Response to the Draft Family and Domestic Violence Capability Framework

26 March 2025

WAAMH

Western Australian Association for Mental Health

Contents

Acknowledgement of Country

The Western Australian Association for Mental Health (WAAMH) acknowledges the traditional custodians of country on which this submission was developed, the Whadjuk people of the Noongar Nation. We acknowledge their continuing and unbroken connection to land, sea and community. We pay our respect to their culture and Elders, past and present and emerging and acknowledge their ongoing contribution to WA society and the community.

Acknowledgement of Lived & Living Experience

WAAMH also acknowledges the individual and collective expertise of people with a living or lived experience of mental health, alcohol and other drug issues, and the families and carers who provide support and have a lived/living experience.

About WAAMH

The Western Australian Association for Mental Health (WAAMH) is the peak body for the community managed (non-government) mental health sector in Western Australia, with organisational and individual members across metropolitan and regional WA. WAAMH has been engaged in the mental health sector for nearly 60 years.

WAAMH's membership comprises community managed organisations providing mental health services, programs or support in community settings, as well as individuals and families with lived experience of mental health issues and suicide, with whom WAAMH engages in genuine partnership.

Community-managed organisations provide a critical network of services that support people affected by mental ill-health and their families and help them live valued lives in their community.

1. Introduction

WAAMH appreciates the opportunity to comment on the Family and Domestic Violence Workforce Capability Framework.

In preparing this submission WAAMH sought and received feedback from member agencies who have a presence in both the mental health and family and domestic violence sector and who had contributed to earlier consultations in the development of the framework. Many of the views expressed in this submission draw from agencies whose professional experience and expertise is gained from working in and across both the sectors. We thank them for sharing their experience and insight.

2. General Comments

In addition to responses to each of the Domains, we offer some general comments relevant to the Framework.

The WAAMH members consulted on the framework all supported it as being of value. However, they felt it was important to know how it would be implemented, particularly as service providers might have multiple workforce capabilities frameworks that inform their work.

WAAMH notes that the proposed Workforce Development Agency is currently being tendered for before the capability framework has been developed. WAAMH is curious as to what role the proposed Workforce Development agency will play in the implementation of the framework. This agency will need to develop a legitimate cross-sectoral focus and have the legitimacy, relationships and ability to work collaboratively across sectors itself.

Some key issues raised by those consulted are:

Capabilities should not be a requirement for employment

Providers indicated that they did not support the capabilities becoming a minimum requirement for employment in the sector as this would be a barrier to recruitment which is already challenging particularly in regional and remote locations. Rather, they said that it is essential that agencies are able to support workers to develop these capabilities over time.

Agencies often employ people with lived experience who have some capabilities but who can develop more over time with knowledge and support.

Barriers identified to potential employees entering the FDV workforce if minimum requirements are implemented include training and education, cost barriers and, in the regions, limited access to training.

Adequate funding and resourcing of agencies and sectors is required for workforce attraction, retention, development and support

Providers consistently identified funding levels and contracting as factors in the implementation of the framework and their ability to attract, reimburse, retain, develop and support their workforce. This includes funding to pay workers' salaries commensurate with these capabilities, as well as increased indexation and funding for agencies to cover the additional costs of employing more capable staff and providing ongoing training, development, support and supervision to ensure that capabilities are developed in the workforce and are applied to ensure higher quality service delivery.

The expectation of stronger collaborative working is acknowledged but is difficult to achieve given the level of underfunding of the NGO sector

One domain where funding was identified as having further impact is the expectation of stronger collaboration across sectors. Providers all indicated that collaborative work requires more resources across sectors, particularly because of the time that must be developed in building and maintaining collaborative relationships. The persistent and consistent under-resourcing of NGO services across sectors and systems[1] undermines collaborative work, and government commissioning and contracting does not take these costs into account. If these capabilities are to be required of agencies and workers, then funding must be provided to agencies to enable that to occur.

Gaps in the Framework

Agencies consulted by WAAMH identify several broad gaps in the framework.

Family and domestic violence (FDV) needs to be acknowledged as a determinant of mental health, and capacity needs to be built across the service system and workforce to understand and respond to in working with individuals, families and systems.

Several agencies said that there is a lack of knowledge in the specialist FDV sector about the mental health system(s), including the different roles of the public mental health system and the community (NGO) sector and how they work, the role of the community mental health sector, and how their clients can access support.

While the Framework highlights FDV as a determinant of mental health, there are gaps in practical guidance, training tools or crisis response, and defined skillsets required, as well as a high-level understanding of how the MH system works for instance, involuntary vs voluntary care, the role of community teams and intersection of the legal system. These issues and more are often a concern for victim survivors and a barrier to leaving.

One agency member noted:

> *We have listened to our FDV workforce, and the broader FDV workforce, who identify that a foundational and core set of skills to work effectively with clients experiencing mental health challenges are required, noting the co-occurring nature with FDV and relationship to trauma.*

Several agencies consulted noted that the interconnection between AOD, mental health and FDV needs a stronger focus in the Framework.

There is a sense that neither the specialist FDV sector, nor the specialist mental health sector, necessarily feel equipped to respond to clients where issues of AOD, mental health and FDV are interconnected.

[1] Gilchrist, D., & Perks, B., (2025) "*Real Costs, Real Impacts": A Path for Social Services Sustainability.* A Report by the Centre for Public Value. UWA Business School for Catholic Social Services Australia Ltd, Canberra Australia: Gilchrist, D., & Feenan, C., (2024) *Western Australia's Sustainable Funding Survey Report*, A report developed by the Centre for Public Value at the University of Western Australia for the WA Council of Social Service. Perth. WA.

There is seen to be a need to place a higher priority in the capability framework on strengthening the capability of workers in the FDV and mental health sectors to work with the intersectionality of FDV, alcohol and other drugs and mental health.

Several agencies noted that areas of improvement for the specialist FDV sector in AOD include:

- Information about alcohol and other drugs (DAO knowledge, effects, withdrawal, treatment options, role of the NGO sector
- How to raise concerns about AOD use
- How to have conversations around suicide and self-harm
- How to respond to concerns about harmful AOD use

The following comments are made across each of the three workforces identified – specialist, response and broader supporting workforce – and under the various domains, particularly in relation to mental health and FDV.

WAAMH would also note that in relation to the impact of FDV on child mental health and wellbeing the framework might want to consider how it promotes and utilises existing resources such as the work of the National Workforce Centre for Child Mental Health (also known as Emerging Minds) to support the FDV sector build its capability. These resources are underutilised in Western Australia's workforces.

3. Comments on Domain 1: Understanding of FDV Context, Nature and Drivers

Issues raised by agencies consulted were:

- Mental health concerns associated with FDV might be long term and might be situational. It's important to have skilled staff who can identify the exact support needed for the person.
- Mental health in FDV situations can coexist with AOD use, and we currently don't have enough services who are able to skillfully work with and treat all three concerns.
- Weaponisation of systems by the perpetrator, or just general fear of systems, can prevent people from seeking help for mental health and AOD issues. Fear of the child protection system in particular is a significant barrier for help seeking.
- It's important that people have choice and control over which service/s they engage with. In rural and remote areas this can be impossible.

4. Comments on Domain 2: Safe and Informed Responses across FDV Continuum

Issues raised by the Agencies consulted were:

- FDV needs to be identified as a determinant of MH throughout this list, and appropriate capacity building of staff and organisations, and partnership development with mental health services woven through the list.
- The differential impacts of FDV on Aboriginal and Refugee and Migrant communities also need to be identified and incorporated in each of the domains, although we acknowledge there is a separate domain Aboriginal people. For instance, in point three, the impact of colonisation should be included.
- At point four, risks to safety can include mental health risks and an assessment – for instance, is it safe for a woman to be housed temporarily in a motel, or do they need to be in a refuge setting where they are not alone?
- At point six, there needs to be more effort put into understanding the impact of FDV on children and young people, and their mental health, and developing workforce capability accordingly. The work of Emerging Minds is relevant here in building capabilities across workforces, not just mental health workforces.

5. Comments on Domain 3: Aboriginal Cultural Intelligence

Issues raised by agencies consulted were:

- The broader context of the ongoing impact of colonisation, systemic racism, intergenerational trauma, the stolen generation, involvement of child protection, and continued poor response on Closing the Gap targets needs to be identified in this section.
- The justifiable lack of trust by Aboriginal clients in services, and fear of police and child protection, also needs to be factored into systems wide responses as well as individual work with clients.
- Social and emotional wellbeing and other community led approaches need to form the basis of mental health response.
- Appropriate workforces need to be recruited, with understanding and high-level skills in the above.
- Consideration needs to be given to remote and regional areas, where different politics and conflicts between communities potentially exist.

6. Comments on Domain 4: Inclusive and equitable FDV responses

Issues raised by agencies consulted were:

- Include a broader and more comprehensive acknowledgement of the structural context that people are in that is less individualised and recognises the systemic barriers that continue to oppress people. For instance, instead of 'English competency' replace with 'interpreter availability'.
- Include a point about systemic advocacy and change and change in government funding arrangements so that these systemic barriers can be addressed, as distinct from individual advocacy which only changes things for one person.

7. Comments on Domain 5: Collaborative and Integrated ways of working

Issues raised by agencies consulted were:

- Funding arrangements are required to enable partnerships and referral pathways between FDV services and MH services, and deliberate capacity building and training between both workforces.

8. Comments on Domain 6: Sustainable and evidence based FDV practice

Issues raised by agencies consulted were:

- Funding is required for intentional, whole of organisational work for FDV providers to become trauma informed, and to collectively advocate together for systems change.