

**DISCUSSANT**

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The Royal Children's Hospital Social Work Department is to be congratulated for its Strengthening Families program.

Julie's presentation raises several important issues for community services, women's services, the relationship between hospitals and community services, and social workers' potential role as advocates for policies and services.

**SERVICES FOR WOMEN ESCAPING VIOLENCE**

First, in the case study described by Julie, the family situation of 'Sonia' raises an important issue about the available staffing for women's refuges. Australia is relatively advanced, on international comparisons, in having a network of refuges or shelters for women escaping violence. However, the Victorian Women's Domestic Violence Crisis Service (the telephone entry point to the network of refuges) has been persistently pointing out in the past two years that they are under-resourced in terms of both numbers of houses and staff. Many times women and their children are placed in motels by the police when there are no refuge vacancies. Yet WESNET, the national women's emergency services network, has spoken out against the suitability of motels as a safe and supportive place for women.

The specific story told by Julie raises a further type of staffing issue, again one which the refuges have been advocating. The refuges typically have a worker designated as a child support worker, but one worker may not be enough when there are several families of children in a refuge. The situation of Sonia's child, Jack, suggests a more intensive follow-up to the physical and psychosocial needs of children in refuges would be highly beneficial.

**WOMEN'S AND COMMUNITY SUPPORT SERVICES IN LOCAL AREAS**

Second, Sonia's situation also draws attention to the importance of well-publicised and accessible community support services. To provide a network of community supports for families requires family services, women's services, programs for men and programs for children. I will focus on those for women. In fact we have many services – but perhaps they are not always well-known to other services or to women in the community. We have a network of neighbourhood houses, although they have recently been campaigning for more resources. The Domestic Violence and Incest Resource Centre (DVIRC) has a lengthy list of support groups and parenting groups for women and their children after violence. Typically women's health services in each region can provide lists of available resources for women in local communities, and the Women's Information and Referral Exchange (WIRE) has lists across the State.

Generalist service providers, such as Infoxchange, have internet lists of services in each region and municipality.

One of the under-funded and grossly under-staffed services is the domestic violence outreach service. While available in each region, typically a small number of workers cover wide geographic distances. Ideally the staffing of the outreach service would have time available for establishing linkages between women, especially those new to an area, and the available services. Generally, however, staff are preoccupied with crisis work, and there is too little time available for follow-up after women leave. It is widely thought that one of the main reasons women return to violent situations is the lack of supportive networks for them in the long haul of raising children alone as single parents. The psychosocial isolation coupled with economic difficulties makes this an unattractive life option for women and their children. In this context it is good that Julie Oberin, President of WESNET, is beginning research connected with the University of Melbourne, on the ways women build new lives after violence.

**INTER-SECTORAL CONNECTIONS BETWEEN HOSPITALS AND COMMUNITY SERVICES**

The third implication sparked by Julie's story of Sonia concerns the links between hospitals and local community services. It falls to the social work department to be knowledgeable about making appropriate referrals and connections. While Julie argues for the neutrality and therefore accessibility of hospital services, I doubt she would disagree that for the long haul women and their children thrive in a network of community support.

**THE ROLE OF SOCIAL WORKERS IN ADVOCATING FOR IMPROVED POLICIES AND SERVICES**

The final issue prompted by Julie's account is the importance of social work departments and organisations moving beyond casework and therapeutic programs, and allocating time for policy advocacy. Housing availability and cost keep women and children in violent situations, and housing costs tip people into poverty. Child care is costly, and available positions give priority to working parents. The Canadian system of providing places in child care allocated to children with 'emotional needs' could greatly assist single parents after violence. The high costs of child care, the inadequate staffing in community support services, the need for funded children's workers, and the availability of affordable housing are all urgent issues for social workers and our organisations to address in policy advocacy. ♦