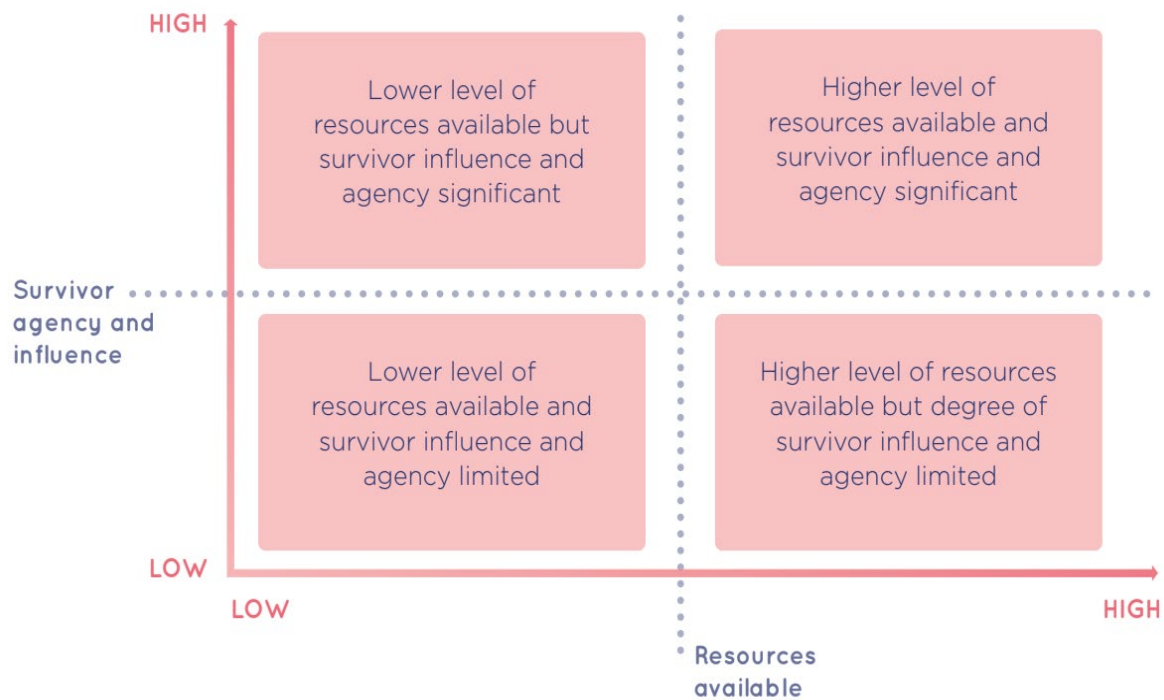
People with lived experience of domestic, family and/or sexual violence (DFSV) have a unique standpoint that is derived from their knowledge, insights and expertise. Ensuring that the diverse lived experiences of victim-survivors are informing policies and solutions is reflected in the *National Plan to End Violence Against Women and Children 2022-2032*⁷ as a cross-cutting principle, and underpins the theory of change for addressing DFSV. The National Association of Services Against Sexual Violence (NASASV) also encourages engagement with lived experience perspectives in the [National Standards of Practice Manual for Services \(3rd edition\)](#); Standard 2 on valuing client experience states '*organisations must seek the feedback of clients to improve service delivery and ensure that they are meeting client needs*'.

Of the key sources of lived experience for the specialist DFSV services sector (clients, workforce, survivor-advocates), the relationship with survivor-advocates presents a significant opportunity for further engagement regarding policy development, service planning and practice. Thus, the Roadmap will focus on strengthening lived experience engagement by maturing the sector's relationship with survivor-advocates (some of whom may be current or previous clients) in mutually beneficial ways, with a particular focus on the infrastructure and governance arrangements that can support effective and sustainable long-term engagement. This Roadmap was particularly influenced by the [Family Violence Experts](#)

⁶ Domestic and Family Violence Safety Alliance. (2023). DFVSA Strategic Plan.

⁷ The National Plan to End Violence Against Women and Children, 2022-2032 <<https://www.dss.gov.au/ending-violence>>

by [Experience Framework](#) and practice resources created by [Safe + Equal](#)⁸ for the Victorian specialist family violence services sector. Exemplifying good practice lived experience engagement, these documents were co-produced by people with lived experience ([WEAVERS](#))⁹, DFV researchers at University of Melbourne and DFV practitioners. For example, the Experts by Experience Framework highlights that with a similar level of resources, some lived experience engagement activities offer more impact than others (Figure 1).



(Source: Family Violence Experts by Experience Framework)

Figure 1: Available resources and victim-survivor agency/influence are key factors that can guide a service’s choice of lived experience engagement activity

⁸ Safe+Equal is the peak body for specialist family violence services that provide support to victim survivors in Victoria.

⁹ A group of survivor-advocates who engage in the co-production of research and training with the University of Melbourne.

Purpose of the Roadmap

The Roadmap for Lived Experience Engagement has been developed to provide South Australia's specialist DFSV services sector with practical actions to more fully engage and embed lived expertise in policy development, service planning and practice.

In South Australia, specialist DFSV services play a leading role in responding to gender-based violence and their quality is derived from the combination of lived expertise, practice expertise and academic expertise. While practice and academic expertise are firmly embedded in SA's specialist DFSV services sector through supervision, training and professional development, approaches to engaging with the lived expertise of survivor-advocates are in the early stages of development and are missing whole-of-sector implementation (Figure 2). The Roadmap will present current practices of lived experience engagement in South Australia (Part 1), a vision for future lived experience engagement (Part 2) and recommendations to guide the way (Part 3). It is underpinned by a holistic approach to lived experience engagement that is intended to strengthen practitioner-level, service-level and whole-of-sector engagement with survivor-advocates.

The Roadmap also functions to inform the work of policy makers and government about pathways forward to improve prevention and response to DFSV. For government bodies and funding partners, the Roadmap can be used to inform strategic policy and funding decisions. For Embolden, the Roadmap can serve as a blueprint for engaging with victim-survivors in the community, including those who do not engage with specialist DFSV services. For the DFV Safety Alliance, it can help inform better practices for embedding lived expertise into service-level engagement, service planning, monitoring and evaluation. It is hoped that this roadmap will build the collective capacity, capability and accountability of the specialist DFSV services sector to engage with lived expertise.

"You think you know something and then you ask the lived experience advocates, and you get this wealth of knowledge that you'd never get in any other way." - Sector Professional

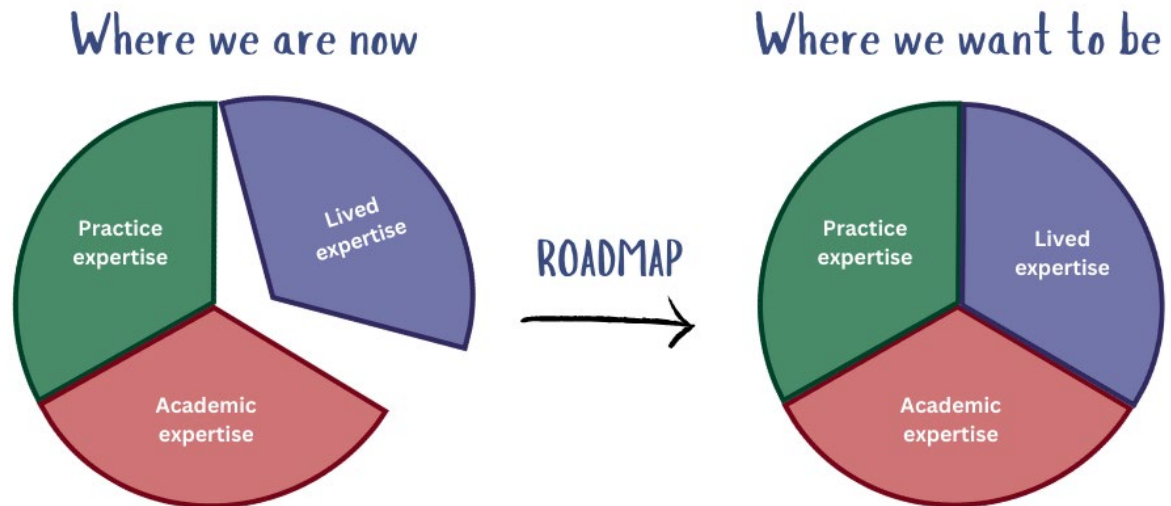


Figure 2: Conceptual framework for this Roadmap

Audience

- Organisations that provide services to people with experience of domestic, family and sexual violence, including collectives such as Embolden, DFV Safety Alliance, and individual organisations and/or services
- Policymakers
- Government bodies

Other Key Stakeholders

We acknowledge the important role of survivor-advocates in the DFSV services sector. This roadmap is designed to place the responsibility for change with the sector and the bodies that govern it, not with victim-survivors or survivor-advocates. As such, this roadmap focuses on systemic and practice changes that are required to meaningfully centre people with lived experience in decision-making.

Structure

[Part 1](#) provides a snapshot of current practices of lived experience engagement across SA's DFSV services sector.

[Part 2](#) presents a vision for future lived experience engagement.

[Part 3](#) outlines a roadmap toward that vision that builds on current strengths and recommendations for good practice.

PART 1 - Where Are We Now?

A vision for the future practices of lived experience engagement by the SA DFSV specialist services sector needs to be based on a clear understanding of the South Australian context including current practices, strengths, challenges, barriers, gaps and opportunities.

Approach to Understanding Current Lived Experience Engagement Practices

To understand the current context of lived experience engagement in SA's DFSV services sector, the project team undertook the following activities:

1. A **desktop review** to identify best practice and useful tools for lived experience engagement across Australia. For a full list of the key documents included in the review and a description of the approach used to undertake the review, please see [Appendix B](#). Useful resources can be found in [Appendix C](#).
2. A **survey** on lived experience engagement practices was circulated to specialist DFSV services to understand the breadth of lived experience engagement activities across the sector, identify areas of good practice, explore challenges and understand gaps. The survey received 27 responses from staff across 14 different organisations/services. Further details including survey questions can be found in [Appendix A](#).
3. Extended semi-structured key informant **interviews** were undertaken with seven practitioners comprising diverse roles (frontline staff, team leader, program manager) about the lived experience engagement practices undertaken by the specialist DFSV services sector. Key informants for follow up interviews were identified from the surveys. A full list can be found in [Appendix A](#).
4. The project team met with 18 **survivor-advocates** in individual and group interviews to understand survivors-advocates' experiences of lived experience work in the specialist DFSV services sector.

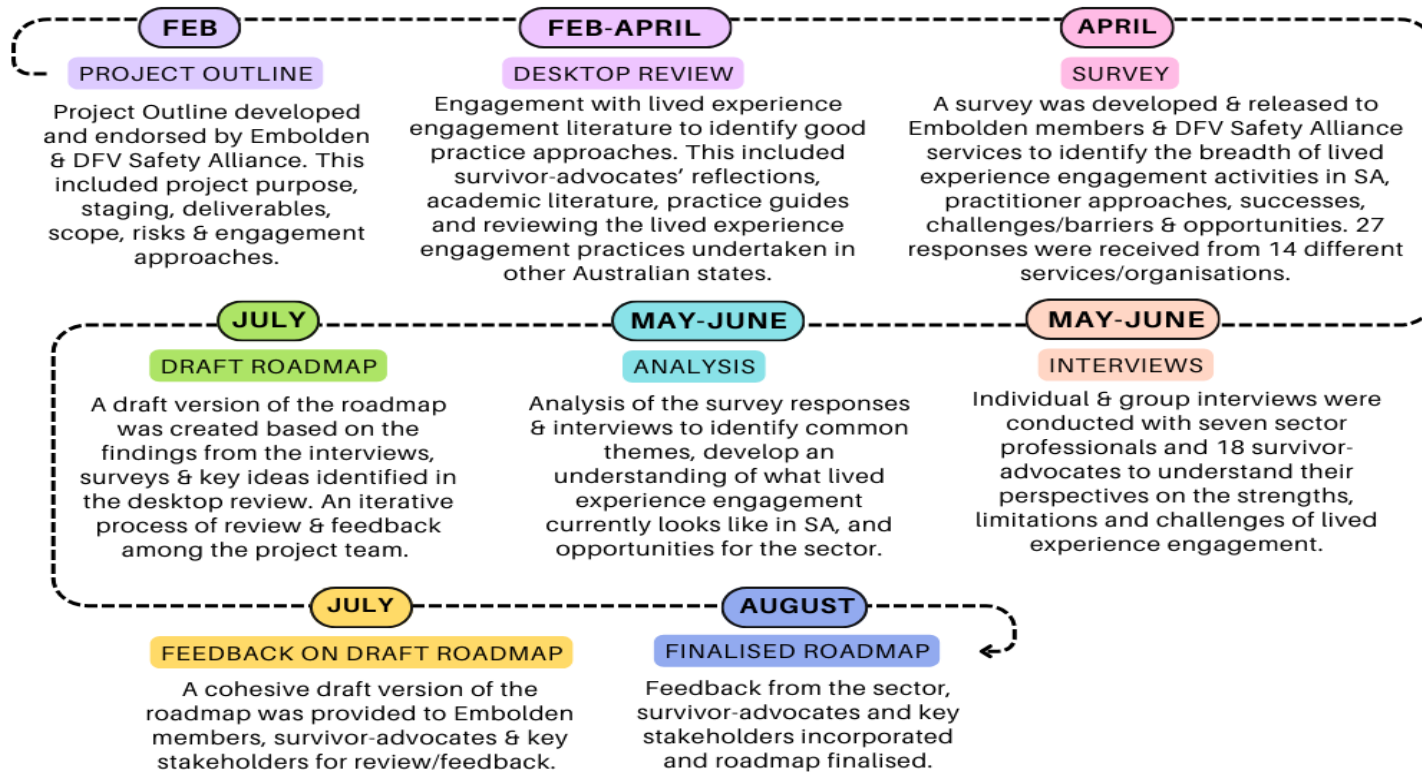


Figure 3: Project Timeline & Methods



A Snapshot of Current Lived Experience Engagement Practices in South Australia

Survey responses from 14 specialist DFSV services, in-depth interviews with seven professionals from the services represented in the survey, and interviews with 18 survivor-advocates generated insights into the diversity of lived experience engagement practices undertaken by the SA specialist DFSV services sector (Figure 4), as well as valuable perspectives on the strengths, challenges, gaps, barriers and opportunities for lived experience engagement in the South Australian context. The project team focused on eliciting insights which had the potential to be relevant for the lived engagement practices of other services, the peak body and government/funding bodies. Care has been taken to consider the diversity of insights provided based on the type of service and client group.

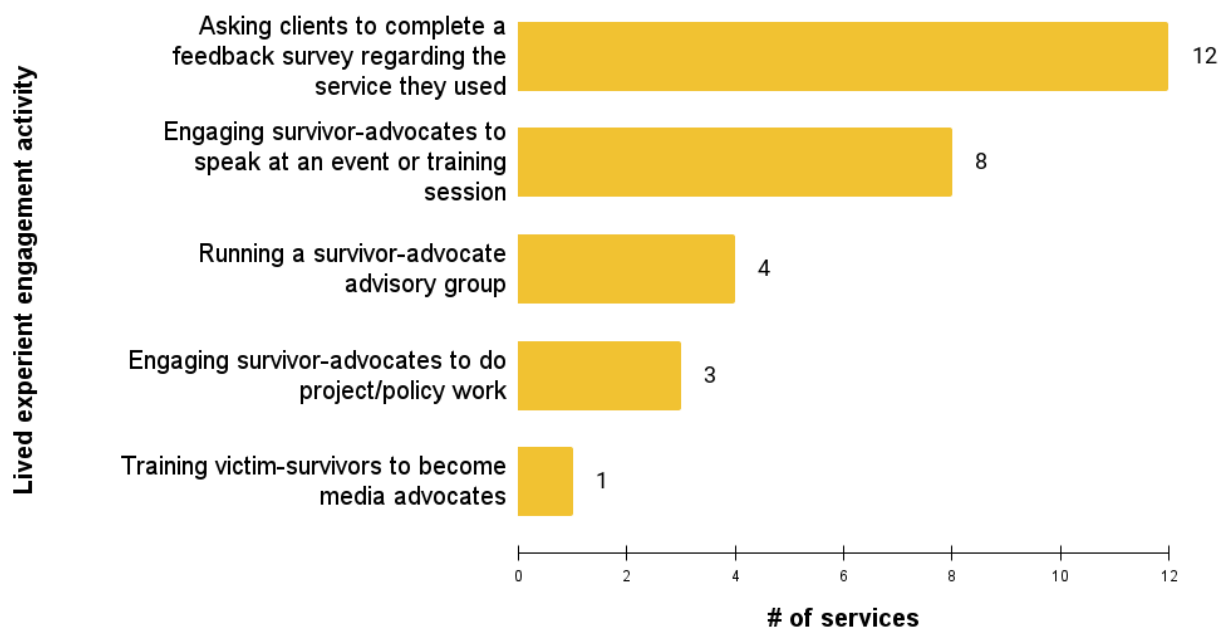


Figure 4: Lived experience engagement activities undertaken across the SA specialist DFSV services sector based on survey responses from 14 services.

Key Insights into Current Lived Experience Engagement Practices in South Australia

Table 1: Summary of Key Insights into Current Lived Experience Engagement Practices in South Australia

1.	A diverse set of lived experience engagement initiatives exist across the sector, but the most common approaches (informal feedback and feedback surveys) offer limited agency and influence for survivor-advocates.
2.	The specialist DFSV services sector has essentially reached its ceiling for lived experience engagement within current resourcing and conditions.
3.	Current practices of lived experience engagement have resulted in improvements at the practitioner and service level. However, there is significant scope to strengthen the sector's relationships with survivor-advocates to elevate lived expertise in policy development, service planning and practice.
4.	Current lived experience engagement practices have resulted in limited engagement with the perspectives of survivor-advocates who experience systemic exclusion and marginalisation.

Key Insight 1: A diverse set of lived experience engagement initiatives exist across the sector, but the most common approaches (informal feedback and feedback surveys) offer limited agency and influence for survivor-advocates.

- Informal feedback from clients and feedback surveys are the most common engagement approaches used to gather lived experience perspectives across the sector (Figure 4). 12 out of 14 services reported using informal feedback and feedback surveys to engage with lived experience perspectives. For 50% of these respondents (six in total) informal feedback and feedback surveys were the only form of lived experience engagement undertaken by the service.
- Advisory groups emerged as an effective mechanism for leveraging the perspectives of survivor-advocates into existing governance mechanisms.
 - Four of 14 services reported having an advisory group of survivor-advocates. 50% (two services) had long-term engagement with the advisory group (>four years), while two services were in the early stages of establishing an advisory group.
 - Dedicated staffing was identified as a key factor for successful engagement with the advisory group, and as a barrier for services that did not have an advisory group. 75% of services with an advisory group had dedicated staffing at a minimum of 0.4 FTE.

- Victim-survivors become involved in lived experience engagement opportunities almost exclusively through informal pathways. Frontline staff play a key role in identifying potential survivor-advocates and connecting them with lived experience opportunities, with key factors being the victim-survivor's perceived capacity for using their lived experience safely and suitability for current lived experience engagement initiatives. As a result, there are limited opportunities for victim-survivors to self-identify their interest in using their lived experience to influence policy development, service planning and practice.
- All 14 services demonstrated limited knowledge of the lived experience engagement practices occurring elsewhere in the sector both within and outside of South Australia.
- Services that engaged in the most diverse range of engagement activities described long lead times when setting up a new initiative and a period of latency before lived experience perspectives were reflected in policies and services.

Key Insight 2: The specialist DFSV services sector has essentially reached its ceiling for lived experience engagement within current resourcing and conditions.

- Funding for lived experience engagement (the significant staff time required, reimbursement for survivor-advocates) is not built into funding contracts. As a result, services are self-funding lived experience engagement, or seeking out grants. Services want to engage more fully with lived expertise but are under considerable pressure to deliver services that can meet demand. Without additional funding for lived experience engagement, services are faced with the dilemma of directing existing funds away from frontline and crisis services. Services expressed concerns about the negative impacts of under-resourced lived experience engagement including feelings of abandonment and re-traumatisation for survivor-advocates, and burnout/moral injury for staff. The effect of short-term and pilot funding on relationships with survivor-advocates was also highlighted as a key barrier to lived experience engagement.
- Current practices of lived experience engagement are overly dependent on individual staff members, rather than operating at a whole-of-service or whole-of-sector level. Deepening lived experience engagement will require the development of lived experience infrastructure and governance mechanisms across the sector, including lived experience advisory groups, dedicated staffing and embedding identified survivor-advocate roles into existing governance structures.

Key Insight 3: Current practices of lived experience engagement have resulted in improvements at the practitioner and service level, however there is significant scope to strengthen the sector’s relationships with survivor-advocates to elevate lived expertise in policy development, service planning and practice.

- In the survey responses and interviews, services highlighted a range of improvements that arose from engagement with lived experience perspectives. At the service level, improvements included accessibility and inclusiveness of services for people who experience intersectional barriers to support, trauma-responsiveness of services, language used in written materials for clients and updates to practice guides. At the practitioner level, feedback resulted in improvements to staff practice approaches and staff training content/materials.
- Understandings of what lived experience is, why it should be valued and practice approaches to support it varied amongst organisations, services and professionals. This led to differing perceptions of the impacts and support needs related to engaging with survivor-advocates, and the role of this work in supporting recovery and healing, potentially limiting services’ readiness to engage more fulsomely in this space and reducing opportunities for survivor-advocates to engage.
- Staff noted risk of re-traumatisation for victim-survivors as a significant barrier to increased lived experience engagement at their service (30% of respondents; six of 16 responses to a question on challenges). However, survivor-advocates considered their work to be an important element of their recovery and healing, despite the challenges. Lived experience work was described as “meaningful”, “powerful” and “educative”, and said to have contributed to survivor-advocates’ empowerment, positive self-perception, social connection, professional capacity and resilience.
- Survivor-advocates described issues with remuneration that impacted their engagement and relationship with services. Examples included long delays in receiving remuneration and some instances of never receiving payment. Staff identified that the lack of formal processes and the complexity of financial acquittal processes has meant that the rates, timeliness and right to remuneration for lived experience engagement is not consistent across the sector.

Key Insight 4: Current lived experience engagement practices have resulted in limited engagement with the perspectives of survivor-advocates who experience systemic exclusion and marginalisation.

- Services expressed their awareness of the limited diversity of the lived experience perspectives informing their service. Survivor-advocates also noted that increasing the diversity of their advisory groups was important to them. Aboriginal and Torres Strait

Islander women, women who live with disability, people who identify as LGBTQIA+ and women from culturally and linguistically diverse backgrounds were identified as key perspectives that services and survivor-advocates wanted to elevate.

- Frontline staff identified that the perspectives of children and young people are missing from the sector. The challenges to future lived experience engagement include the need for age- appropriate engagement tools and addressing concerns regarding safety, parental consent and the capacity of children and young people.
- Stigma is a barrier for survivor-advocacy in some regional areas, due to the small size of communities. It was noted that particular modes of lived experience engagement may be less favourable in regional contexts due to stigma (e.g. public speaking, survivor-advocate groups).

How does South Australia compare with other states and territories?

A review of the approaches to lived experience engagement in other states and territories identified considerable investment and prioritisation of lived experience in line with the National Plan and offered insight into possible statewide mechanisms that could be relevant for South Australia. Several other states and territories have established a standing advisory group to the peak body for specialist DFSV services and an increasing number are establishing a standing advisory group to the government that is specific for DFSV. Victoria is leading the way with a standalone lived experience strategy in addition to well established advisory groups to the peak body and government. At a national level, the Domestic, Family and Sexual Violence Commission has also developed a Lived Experience Advisory Council. It is expected that the landscape for statewide lived experience mechanisms will evolve due to the increasing investment in lived experience engagement across Australia.

For South Australia, the combination of a standing lived expertise advisory group to government specific to DFSV, a standing advisory group to the peak body for specialist DFSV services, and a dedicated lived experience strategy to guide statewide efforts offer South Australia an opportunity to create meaningful improvements to lived experience engagement with long-term impact.

PART 2 - Where Do We Want To Go?

A vision for good practice lived experience engagement with survivor-advocates that is tailored for the South Australian context.

The Lived Experience Roadmap stems from the understanding detailed in the *National Plan* that successful lived experience engagement is essential to drive effective, fit-for-purpose responses to DFSV nation-wide. The vision for lived experience engagement, key elements of the vision and guiding principles are outlined below for SA's specialist DFSV services sector and designed to guide the sector. The vision has been informed by the perspectives of survivor-advocates, sector professionals and existing [research](#)¹⁰ to respond to the key needs identified by those involved in the Roadmap's development. All direct quotes have been consensually sourced from survivor-advocates and sector professionals during the interview stage of this project.

The Vision for SA's Specialist DFSV Services Sector

A whole-of-sector approach where lived experience is proactively and meaningfully embedded in all aspects of SA's specialist DFSV services sector, including individual practice, services and the peak body.

Key Conditions:

- Lived experience engagement is central to the work, not an add-on or obligation.
- A whole-of-sector approach where every level of the sector (practitioners, services, the peak body) is resourced and equipped to engage with lived expertise.
- Infrastructure and governance arrangements enable the conditions for meaningful engagement with lived expertise.
- Place-based and tailored approaches enable services to respond to the context and needs of specific communities and experiences of DFSV.

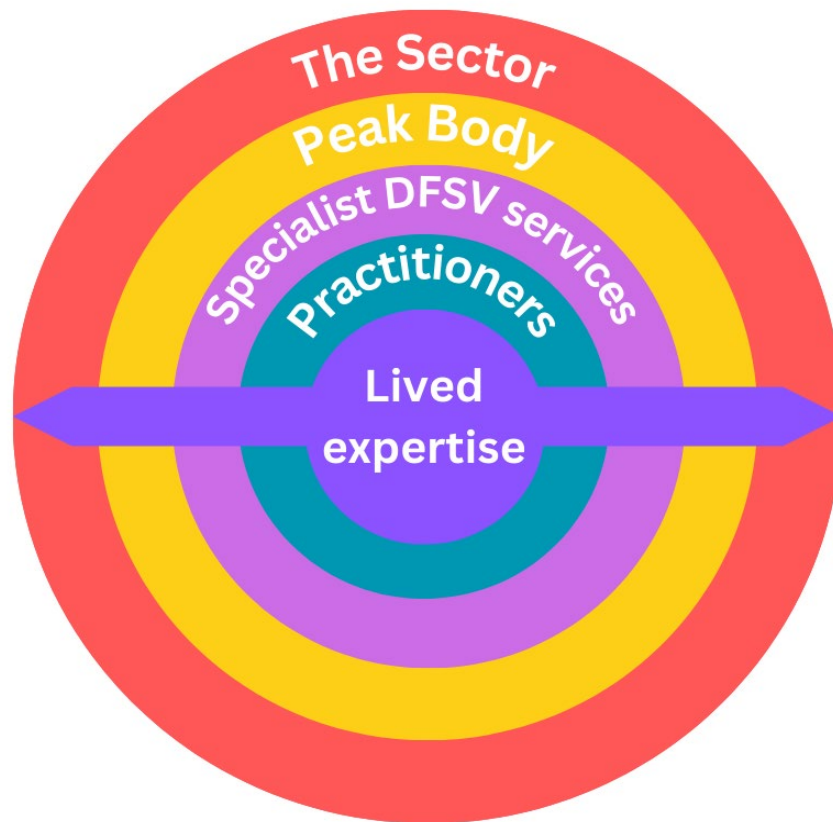
¹⁰ See Appendix B

Guiding Principles for effective, respectful & sustainable lived experience engagement

<p>Recognition of Expertise</p>	<p>Survivors-advocates’ experiences of the sector and of DFSV are essential, expert knowledge that should be used to inform and strengthen all areas of the sector, from service design to policy development. Advocates are given the appropriate reimbursement for their time and expertise and regarded as experts in their own right.</p> <p><i>“The foundation of our work is that women have the expertise.” - Sector Professional</i></p>
<p>Flexibility</p>	<p>Flexible, responsive and tailored ways of undertaking lived experience engagement are prioritised to ‘meet victim-survivors where they are at’ by making adjustments that respect the safety, cultural, spiritual, social, physical and psychological needs of advocates.</p> <p><i>“The advocates don’t have to stay involved consistently. They choose what they want to share and how and when they are involved” - Sector Professional</i></p>
<p>Self-determination & Empowerment</p>	<p>Survivor-advocates have influence over how, when and how much they engage. The sector uses its power to elevate, rather than filter, the voices of survivor-advocates. Survivor-advocates’ professional boundaries are respected, and their strengths are recognised and utilised.</p> <p><i>“I’ve turned my past into my power.” - Survivor-advocate</i></p>
<p>Plurality & diversity</p>	<p>Diverse ways of knowing, being and doing are equally valued. An intersectional perspective is used to understand experiences of DFSV, such as those related to race, gender, sexuality, age, ability and economic status, with an understanding of how these interact and impact victim-survivors in unique and complex ways. The sector proactively increases engagement with a plurality of voices, perspectives and experiences, with a particular focus on those who are systemically marginalised. Diverse approaches to engagement are also utilised to improve engagement with survivor-advocates.</p> <p><i>“T There’s always something new to consider.” - Sector Professional</i></p>

<p>Informed Engagement</p>	<p>Survivor-advocates are provided with the information they need to engage in a timely and appropriate way to enable them to meaningfully engage with opportunities. This may include early provision of relevant policies, practices, system information, service guides and scope/purpose of the engagement opportunity and should be provided in a format that is best suited to the survivor-advocate (e.g. written, verbal, presentation etc.). This briefing and support is ideally provided prior to any engagement opportunity and incorporated into remuneration. Transparent and clear communication requires sector professionals to adapt to the communication needs or styles of each individual survivor-advocate, such as those with different linguistic backgrounds, learning styles or developmental stages.</p> <p><i>“Clarity of expectations sit with workers as well as clients.” - Sector Professional</i></p>
<p>Healing & Safety</p>	<p>Healing and safety is fundamental to appropriate and safe lived experience work. Survivor-advocates should be provided the opportunity to opt in/out at any stage, to avail of debriefing with an appropriate support person and to change their minds regarding engagement at any time.</p> <p>Survivor-advocacy should be acknowledged as part of a healing journey, and therefore capacity and readiness to engage should not be assumed. Different topics may be of more/less interest for individual survivor-advocates and their choice should be central to any decision-making.</p> <p><i>“Clients don’t need saving...they need someone to walk alongside them.” - Sector Professional</i></p>
<p>Appropriate timeframes and planning</p>	<p>The pace of lived experience engagement should allow for quality, meaningful work to take place that aligns with the capacity of survivor-advocates and staff. Work should be done gradually, thoroughly and with deep consideration to uphold the sustainability and effectiveness of lived experience engagement within its specific context. Taking time to establish strong foundational processes of lived experience engagement in the initial stages allows for long-term work to be fruitful, effective and stable. In the instance of unavoidable time restraints, any and all constraints should be clearly communicated with survivor-advocates prior to and throughout their engagement. When the lived experience engagement activity is time bound, consideration should be taken to develop timelines that are achievable and respectful of the level of involvement required by victim-survivors.</p> <p><i>“We’re a team, we’re a partnership...it’s providing a space to really learn from one another.” - Sector Professional</i></p>

A whole-of-sector approach to lived experience engagement for the specialist DFSV services sector in South Australia



Survivor-Advocates

Provided with opportunities that:

- honour survivor-advocate agency
- are influential
- feel empowering & meaningful for the survivor-advocate

Features of lived experience work

- Clarity on expectations, responsibilities & their role (e.g. reform versus input/advice).
- Feedback on the impact & outcomes of their engagement.
- Streamlined remuneration processes & payment within 1-2 weeks.
- Involvement from the beginning of an initiative.
- Continuous program of training offered to strengthen key survivor-advocacy skill sets (e.g. trauma-informed story sharing)

Provided with support

- By a trusted staff member in a way that feels right for the survivor-advocate.
- Opportunities to regularly connect & collaborate with peer survivor-advocates.
- Availability of experienced 'mentors' to guide those who are new or embarking on a new area of advocacy.

Practitioners

Role within the sector: Supporting survivor-advocates to engage directly with services on improvements to policy development, service planning and practice.

Responsibilities to Survivor-Advocates

- Preparing, debriefing & checking-in
- Working alongside & collaborating
- Addressing power imbalances in relationships
- Using knowledge & position in the organisation/sector to elevate survivor-advocate perspectives
- Tailors their approach to the context.

Specialist DFSV Services

Role within the sector: Ensuring that lived expertise is reflected in service governance, planning, program logic & practice.

Responsibilities to Survivor Advocates

- Developing & cultivating relationships
- Creating service-level structures/initiatives for lived experience engagement
- Culture of responsibility & accountability to those with lived experience
- Onboarding, training/professional developing & ongoing support
- Streamlined processes for remuneration
- Embedding lived expertise into service planning & delivery
- Increasing the diversity of lived experience perspectives
- Explore peer support models
- Elevating and embedding lived experience perspectives across the sector to influence service models as well as individual services

Responsibilities to Staff

- Training on practice approaches for lived experience engagement
- Communicating lived experience perspectives across the service
- Ensuring that lived experience perspectives are available to decision-making groups

Peak Body

Role within the sector: Engaging with lived expertise to inform policy submissions & advocacy efforts.

Responsibilities to Survivor-Advocates

- Direct engagement with survivor-advocates, including those have not engaged with a specialist DFSV service
- Development of policy submissions that are informed by the combination of lived, practice & academic expertise.

Responsibilities to Specialist DFSV Services

- Providing opportunities for services to share insights, reflections & learnings on lived experience engagement
- Keeping abreast of noteworthy lived experience engagement initiatives nationally

PART 3 - How Do We Get There?

The Roadmap identifies a path to move from current limited practices to whole-of-sector practices where lived expertise is embedded across the specialist DFSV services sector.

In South Australia, the specialist DFSV services sector express significant commitment and enthusiasm for lived experience engagement. However, the sector lacks formal structures to support sector-wide lived experience engagement that is sustainable, effective, ethical, diverse and inclusive. The infrastructure and governance arrangements that are required to create the conditions to cultivate and leverage lived expertise are not embedded across the sector, resulting in missed opportunities to improve policy development, service planning and practice. As previously outlined, work is being undertaken nationally to develop and strengthen whole-of-sector approaches to lived experience engagement, which provides SA with an opportunity to join these nationwide efforts.

A Roadmap to Strengthen Lived Experience Engagement in SA's DFSV Services Sector

Building on the good practices described in the lived experienced literature, this section outlines specific recommendations for South Australia's specialist DFSV services sector to strengthen engagement with survivor-advocates at the practitioner, service and peak body level: a whole-of-sector approach. These recommendations are guided by the vision articulated in Part 2 and tailored to the South Australian context, from the insights into current lived experience engagement practices outlined in Part 1.

The recommendations are grouped into three key areas to reflect the needs of the South Australian context:

Key Area 1: Invest in the infrastructure to elevate lived expertise (Recommendations 1-5)

Key Area 2: Invest in survivor-advocates (Recommendations 6-7)

Key Area 3: Leverage existing sector strengths and skills (Recommendation 8)

While the Roadmap's recommendations primarily focus on the specialist DFSV sector, it encompasses recommendations targeted to the State Government. Additionally, several recommendations are contingent on government funding decisions.

Recommendations

Table 3: Summary of Recommendations to Strengthen Lived Experience Engagement in South Australia

	Recommendation
Key Area 1: Invest in the infrastructure to elevate lived expertise	
1.	That the State Government establish and effectively resource a lived expertise advisory council that directly advises government on DFSV policy.
2.	That the DFSV services sector is effectively resourced to support best practice lived experience engagement in policy development, advocacy, and service design, delivery and practice.
3.	That lived experience engagement is funded as a line item in service contracts to enable service-level engagement with survivor-advocates, including within a service's governance structure.
4.	That the DFSV services sector is resourced to develop and implement an Impact Framework for the Roadmap, to be reported on annually, to ensure that all parts of the sector remain accountable to the Roadmap's vision and goals.
Key Area 2: Invest in survivor-advocates	
5.	That the specialist DFSV services sector is effectively resourced to develop and implement a training and professional development program for survivor-advocates, building on existing resources and expertise nationally.
6.	That the specialist DFSV services sector is effectively resourced to develop and implement standardised remuneration scales for survivor-advocates, which are reflected in funding agreements (Rec 3).
Key Area 3: Leverage existing sector strengths and skills	
7.	That the specialist DFSV services sector is effectively resourced to enable services to consolidate and embed current innovative and diverse lived experience engagement practices and share learnings on good practice lived experience engagement across the sector.

Key Area 1: Invest in infrastructure that elevates lived expertise

Recommendation 1: That the State Government establish and effectively resource a lived expertise advisory council that directly advises government on DFSV policy.

- Establish a statewide DFSV Lived Experience Advisory Council (LEAC) comprising survivor-advocates, to inform State Government strategic decision-making that impacts DFSV policy and funding.
- The LEAC would be convened by the Minister for Women and Prevention of Domestic, Family and Sexual Violence, with scope to provide advice across government as required.
- Learn from and engage with other states and territories that have already adopted this model, including the Victim Survivor Advisory Council (VSAC) in Victoria.
- Link with lived experience advisory mechanisms nationally, including within the Domestic, Family and Sexual Violence Commission.
- The LEAC would reflect diverse perspectives and experiences and be facilitated by staff trained in trauma-informed approaches and best practice lived experience engagement.

Recommendation 2: That the DFSV services sector is effectively resourced to support best practice lived experience engagement in policy development, advocacy, and service design, delivery and practice.

- Current lack of funding for lived experience engagement is significantly impacting the sector's ability to engage meaningfully with survivor-advocates. Without discrete funding to drive this, South Australia will continue to lag behind best practice and emerging priorities within the national and state/territory landscape.
- Dedicated resourcing would enable the development of mechanisms for engaging with lived experience perspectives across all levels of the sector. This includes maintaining and developing inclusive methodologies to ensure voices are diverse, with a particular focus on First Nations women.
- Examples of initiatives to resource could include:
 - Establishing a lived experience advisory group/network to inform sector-wide policy and advocacy.
 - Developing, supporting and maintaining a (confidential) register for survivor-advocates to self-identify their interest in lived experience work and to enable a targeted approach to engagement on key issues (e.g. sexual violence, living in a regional area, technology-facilitated abuse, older women). This could also connect victim-survivors who are interested in influencing policy development, service planning and practice with opportunities across the specialist DFSV services sector, strengthening the capability of smaller services to engage people with lived experience.

- Developing and distributing a regular bulletin for people with lived experience on the activities and opportunities across the SA DFSV services sector (e.g. training opportunities, lived experience initiatives, events, etc.)
- Dedicated resourcing for services to enable engagement with, and support for, survivor advocates over the course of their lived experience work as standard practice. For example pre- and post-briefing for lived experience engagements.
- Support to enable services to undertake targeted engagement with particular cohorts of victim-survivors.
- Promoting and supporting opportunities for survivor-advocates to develop peer networks.
- Practice leadership on lived experience engagement to support frontline specialist DFSV services and practitioners to embed lived experience voices in a range of strategic and operational areas through the development of staff training, practice guidance, practical toolkits for lived experience engagement and communities of practice. There would be a focus on service/organisational capacity building including embedding lived expertise into governance structures, client engagement, service development, practice and continuous improvement. Practice leadership could encompass:
 - Developing practice guidance to embed lived experience across the sector
 - Developing and supporting implementation of standardised tools
 - Maintaining visibility and reporting on lived experience engagement
 - Understanding sector trends and arising issues and identifying opportunities for collaboration on key issues impacting on multiple services
 - Identifying and developing inclusive practice for specific groups (e.g. children, marginalised communities etc.) to ensure diverse voices are proactively included
 - Providing bespoke advice and guidance to individual services as part of their lived experience journey

Recommendation 3: That lived experience engagement is funded as a line item in service contracts to enable service-level engagement with survivor-advocates, including within a service’s governance structure.

- Services require funding to undertake lived experience engagement and provide remuneration to survivor-advocates who are providing their time and expertise to improve systems for people who experience DFSV. Services are not able to adequately fund lived experience engagement within existing contracts, which was a key insight that emerged from the surveys and interviews with services discussed in Part 1. Resourcing must be sufficient to enable services to embed lived experience as part of

governance structures and to input into service design, continuous improvement and practice.

Recommendation 4: That the DFSV services sector is resourced to develop and implement an Impact Framework for the Roadmap, to be reported on annually, to ensure that all parts of the sector remain accountable to the Roadmap’s vision and goals.

- With appropriate resourcing, a DFSV sector impact framework for lived experience would be developed in collaboration with a diverse group of survivor-advocates. Annual reporting on impact and integration of lived experience across the sector with trends, gaps, issues and recommendations for future areas of focus.

Key Area 2: Invest in survivor-advocates

Recommendation 5: That the specialist DFSV services sector is effectively resourced to develop and implement a training and professional development program for survivor-advocates, building on existing resources and expertise nationally.

- Survivor-advocates should receive induction and training as part of their role. The sector risks losing valuable lived experience insights when the infrastructure for on-boarding and ongoing professional development is missing from organisational processes.
- Survivor-advocates should be provided with opportunities to regularly connect with each other, learn together and engage in knowledge exchange. Peer networks are a key source of support for survivor-advocates and can increase the influence of lived experience engagement initiatives.
- A training and professional development program should be co-produced with a diverse group of survivor-advocates, including those who are experienced in lived experience work. The program should be available to all those engaging in survivor-advocacy, to support the building of capacity, awareness of policy and service changes, a trauma-informed impactful voice and self-care. Training can help survivor-advocates focus on what needs to change rather than the traumatic details of the violence and abuse they’ve experienced.¹¹
- Suggested areas for training/professional development include; understanding the drivers of gender-based violence, the structure of the specialist DFSV services sector at the state and national level, public speaking, trauma-informed approaches to story sharing, sector updates and strategies to deal with the challenging aspects of lived experience work. This could include external training opportunities, such as LELAN¹² or those by Morgan and Co¹³ (pending available funding).

¹¹ ANROWS webinar, Towards Meaningful Engagement, 2023

¹² LELAN is the independent peak body in SA by, for and with people with lived experience of mental distress, social issues or injustice.
<https://www.lelan.org.au/ledge-intro-leadership-modules-home/>

¹³ <https://morganandco.au/>

- The lived experience training/professional development program would be contingent on adequate resourcing to support coordination and implementation.

Recommendation 6: That the specialist DFSV services sector is effectively resourced to develop and implement standardised remuneration scales for survivor-advocates, which are reflected in funding agreements (Rec 3).

- Survivor-advocates must be remunerated for their time and expertise. Remuneration should be transparent, timely, clarified prior to engagement and reflective of the type of activity undertaken. It should be scaled to include preparation, the activity itself, post-engagement and, if relevant, travel, accommodation and childcare. Processes for remuneration must be streamlined to make lived experience opportunities accessible to all survivor-advocates. For example, the requirement of an ABN and invoice may be an unnecessary barrier.
- Standardised remuneration scales for survivor-advocates will need to be co-produced with a diverse group of survivor-advocates, including those who are experienced in lived experience work. This may also include benchmarking against national standards. Benchmarking will require careful consideration of the benefits and limitation of hourly rates versus set lump payments for an activity to ensure that survivor-advocates are fully remunerated for the entirety of their lived experience work, not just partial remuneration. For example, a set rate for speaking at an event may result in a very low hourly rate after factoring in the time spent by the survivor-advocate to develop and prepare their talking points.
- Lived experience remuneration must be clearly reflected in service funding agreements, in line with Recommendation 3.

Key Area 3: Leverage existing sector strengths and skills

Recommendation 7: That the specialist DFSV services sector is effectively resourced to enable services to consolidate and embed current innovative and diverse lived experience engagement practices and share learnings on good practice lived experience engagement across the sector.

- Practice leadership and resources to support services' engagement with survivor-advocates and practitioner development. Services will then identify how these can and should be embedded into individual services to promote consistent lived experience practice, elevate visibility and understanding. Areas of focus may include; practitioner induction and training, pathways for potential survivor-advocates, development of lived experience engagement practice (for example, mentoring and peer support for survivor advocates).

Appendices

Appendix A: Lived Experience Project Methodology

Desktop Review

Key terms: “lived experience”, “domestic violence”, “domestic and family violence” and “domestic, family or sexual violence”.

From February-April of 2024, the project team conducted a desktop review of the existing literature and qualitative research available through the Google search engine that included the key term ‘lived experience’ when paired interchangeably with the other key terms ‘domestic violence’, ‘domestic and family violence’ and ‘domestic, family or sexual violence’. The resulting research was used to identify further relevant and related information through the use of available reference lists.

The documents included in the desktop review were restricted to those within Australia that had been published within the last four years (from 2020 onwards).

To our knowledge, all documents included in the desktop review are reliable, being either reviewed academic articles or being sourced directly from the relevant organisation or government body.

Survey Questions

1. Sector Information
 - a. Organisation
 - b. Service
 - c. Your role
 - d. Your name (optional)

2. What activities does your service/organisation undertake to engage people with lived experience? Choose as many options as relevant.
 - Informal feedback from clients about the service they received
 - Asking clients to complete a feedback survey regarding the service they used
 - Regularly reviewing client feedback
 - Supporting survivor-advocates to prepare a submission to an inquiry
 - Running a one-off advisory group
 - Running a standing group that includes survivor-advocates among its membership
 - Dedicated positions for survivor-advocates in the organisation
 - Dedicated positions for survivor-advocates on a governance group
 - Engaging survivor-advocates to do project/policy work

- Engaging survivor-advocates to speak at an event or training session
 - Training victim-survivors to become media advocates
 - Training for lived experience advocates (including but not limited to those who have experience DFSV)
 - Peer staff
 - Other
3. Please provide additional details of the activities selected above.
 4. How do victim-survivors become involved in these initiatives? *How were they identified and invited by the organisation?*
 5. How are survivor-advocates supported throughout the initiative (before, during, after)? *E.g. debriefing, training, childcare.*
 6. Did the organisation make improvements or changes as a result of victim-survivors' input? *E.g. actively engaging in service improvements based on feedback, changes in practice, etc.*
 7. Were victim-survivors informed of how their feedback was being used?
 8. What challenges have you encountered when developing or implementing lived experience activities?
 9. What worked well when developing or implementing lived experience activities?
 10. Are there lived experience engagement activities you would like to implement? *If so, what are these and what barriers (if any) exist for implementation?*

Programs & Services that Responded to the Lived Experience Survey (14 services)

Centacare CFS - Whyalla, Limestone Coast, Riverland & Murray Mallee-Adelaide Hills
 Connection, Strength & Recovery Program
 Domestic Violence Disclosure Scheme
 Earlier Access to Support & Recovery (EASE)
 Haven, Centacare
 Health & Recovery Trauma Safety Services (HaRTTS), which includes Yarrow Place
 Junction Australia
 No To Violence
 NPY Women's Council
 Relationships Australia
 Salvation Army - Bramwell House
 Uniting Country SA
 Women's Safety Services South Australia
 Yarredi Services

Interviews with DFSV Sector staff (7)

Manager: Integrated Programs¹⁴, Women's Safety Services SA

Community Programs Team Leader, NPY Women's Council

Head of Engagement, No To Violence

Community Voice Project Lead, Junction Australia

Training & Community Engagement Coordinator, Yarrow Place, HaRTTS¹⁵

Program Manager: Connection, Strength & Recovery, Women's Safety Services SA

Coordinator: Safe and Well Kids, Women's Safety Services SA

Interviews with Victim-Survivors & Survivor Advocates (18)

Individuals (1)

HaRTTS Consumer Engagement Committee (10)

Voices for Change (7)

¹⁴ Domestic Violence Disclosure Scheme (DVDS), Multi-Agency Protection Service (MAPS), Safety, Accountability & Responsibility through Integration (SARTI), Safe & Well Kids (SAWK), Women's Safety Contact Program (WSCP)

¹⁵ Health & Recovery, Trauma Safety Services, Women's & Children's Health Network, SA Health

Appendix B: List of Key Documents Resulting from the Desktop Review

Backhouse, C., Toivonen, C., & Funston, L. (2021). NSW Voices for Change: Preventing domestic, family and sexual violence through survivor-led media advocacy. Sydney: DVNSW

Cataldo, M. & Wark, W. (2024). Cultivating lived wisdom: Translating experience to expertise [Desktop Review]. Eastern Metropolitan Regional Family Violence Partnership. RFVP_Cultivating Lived Wisdom report_final.pdf

Domestic Violence Victoria. (2020). Family Violence Lived Experience Strategy
<https://www.vic.gov.au/family-violence-lived-experience-strategy>

Lamb, K., Hegarty, K., Parker, R., Amanda, Cina, Fiona, & the University of Melbourne WEAVERS lived experience group. (2020). The Family Violence Experts by Experience Framework: Domestic Violence Victoria. <https://safeandequal.org.au/working-in-family-violence/service-responses/experts-by-experience-framework/>

Loughhead, M., Hodges, E., McIntyre, H., Procter, N. G., Barbara, A., Bickley, B., Harris, H., Huber, L. & Martinez, L. (2023). A model of lived experience leadership for transformative systems change: Activating Lived Experience Leadership (ALEL) project. *Leadership in Health Services*, 36(1). <https://www.lelan.org.au/wp-content/uploads/2023/11/Article-LEx-leadership.pdf>

Safe and Equal. (2022). Sources of Lived Experience in the Family Violence Sector Issues Paper <https://safeandequal.org.au/resources/sources-of-lived-experience-in-the-family-violence-sector-issues-paper/>

Domestic, Family and Sexual Violence Commission (2023). *Best Practice Principles: Engaging People With Lived and Living Experience* <https://dfsvc.gov.au/sites/default/files/2023-10/Best-practice-principles---Engaging-people-with-lived-and-living-experience.pdf>

Wheildon, L. (2023). Towards meaningful engagement: Key findings for survivor co-production of public policy on gender-based violence.
[Wheildon-ANROWS-Towards-meaningful-engagement-Key-findings-for-survivor-co-production-of-public-policy-on-gender-based-violence-2023.pdf](https://www.anrowsdev.wpenginepowered.com/Wheildon-ANROWS-Towards-meaningful-engagement-Key-findings-for-survivor-co-production-of-public-policy-on-gender-based-violence-2023.pdf)
([anrowsdev.wpenginepowered.com](https://www.anrowsdev.wpenginepowered.com))

Appendix C: Useful Resources

Planning Best Practice Engagement with Survivor Advocates (Safe & Equal)

 Do's Things that contribute to good engagements	 Don'ts Things that contribute to poor engagements
<p><i>"Ensuring we have all the information required to be informed. A checklist of who the audience is and what needs to be talked about."</i></p> <p><i>"Take time to set up a supportive safe space."</i></p> <p><i>"By sharing your pronouns and asking what pronouns they use, you will create safe space for the survivor."</i></p> <p><i>"Providing opportunity for debriefing. Having access to a trauma informed support person from the organisation who knows us well or having the choice of bringing our own support person."</i></p> <p><i>"To be involved in the process from the beginning and of course being adequately remunerated for our time."</i></p>	<p><i>"Don't assume someone's gender by their appearance and use wrong pronouns. If you don't know what pronouns they use, just ask!"</i></p> <p><i>"When organisations take the positive feedback only and not the constructive feedback."</i></p> <p><i>"When there are no considerations in place about triggers or safe space. For example, the impact of walking into a space and being confronted with uniformed Police. That's a big trigger for me."</i></p> <p><i>"Any information can be detrimental and compromise safety. When we say we don't want our location to be disclosed, for some reason it gets disclosed anyway."</i></p>
<p><i>"Good engagements plan for how to manage disclosures. While we often get disclosure, this should not be the responsibility of survivor advocates."</i></p> <p><i>"Asking survivor advocates about triggers and boundaries and respecting those boundaries."</i></p> <p><i>"Allow us to determine what is safe and what is not safe. Ensure you are led by us as to how to support and maintain our safety throughout the engagement."</i></p> <p><i>"Providing flexibility and allowing to be human beings – being survivors it's not just something we are reading from a book, it's something we are living."</i></p> <p><i>"Being clear about how our information and experiences are going to be used and share –having transparency around that."</i></p> <p><i>"Understanding that lived experience is not the past tense but it is continuing – even though we may not be in a violent situation, the risk factors can be high."</i></p> <p><i>"Provide clear parameters or limitations. Articulating what you want and what you don't want is a matter of respect when it comes to engagement. This doesn't mean coming with all the answers, but ensuring there is clarity on the direction, outcomes or where you hope to get to."</i></p>	<p><i>"Having an engagement opportunity is not an invitation into my private life or for professionals to hunt me down on social media."</i></p> <p><i>"Not supporting new advocates. In the beginning I would disclose too many details of my story, there needs to be a level of understanding from the support person in where a survivor advocate is at in their journey."</i></p> <p><i>"Sometimes consulting with us is used like a checklist 'tick- we got their input' and they interpret our words to fit the answers they desire. That can have serious consequences."</i></p> <p><i>"Engagements that see us as only able to offer a story or case study feel tokenistic. We are more than our experiences of violence and abuse."</i></p> <p><i>"We don't like surprises."</i></p> <p><i>"Small things can have big impacts on power imbalances. For example, providing survivor advocates sticker name tags if the other participants are not wearing them."</i></p> <p><i>"When we don't receive feedback or hear about the outcome. Too often, we are forgotten after an engagement."</i></p>

Before the engagement

Explain the engagement opportunity

- Introduce yourself** – your name, role, pronouns and organisation.
- Role** – Outline the role of the advocate – facilitator, participant, speaker, panel member, consultant.
- Time commitment** – Number of anticipated hours, including preparation.
- Remuneration** – Payment amount and method. Will additional costs such as childcare or travel be covered?
- Privacy and confidentiality** – Share any limitations to privacy and confidentiality up front.
- Audience** – Describe who else will be involved or attending. E.g internal stakeholders, external stakeholders, other survivor advocates. Provide information on their role in family violence work and family violence literacy and awareness.
- Topics and themes** – Explain the topics that will be covered and the input you are seeking.
- Influence and outcomes** – Explain how their input will influence outcomes, the process for providing feedback and approval before outcomes are shared.
- Recording** – Outline if the engagement will be recorded, how it will be shared and who with.
- Feedback** – Outline how the survivor advocate can provide feedback about their engagement experience, and the processes that are in place to support this.
- Questions** – Invite the survivor advocate to ask questions or offer their suggestions.
- Project brief** – Confirm this information in a written project brief provided to the survivor advocate. Refer to the [Project Brief Template](#).

Discuss the survivor advocate's engagement needs and expectations.

Use the [My Engagement Needs and Expectations Form](#), developed by the Safe and Equal Expert Advisory Panel, to record this information.

- **Experience** – What kind of advocacy experience and professional development have they had prior to this engagement?
- **Introductions** – How would they like to be introduced (e.g. as a survivor advocate, as a speaker with lived experience of family violence)? Would they like to introduce themselves and their role? Are they acting as an independent advocate, or representing a group or network?
- **Access requirements** – Explore access or support requirements E.g Auslan interpreter, interpreter, accessibility, breaks, how do they prefer to receive information, reminders or prompts, sending slides and questions in advance, technology requirements.
- **Safety** – Are there any legal, physical, emotional or cultural safety considerations? If so, what support or protection can your organisation put in place to support engagement?
- **Privacy and confidentiality** – How would they like their privacy and confidentiality to be maintained (use of first or full name, use of pseudonym, visibility of email address, use of image or recordings)? Develop a privacy and confidentiality agreement, including for what purpose their information will be used and for how long.
- **Environment** – Explore what is needed to create a safe space, whether in person or online. This could include knowing who else will be in and have power in the space, how the space is set up, where the exits are located and having an agreed way to communicate if the person is uncomfortable.
- **Boundaries** – Explore ways to uphold the survivor advocate's personal and professional boundaries and whether there are topics or themes they are not comfortable speaking about.
- **Support** – What type of support would the advocate find useful? Pre-briefing and debriefing, support from your organisation, from other survivor advocates or their own support person.

Pre-briefing

- **Written information** – Confirm the purpose, participants or audience and any agreed actions to support safe engagement and when you will be in touch after the event at least seven days before the engagement. This could include a run sheet, agenda or Terms of Reference.
- **Pre-meeting** – Depending on the nature and scope of the engagement, explore the option of meeting beforehand to collaborate on planning and meet other contributors.

During the engagement

- **Welcome** – Welcome the survivor advocate and introduce them the way you have agreed. Acknowledge them when they first enter the room, whether it is online or in-person.
- **Ways of working** – Whether through a Terms of Reference or group agreement, set agreed ways of working and give permission to take a break or step out of the session if needed. Remain flexible and open. Be mindful that you might need to adapt your timelines or approach to support participation.
- **Language** – Where possible, minimise jargon, acronyms and overt displays of hierarchy.
- **Power dynamics** – Address power and hierarchy, for example the physical set up of the space or use of titles. Check out the Experts by Experience Framework video on addressing power imbalances when working with people with lived experience of family violence.
- **Audience engagement** – Consider how much direct contact other event attendees or meeting participants will have with the advocate during the session, and whether additional supports need to be put in place. For example, if an audience has low level family violence awareness or literacy, it may be useful to have an extra colleague available to ensure the survivor advocate is not left unsupported at any point.
- **Discussions** – In group discussions, be intentional in asking survivor advocates to contribute. Give permission to pass or come back to a question.
- **Disclosures** – Ensure you have a plan to respond to disclosures of family violence and communicate what supports available for all participants. It should never be the responsibility of a survivor advocate to manage disclosures when engaging with a family violence service.
- **Respect** – Respect the survivor advocate's time and start and finish engagements on time.
- **Thank you** – Have a clear process for what the conclusion of the engagement looks like. Thank them for their contributions and the value they brought.

After the engagement

- **Debrief** – Check in with the survivor after the engagement. Did anything occur during the engagement that impacted them? Did anything come up that could affect their legal, physical, emotional, and cultural safety? Ensure they are comfortable with what they shared, for example, was anything disclosed that they would like edited from a recording or submission? Ensure the time for debrief or time to decompress following an engagement is remunerated.
- **Invite Feedback** – check in how they felt it went, ask if they have feedback about the session. Could anything have been done differently or better? You might consider multiple ways to provide feedback, with the option of anonymity.
- **Offer feedback** – share your reflections on how the engagement went, what the survivor advocate did well, the value they contributed and constructive feedback.
- **Next steps** – Confirm next steps, including how any outcomes from the engagement will be collated and shared. Confirm the process for remuneration including when they will receive payment.

Other Useful Resources

[Survivor Advocate Feedback Template](#)

[My Engagement Needs and Expectations](#)

[Survivor Advocate Project Brief Template](#)

[Skills and Capability Self-Reflection Tool](#)