



Guideline: Family violence services and accommodation

> Educational resource

Inclusive and non-discriminatory services – good practice and practice improvement examples

These case studies have been designed to provide fictional examples of how service providers might work inclusively and prevent or eliminate discrimination in providing services to people experiencing family violence.

These examples are not exhaustive, but provide useful illustrations of the types of action service providers can take, and how they might respond in particular situations.

This is a companion resource to the *Guideline: Family violence services and accommodation — Complying with the Equal Opportunity Act 2010*. It references the Guideline throughout.

James – Disability discrimination and reasonable adjustments

James has an acquired brain injury (ABI) which sometimes manifests in impulsive and aggressive behaviour. He has verbally abused his partner and physically assaulted her on a number of occasions. James attends a court-appointed men's behavioural change program (MBCP).

Making reasonable adjustments

The MBCP has a clear equal opportunity policy including information on disability discrimination and provides training to staff about the policy. Mike, a co-facilitator of James's session, understands from the policy and training that it is against the law to discriminate against James based on his disability. He also knows that the MBCP has an obligation to provide reasonable adjustments for James to attend the program. However, Mike is unsure of what this means in James's case. Mike speaks with James to ask him how his disability affects him and what adjustments will help him to participate. They agree to provide Easy English handouts and have breaks in the session.

Thinking about the big picture

Working with James prompts the MBCP to consider how it delivers its services to men with disabilities more generally. Staff at the organisation consult with service networks and disability organisations to find out how other MBCP organisations make their services accessible for people with disabilities. The organisation identifies a range of possible adjustments it can make for men with disabilities,

including men with an ABI. These include changes to make the content of the program more accessible through Easy English materials, images and videos. Additional breaks are added to the program, and consideration is given to how the group facilitates behaviour change overall.

The organisation updates its policy and training to provide more specific information about different disabilities and adjustments. With James's consent, a disability advocacy service presents his case study at a disability access workshop, so that others can learn from the situation and adapt their own programs.

Questions

1. What are the MBCP's legal obligations under the *Equal Opportunity Act 2010* in providing services to James?
2. How would you go about establishing James' support needs?
3. What actions would the MBCP need to take to prevent discrimination from happening in the future?

Answers

1. As a service provider, the MBCP must not discriminate against James based on his disability (See *Discrimination by service providers* on page 6).

Service providers also have an obligation to provide reasonable adjustments for people with disabilities. See page 11 of the Guideline for information about reasonable adjustments

The service has an obligation to proactively prevent discrimination as far as possible (see *Eliminating discrimination – the positive duty* on page 19). The good practice elements in point 3 below are examples of efforts from the service to meet its positive duty. Services can meet their positive duty by providing an inclusive and non-discriminatory service, which includes providing an accessible service for people with disabilities (see *Providing a non-discriminatory and inclusive service* on page 21 and *Clients with a disability* on page 29).

2. Sitting down with James in discussion is a great first step to identify his needs. This can either be done during an intake interview – or even beforehand – so that the service knows how to best work with James at the interview and beyond. The service needs to decide whether it can implement the supports requested, and discuss any alternatives with James.
3. The MCBP leader understands that there is a need for a systemic response to ensure the service is accessible for people with a range of disabilities. The MCBP needs to have a policy in place advising clients of their rights, including information about discrimination, sexual harassment, victimisation and making complaints. The MCBP could consider undertaking a disability access audit and providing staff with tailored training on disabilities and accessibility. Talking with networks and working with specialist disability providers is a great way to gather specialist expertise and enhance your organisation's approach to working with and providing adjustments for people with a range of disabilities.

Amal – Cultural safety and accommodation of religious practices

Amal attends a local community housing organisation for women escaping family violence. The intake worker notes that Amal speaks English as a second language and asks if she needs an interpreter or information in another language. Amal confirms she is happy to receive information in English as long as it is easy to read. The intake worker asks some follow up questions to ensure Amal comprehends and to ensure an interpreter isn't needed. The intake worker also asks whether Amal has any religious

or cultural requirements. Amal says she is Muslim but doesn't feel comfortable requesting any changes to the house.

The intake worker gives Amal a copy of their Easy English Service Charter, which includes a statement that the provider will not discriminate against her and how to make a complaint. However, it does not include specific information about cultural safety and accommodation of religious practices, or address discrimination and rights relating to co-tenants.

Later, Amal is in the kitchen when a co-tenant threatens her because she wears a hijab. Amal doesn't feel safe enough to lodge a formal complaint because she thinks it falls outside of the Service Charter. As a result, she spends a lot of time in her room and doesn't use the shared kitchen.

The positive duty

The service notices Amal's behaviour and takes action to address the situation even though she has not made a formal complaint. After checking in with Amal to see if she is happy with the approach, the service leaders speak with the co-tenants about behaviour standards and the consequences of poor behaviour, harassment and discrimination.

Amal is encouraged, with engagement of the local Muslim women's service, to talk through her religious needs with the housing service. The service realises there are a number of things that Amal needs, including a designated area of the kitchen to prepare food in accordance with her religious beliefs and assistance to connect with other Muslim women in a safe and supportive environment. The service arranges this in cooperation with the Muslim women's service. The service checks in regularly with Amal to ensure she feels culturally safe and supported.

Thinking about the big picture

The service sees an opportunity to consider how it addresses cultural safety and religious practices more generally, and works with the local Muslim women's organisation to help review its policies and procedures. It reviews and updates its Service Charter to include information on complaints about other tenants and specific examples of discrimination, including discrimination based on religious belief. The service ensures all new tenants are verbally advised about their rights, including how to make a complaint, at their induction.

Questions

1. Identify the elements of good practice in Amal's case that would help the community housing organisation comply with its legal obligations under the Equal Opportunity Act.
2. Whose responsibility is it to ensure everyone is adhering to the Service Charter and that any conflict in the house is properly resolved?
3. What three key actions form the basis for the community housing organisation's prevention response?

Answers

1. Elements of good practice in working with Amal include:
 - a) providing the Service Charter to Amal on her arrival, including information on discrimination and making complaints
 - b) identifying that Amal may wish to have an interpreter or information provided in a different language and providing her with options
 - c) observing Amal's treatment and responding to the situation even though she has not made

a complaint

- d) ensuring Amal receives culturally safe support through the Muslim women's service
- e) working with the local Muslim women's service to inform a review of policies and procedures relating to cultural safety and accommodation of religious practices. This approach also means the service is not solely relying on Amal to educate staff and others about relevant cultural safety and religious practices.

However, the intake worker could have provided more information to Amal about how the service could accommodate her religious practices. The service also could have ensured tenants were advised about or received information on their rights in relation to other tenants.

- 2. It is the community housing organisation's responsibility to provide a safe and discrimination-free house. Its Service Charter should include a statement about behavioural expectations and that discrimination, victimisation, racial and religious vilification or harassment by tenants will not be tolerated. Conflict should be resolved as soon as possible to ensure the safety of all tenants.
- 3. The three key actions forming the prevention response are:
 - a) reviewing and updating its Service Charter and policies and including examples to illustrate more clearly what is acceptable and what is not
 - b) working with a local Muslim Women's service to improve the service
 - c) undertaking an environmental scan to see other areas that need improvement and taking steps to resolve those issues, like the kitchen.

See part 3 of the Guideline for information on obligations of service and accommodation providers to not discriminate.

Also see pages 19–21 in relation to obligations to prevent discrimination from occurring as far as reasonably practicable, and pages 24–5 for providing a culturally safe service for clients.

Maria – Recognition of elder abuse as a form of family violence

Maria is 80 years old and has a range of health conditions. She is fearful of her family but doesn't know what to do about it. She sometimes attends women's health appointments at times when her family won't know. At an appointment, she tells her doctor that her children are restricting her movement outside the home and verbally abusing her. The doctor asks Maria if she would like assistance from a family violence service and she agrees. However, her disabilities mean she cannot use the telephone so the doctor, with her consent, calls a family violence service for her.

Maria is not given immediate access to family violence services because she is not considered to be at imminent risk of harm as her children are not physically assaulting her. Maria doesn't want to access emergency accommodation. She would prefer to stay at home with her family but with external support to address her children's behaviour. Her case manager thinks her situation is not serious because of her age and because she wants to stay at home, so prioritises a number of younger women with small children before her.

Solutions

During a routine review of current cases, the case management team leader realises that more time is needed to assess Maria's circumstances and identifies broader problems with intake and assessment

based on her case, including ageist attitudes from staff. The team leader reviews the intake assessment procedures to ensure they address discrimination, including age discrimination. She also speaks with staff at the next practice meeting about age discrimination and ensuring elder abuse is properly recognised as a form of family violence by staff.

Maria is re-assessed by a new case manager, Margaret. Margaret becomes aware that Maria's children have been limiting access to medicines, mobility aids and home support. Margaret helps Maria to access a range of services and supports including My Aged Care. With Maria's consent, the case manager works closely with these other services to ensure they understand the nature of the family violence that Maria experiences and puts in place additional reporting and oversight controls to ensure Maria can get the support she needs.

Questions

1. In Maria's case, what did the family violence service do to comply with its Equal Opportunity Act obligations?
2. What strategies did those in the case study use to address Maria's particular circumstances?
3. What more could services do to support a proactive and preventative approach, to ensure cases like Maria's are properly reported and referred on?

Answers

1. The service may have been discriminating against Maria based on her age in its approach to assessing her case. As a service provider, the refuge must not discriminate against Maria based on her age. The organisation took steps to meet its positive duty under the Equal Opportunity Act after it became aware of Maria's situation, both by addressing her particular situation and using this to inform a broader response to address age discrimination at intake.
2. The medical service has provided an adjustment for Maria by contacting a family violence service with her consent. The family violence service takes action to address Maria's situation by reassessing her case and linking her with other supports to address the particular dynamics of family violence she is experiencing and her desire to remain at home.
3. The medical service took some steps to make an adjustment for Maria by making a phone call to the family violence service with her consent but could have done more to assist Maria by asking if she needed other supports and linking her to relevant services as needed.

The family violence service took positive steps to address systemic issues in its services after becoming aware of Maria's case by reviewing its intake and assessment procedures and providing staff with clearer practical guidance about age discrimination and elder abuse. To adopt a proactive and preventative approach, organisations can do a scan to identify gaps in their policies, practices, staff skills and culture. *Part 4: Inclusive service delivery* identifies a range of steps organisations can take to adopt a proactive and preventative approach, including an inclusive service delivery checklist.

See part 3 of the Guideline for information on obligations of service providers to not discriminate, as well as obligations to provide reasonable adjustments. Also see pages 19–21 in relation to service provider's obligations to prevent discrimination from occurring as far as reasonably practicable, and pages 31–2 for working with clients who are older.

Nayla – Cultural safety for Aboriginal clients

Nayla is receiving midwifery services at her local hospital. She discloses to her midwife during her three-month pregnancy check that she is Aboriginal. Nayla and her partner do not have a car and have limited access to transport to attend regular appointments. She is experiencing family violence from her partner, and her pregnancy has become complicated with gestational diabetes. Nayla discloses that she has recently moved to Victoria from interstate, doesn't have any family or kinship connections here and hasn't made any connections with the local Koori community. Her partner is not Aboriginal.

Nayla is reluctant to report the violent situation, and has heard stories from her home community of poor police responses to family violence. She also has no alternative accommodation if she chooses to leave. Nayla would rather wait and see if things get better for her at home with her partner.

The midwife service has never supported Aboriginal women experiencing family violence before. The midwife asks Nayla if she can find out whether there are any services that could assist. Nayla says that is ok. The midwife contacts the closest Aboriginal Community Controlled Health Organisation (ACCHO) which refers her to another Aboriginal controlled organisation that assists victims of family violence. With Nayla's consent, the midwife service approaches the organisation to find out how they could work together to support Nayla. A set of protocols is negotiated to ensure Nayla is supported in her experience of family violence, while still attending pregnancy related appointments with the mainstream service. One protocol states that if her partner is to attend an appointment, Nayla could speak to a local Police Aboriginal Community Liaison Officer (ACLO), and police would intervene if necessary.

At a future appointment, Nayla's partner shows up. With Nayla's consent, the midwife first calls the Police ACLO so that Nayla can speak with them. In this instance, it was not necessary for the police to intervene. This approach makes Nayla feel more safe and supported and helps her stay engaged with the mainstream service.

The midwifery service later seeks to establish a more genuine relationship with the ACCHO by entering into a memorandum of understanding to provide more tailored services for Aboriginal clients. The service also chooses to provide its staff with cross-cultural training to better understand Aboriginal culture and how to best serve Aboriginal clients.

Questions

1. How do Nayla's specific cultural considerations change the nature and shape of the service provider's Equal Opportunity Act obligations?
2. What did the service do well to ensure Nayla's cultural safety?
3. Describe the key elements of the preventative response taken to support Aboriginal clients in the future. What could be done better?

Answers

1. Under the Equal Opportunity Act Nayla has the right to receive services free from racial discrimination. The health service provider has an obligation to ensure Nayla is not subjected to racial discrimination, and to eliminate barriers that either amount to, or result in, racial discrimination against Aboriginal clients.

Where a service has trained staff to understand Aboriginal cultural identity, history, and experiences of trauma, they should be able to identify where their services will need to be

tailored to better support Aboriginal clients. When services are tailored and provided in a culturally safe environment, racial discrimination is less likely to occur.

2. Things the service provider has done well for Nayla include:
 - a) acknowledging that its service may not be culturally safe and working with Aboriginal controlled organisations to ensure services are appropriate
 - b) empowering Nayla to make choices regarding the services she used – mainstream health services for her pregnancy and gestational diabetes, and an Aboriginal controlled organisation to assist with the family violence situation. Aboriginal clients may be more willing to engage with services if they are Aboriginal specific, however the client should always be presented the option rather than an assumption being made
 - c) developing protocols for dealing with Nayla's partner in a way that was culturally safe for Nayla, including respecting Nayla's desires.
3. Key elements of the preventative response at a systemic level include:
 - a) developing an ongoing relationship with the ACCHO to ensure better referrals and support for Aboriginal clients in the future
 - b) cross-cultural training for staff.

Other elements that could be undertaken include:

- a) the service considering employing more Aboriginal people within its own organisation, by encouraging Aboriginal people to apply for roles advertised, or, if suitable, in a dedicated Aboriginal role. Such a role could be as an Aboriginal Liaison Officer to further support Aboriginal clients.
- b) The service undertaking an organisational scan to find other areas to improve and embed cultural safety, such as in relation to attitudes by leadership towards supporting Aboriginal clients, as well as incorporating diversity and equal opportunity in strategic organisational documents.

See part 3 of the Guideline for information on obligations of service providers to not discriminate.

Also see pages 19–21 in relation to service provider's obligations to prevent discrimination from occurring as far as reasonably practicable, and pages 25–6 for providing a culturally safe service for Aboriginal clients.

Anna – Transgender youth and homelessness services providers

Anna is a 17-year-old transwoman who was referred to a youth homelessness service by a rough sleeper outreach team. Anna has experienced ongoing family violence from her father and brother because of her gender identity. She has been bullied and isolated at school and quickly ends up rough sleeping after staying a few nights at a backpackers.

The youth homelessness service has achieved Rainbow Tick accreditation and as part of that had developed an intake and assessment form that includes the following statement:

At our service we celebrate diversity by providing a range of activities and putting our young people in contact with a range of groups and networks. Some young people are lesbian, gay, queer, bisexual or just unsure. Some young people are transgender or intersex. If you choose to share this type of information with us it will help us to refer you to services, activities, groups and networks of other young LGBTI people. Of course any information you share is confidential.

Anna still doesn't feel comfortable disclosing her gender identity because of her past experiences, so provides a different name at intake. She is also worried that other young people in the service might bully her even if staff are supportive.

After a few days at the service Anna notices a number of things suggesting the service is LGBTI friendly. A statement of rights and responsibilities for residents includes information about discrimination against LGBTI communities and how to make a complaint. The house rules state that bullying or discrimination against LGBTI people will not be tolerated and can result in eviction. Anna also notices posters about LGBTI events and photos of staff and residents from the refuge attending Pride March.

Identifying and discussing gender identity

Anna decides to disclose her name and gender identity to her case worker, Gemma. Gemma responds positively and they discuss how to communicate this to other staff and residents. Gemma states which pronouns she herself uses and then asks Anna which pronouns she uses. Together Gemma and Anna agree to an approach for informing other staff and existing residents about Anna's gender identity.

Working with other services to provide holistic support

The refuge has protocols in place for referring residents to services. With Anna's consent, the refuge links Anna to a specialist health service providing health and other support to trans and gender diverse people, including peer support programs and social events. Anna wants to return to her studies, so Gemma provides her with information and advice about education providers with a good record of working positively with young trans and gender diverse people.

Questions

1. At the time Anna discloses to the refuge that she is transgender, what are their legal obligations and what information can they lawfully ask from her?
2. Identify the elements of good practice used by the service provider to ensure Anna's safety and provide a non-discriminatory service.
3. What other changes to practice or processes could the service provider embed, to ensure that transgender people feel safe using the service in future?

Answers

1. As a service provider, the refuge must not discriminate against Anna unless an exception or exemption from the Equal Opportunity Act applies (See *Discrimination by service providers* on page 6, *Discrimination by accommodation providers* on page 8 and *Is discrimination always against the law?* on pages 14–8)

It is against the law to request information from a person that could be used to discriminate against them, unless the organisation can show the information is reasonably required for a legitimate non-discriminatory purpose (see *Requesting information* on page 13)

The service has an obligation to proactively prevent discrimination as far as possible (see *Eliminating discrimination – the positive duty* on pages 19–21). The good practice elements below are examples of efforts from the service to meet its positive duty.

2. Good practice elements include:
 - a) receiving Rainbow Tick Accreditation and including a policy statement about diversity and LGBTI communities in the intake and assessment form

- b) sensitively discussing Anna's gender identity with her, confirming pronouns, and consulting closely with her about how this information will be conveyed to others
 - c) providing a welcoming and inclusive environment by showcasing materials including policy statements, information about rights and making complaints, and information about LGBTI community events showcasing staff and client involvement
 - d) having referral protocols to a range of LGBTI-friendly services in place and providing referrals to Anna.
3. Because Anna didn't feel safe advising the service about her gender identity at intake, there could be other things that it could do. The service could:
- a) include more information about its policies relating to LGBTI communities and inclusion, including on its website, to ensure clients know they will be safe to disclose their gender identity before they approach intake
 - b) display evidence of Rainbow Tick accreditation in the service's waiting room, front door or its website
 - c) work with specialist LGBTI services and advocacy bodies to communicate the services available and spread the word in the community that your service is a safe place to go.

See pages 6–8 of the Guideline for information on obligations of service and accommodation providers to not discriminate, and page 13 about requesting information that can be used to discriminate against a person.

Also see pages 19–21 in relation to service and accommodation providers' obligations to prevent discrimination from occurring as far as reasonably practicable, and pages 22–4 for working with LGBTI clients.

Leila – recognition of parental status

Leila and her two young children, aged five and three, are referred to a local Women's refuge. Leila's ex-partner had been physically and verbally abusive toward her in front of their two children, and they are all still very fearful and traumatised by the violence. At Leila's first intake interview the children would not leave her side and Leila made it clear that she did not want to openly discuss the violence in front of them.

Recognising this, the intake worker asked Leila how they could support her as a mother with two small children to openly explain her situation and needs, while still ensuring her children felt secure. Leila is already quite shaken and unsure what would help. She becomes quite distressed, which further unsettles the children. The intake worker gives Leila a copy of the Service Charter. The Charter outlines rights and responsibilities but does not have a clear statement on how to make a complaint. She says that she will check in with her in a couple of hours once she has had some time to settle into the refuge.

The positive duty

After some time the intake worker approaches Leila. They do not discuss the particulars of her situation, but the intake worker explains that they have a childcare worker who attends the refuge twice a week. The childcare worker would be able to supervise the children and engage them in activities while Leila is able to complete her intake and needs assessment. Leila expresses concerns about leaving the children on their own but the intake worker reassures Leila that she would still be in the same room as the children, but far enough that they do not hear the details of what they are discussing. Leila is

reassured by this and schedules an appointment with the childcare and intake workers.

After her initial intake appointment Leila is given a number of forms to complete. Given that the children are still very clingy and unsettled, she is unable to find the time to complete them. When she is asked about this, another of the refuge workers becomes quite frustrated with her and talks to her in a denigrating manner. This new worker does not offer her any additional support with the children and Leila feels overwhelmed. This treatment makes Leila contemplate returning home, as she begins to feel that leaving her ex-partner is too hard. Leila decides to speak to the original intake worker about her concerns and her thoughts of returning home. She doesn't mention the potential discriminatory treatment as she is not aware that she can complain. The worker quickly arranges for Leila to have access to the childcare worker so that she is able to complete all the necessary documentation. Based on this support Leila remains in the refuge.

Thinking about the big picture

The intake worker recognises that parents and carers also face challenges in accessing all the supports in their service. The service updates its policy to expressly include consideration for parents and carers to be able to access childcare or other available care. This is to accommodate parents' and carers' ability to attend interviews and appointments, complete documentation and obtain required support.

Questions

1. What are the refuge's legal obligations under the Equal Opportunity Act in providing services to Leila?
2. Identify the elements of good practice in Leila's case that would help the refuge to comply with its legal obligations under the Equal Opportunity Act?
3. What other changes to practice or processes could the refuge do to support parents and carers throughout this process?

Answers

1. As a service/accommodation provider, the refuge must not discriminate against Leila based on her parental status. (See pages 6–8 of the Guideline for information on obligations of service and accommodation providers to not discriminate).

The service also has an obligation to proactively prevent discrimination as far as possible (see *Eliminating discrimination – the positive duty* on pages 19–21). The good practice elements below are examples of efforts from this service to meet its positive duty by providing an inclusive and non-discriminatory service (see *Providing a non-discriminatory and inclusive service* on page 21–31).

2. Good practice elements include:
 - a) the intake worker identifying at the first interview that Leila was unable to openly discuss the violence in front of the children. She openly asked Leila what her needs were to enable her to feel comfortable to do this
 - b) providing Leila with a copy of the Service Charter and time to process it
 - c) the intake worker providing her with options on how the children could be cared for while she is completing her intake assessment and addressing her concerns about leaving them alone
 - d) intake worker responding promptly to Leila when she raised her concerns and providing her with additional childcare support

e) updating the policy to include consideration of the needs of parents/carers.

3. The refuge should provide training to staff on providing an inclusive and non-discriminatory service, including considerations for parents and carers and the need for access to childcare when required. It should also update its Service Charter to make it clear to service users that they can make a complaint if they feel they are discriminated against.

To adopt a proactive and preventative approach, organisations can scan their organisation to identify gaps in their policies, practices and staff skills and culture. Part 4: Inclusive service delivery identifies a range of steps organisations can take to adopt a proactive and preventative approach, including an inclusive service delivery checklist.



**Victorian Equal Opportunity
& Human Rights Commission**

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