



Referral Resources

For Children and Families Experiencing Family Violence

WESTERN
THINK CHILD
WORKING GROUP
2019

The Referral Resources for Children and Families Experiencing Family Violence document has been developed as an extension of the North and West Metropolitan Region Think Child Partnership Agreement.

The parties to the Resources for Children and Families Experiencing Family Violence document are The Western Metropolitan Area Integrated Family Violence Services Partnership (Women and Children), North West Integrated Family Violence Men's Partnership, Western Melbourne Child and Family Services Alliance, Brimbank Melton Child and Family Services Alliance, Western and Brimbank Melton Area Child Protection Teams and North West Metro Region Divisions 1,2,3,4 (encompassing LGAs Melbourne, Moonee Valley Maribyrnong, Hobsons Bay, Wyndham, Brimbank and Melton).

INTRODUCTION

The *Referral Resources for Children and Families Experiencing Family Violence* document was developed by the Western Think Child Working Group (WTHWG) to help improve the integration and performance of services that intersect with family violence.

Research shows that when a child experiences family violence it can have immediate and long-term negative psychological and behavioural impacts and health and socio-economic effects (Victorian Government, 2016). This protocol articulates referral and secondary consultation process for all services that intersect with family violence. Implementation of this protocol will help systems respond to victims needs and lead to positive and enduring outcomes for those affected by family violence particularly vulnerable children.

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HISTORY & CONTEXT

Since the endorsement of the Think Child Agreement in September 2010, there has been an increasing focus placed on collaborative practice between services that intersect with family violence (specialist family violence services, integrated family service, child protection, police and schools) to better ensure that families who are experiencing family violence will have the appropriate level of support available to them.

The Western Think Child Working Group was established in 2010 for the purpose of strengthening collaborative practice between these sectors in the catchment areas of Western Melbourne and Brimbank Melton.

The legislative and policy/procedural frameworks which support and underlie this protocol include:

- Child Wellbeing and Safety Act 2005
http://www8.austlii.edu.au/cgi-bin/viewdb/au/legis/vic/consol_act/cwasa2005218/
- Child, Youth and Families Act 2005;
http://www8.austlii.edu.au/cgi-bin/viewdb/au/legis/vic/consol_act/cyafa2005252/
- Best Interest Case Practice Model 2012;
<http://www.cpmanual.vic.gov.au/our-approach/best-interests-case-practice-model>
- Family Violence Protection Act 2008
http://www8.austlii.edu.au/cgi-bin/viewdb/au/legis/vic/consol_act/fvpa2008283
- Practice Guidelines Women and Children's Family Violence counselling and support programs.
<https://providers.dhhs.vic.gov.au/practice-guidelines-women-and-children-pdf>
- Victorian Police Code of Practice for the Investigation of Family Violence (2019)
<https://www.police.vic.gov.au/code-practice-investigation-family-violence>
- Family Violence Referral Protocol between the Department of Health and Human Services and Victoria Police, 2018
<https://providers.dhhs.vic.gov.au/family-violence-referral-protocol-between-dhhs-family-safety-victoria-and-department-justice-and>
- Recommendations from the Victorian Royal Commission into Family Violence (2018)
<http://www.rcfv.com.au/Report-Recommendations>



The purpose of this document is to provide clear and succinct local referral pathways and clarity around information sharing, so that services that intersect with family violence are assisted in effectively responding in a united, integrated and person-centred manner. The outcome being victim survivors, vulnerable children and families are safe and supported to recover and thrive.

DEFINITION OF FAMILY VIOLENCE

The greatest risk factor for family violence is not mental health, culture, class or religion, but being a woman. Family violence is a gendered issue. ¹

The Family Violence Protect Act 2008 (VIC) defines family violence as behaviour by a person towards a family member that is physically, sexually, emotionally, psychologically or economically abusive, threatening, coercive, or in any other way controls or dominates the family member and causes that family member to feel fear for the safety or wellbeing of themselves or another family member; or behaviour by a person that causes a child to hear or witness, or otherwise be exposed to the effects of behaviour referred to above.

Family violence can occur in any culture, therefore it is important that the definition of 'family' and by extension 'family violence' recognises and reflects the perspectives and realities of all communities in Victoria. In Aboriginal communities, for example, 'family' encompasses extended family kinship networks and communities. The Victorian Indigenous Family Violence Taskforce has defined family violence as:

'An issue focused around a wide range of physical, emotional, sexual, social, spiritual, cultural, psychological and economic abuses that occur within families, intimate relationships, extended families, kinship networks and communities. It extends to one-on-one fighting, abuse of Indigenous community workers, as well as self-harm, injury and suicide.'

families, kinship networks and communities. It extends to one-on-one fighting, abuse of Indigenous community workers, as well as self-harm, injury and suicide.'

Culturally and linguistically diverse (CALD) communities are not homogenous. The needs of each CALD community differ and services must be committed to supporting a culturally sensitive service system.

¹ The number of family incidents recorded by Victoria Police reached 78,628 in the year ending December 2016. Of these incidences 74.9% of affected family members were identified as female and 45.3% were identified between 0-19 years old (Crime Statistics Agency, 2017). The number of family violence incidents recorded by Victoria Police reached 82,652 in the year ending June 2019. Of these incidents 74.8% (61,826) affected family members were female, while 25.0% (20,691) were male (Crime Statistics Agency, 2019)

EFFECT OF FAMILY VIOLENCE ON CHILDREN

Children can be the victim of family violence by being the direct target or indirectly through exposure to family violence and/or its effects in the home (Victorian Government, 2016). Both circumstances can have a profound impact on the wellbeing of children and young people, often impacting into their adult life (Victorian Government, 2016).

My father was, and still is, an alcoholic. Throughout my childhood, he physically, verbally and emotionally abused my mother, my two siblings and me. At the time, I felt that the death of at least one of us was inevitable, rather than probable ... My father's behaviour has affected every aspect of my life. It negatively impacted my school attendance, results and participation in extracurricular activities, such as sport, debutante balls and formals. It prohibited me from making and maintaining friendships. It has limited my opportunities and crushed my self-confidence (Victorian Government, 2016, pp. 35, Vol 1).

Although it is difficult to assess the full extent of children's exposure to family violence, it is apparent that a substantial number of children are affected. The ANROWS analysis of the ABS Personal Safety Survey shows that since the age of 15, over half a million Australian women have children who saw or heard partner violence (Victorian Government, 2016). It is also important to recognise that though the experience of children and their mothers are often intrinsically linked, children need to have their own rights to safety and wellbeing recognised and responded to as unique victims (Victorian Government, 2016).

A child can be exposed to family violence if they:

- Overhear threats of physical abuse or death
- See or hear an assault
- Comfort or provide assistance to a woman of family violence who has been abused
- Clean up or observe property damage
- Are present when police attend a family violence incident
- Experience the impacts of family violence including homelessness, poverty, death of a companion pet and impact on schooling and social activities

There is also some evidence to suggest that children exposed to family violence are more likely to hold attitudes that justify their own use of violence (Victorian Government, 2016). This does not mean that children exposed to family violence will inevitably become perpetrators or that they will always suffer negative consequences in their lives; many young people demonstrate remarkable resilience in the face of family violence (Victorian Government, 2016).

Both the Family Violence Information Sharing and Child Information Sharing Schemes recognise the importance of sharing information for better outcomes for children.

GUIDING PRINCIPLES

The Protocol will be guided by the same principles of the Think Child Agreement. These principles are:

- Acknowledging that the best interests of the child is paramount;
- Recognising that the safety and wellbeing of the mother is critically linked to the safety and development of the child;
- Responding in ways that strengthen and empower women and men to support and protect their children;
- Respecting the cultural needs of a diverse community and employing culturally competent practice;
- Providing a service response that holds men who use violence accountable for their actions and challenging them to take responsibility for the impact on women and children, family members and the community; and
- Building a stronger connection between sectors through clear referral pathways, streamlined processes and collaborative practices, guided by mutual respect and a shared understanding.

This will support practice to ensure that:

- the Children's rights and Best Interests are promoted in the support service that they are providing;
- practitioners and staff working with the families understand that the Mother's safety is linked to the safety of the child;
- a strength base approach and self-determination model is used when working with the family;
- the cultural background of the family is identified and that culturally appropriate support is being provided for the family;
- men who use violence are being made accountable for their actions; and
- Practitioners will engage in support that is gender sensitive and supports the rights of women and children to safety and protection.

ROLES & RESPONSIBILITIES

WESTERN THINK CHILD WORKING GROUP

Role of the Western Think Child Working Group (WTCWG) is to be a conduit for services that intersect with family violence to integrate, for the health and wellbeing of vulnerable children and women (and men) affected by family violence.

The WTCWG is also responsible for identifying issues with policy and practice and channelling that feedback to the Western Integrated Family Violence Committee when required or working to improve gaps in systems and processes particularly as outlined in this protocol. Gaps will be presented using the Case Presentation model (See Appendix Two) at the Western Think Child Working Group Meeting and minuted with appropriate course of action to respond.

SERVICES THAT INTERSECT WITH FAMILY VIOLENCE

The role of services is to implement the referral pathways, secondary consultation and information sharing procedures described in this protocol. It is important for them to also provide feedback and information to the Think Child Working Group to enable gaps in the protocol and wider procedure and policies to be identified and remedied.

Current contact details for all services can be found on Wyndham and Melton City Council's websites and for family violence and related services on The Lookout via www.thelookout.org.au/sector-info/service-directory

REFERRALS

The Victorian Government is rolling out the Orange Doors which is a significant change to way family violence and services to vulnerable children are delivered across Victoria, see:

<https://www.vic.gov.au/orange-door-project-information-sector>

Until then, current intake points in the Western region are operational through the two Child FIRSTS, Specialist Family Services, Child Protection and Men's Family Violence.

CHILD FIRST

Child FIRST operates as an advice and referral point into other support services for children and families in the community. They will accept referrals from families, professionals and child protection. They provide information on relevant services, assessments of children and families' needs and risks to help direct them to required services.



In the metropolitan area of the West Division there are two Child and Family Services Alliances, including:

- Brimbank Melton Child and Family Services Alliance: ☎ 1300 138 180
- Western Melbourne Child and Family Services Alliance: ☎ 1300 775 160

On receiving a referral from a professional or community member the Child FIRST team will conduct further assessment of the family and may consult an experienced community-based child protection worker who is based in each Child FIRST team. This assessment may lead to the involvement of a local family services organisation. In most circumstances Child FIRST will inform you of the outcome of your referral (Department of Health and Human Services, 2012)

CHILD PROTECTION

Child Protection is an arm of the Victorian Department of Health and Human Services. They provide child focused family services to protect children from significant harm caused by abuse or neglect within the family (Department of Human Services, 2016). The role of Child Protection, among other roles, is to:

- Receive reports from people who believe a child need protection from abuse or neglect.
- Provide advice to people who report cases of abuse or neglect.
- Refer children and families to services in the community for ongoing support and harm prevention (Department of Human Services, 2016).

In the metropolitan area of the West Division Child Protection reports are made to the North Division intake ☎ 1300 664 977.

On receiving a report, Child Protection may seek further information from other professionals who may also be involved with the child or family to determine whether further action is required. In determining what action to take, Child Protection will also consider any previous concerns that may have been reported about the child or young person. Child Protection may inform you of the outcome of your report (Department of Human Services, 2014).

AFTER HOURS EMERGENCY CHILD PROTECTION SERVICES (AHCPEs)

The AHCPEs accepts reports of child abuse and neglect that are received after hours, at weekends or on public holidays. The AHCPEs also manages requests from regions for out of hour's tasks for children who are already subject to child protection intervention. As well as receiving reports of harm, AHCPEs will coordinate, manage and directly respond if necessary. The response may be to visit a child or family in urgent cases where harm or the likelihood of the child being harmed requires immediate Child Protection involvement. ☎ 13 12 78

CHILD PROTECTION OR CHILD FIRST

You can make a referral to Child FIRST if you have concerns for the wellbeing of a child or you can make a report to Child Protection if you believe a child is in need of protection (if you believe a child is in need of protection from physical injury or sexual abuse you are mandated to make a report to Child Protection).

The flow chart below outlines how and when you should make a referral to Child FIRST or a report to Child Protection (if you are still unsure about who to refer or report to you may contact either service for further advice

CHILD FIRST OR CHILD PROTECTION?

*it is mandatory to make a report on these occasions. See Appendix 1 for more information on mandatory reporting in Victoria.

Are children involved?

No

No action required

Yes

Do the concerns currently have a significant adverse impact on the child's safety or development, or are they likely to significantly harm the child or damage their development? For example:

- Has a sexual offence against a child been committed?*
- Is a child in need of protection from physical injury or sexual abuse?*
- *Is there serious or persistent family violence where there is a likelihood of significantly harm to the child or their development?*
- Is there a combination of factors that suggest serious emotion abuse, persistent neglect, parents are unwilling or unable to protect children from significant harm?
- Is the child abandoned?
- Is there serious or persistent parental substance misuse, mental illness or intellectual disability which may cause significant harm to the child or their development?

Yes

No

Make Report to Child Protection. See flowchart for making a report to Child Protection.

Concern for child's wellbeing?

- *Are family members experiencing family violence?*
- *Are there significant parenting problems that may be effecting the child's development?*
- *Does the family need support to increase parent's capacity to reduce risk factors to children?*
- *Is the family young, unsupported and/or isolated?*
- *Is the child's family under pressure due to physical or mental illness, substance abuse, disability or bereavement?*
- *Is there significant social or economic disadvantage that may adversely effect on the child's care or development?*

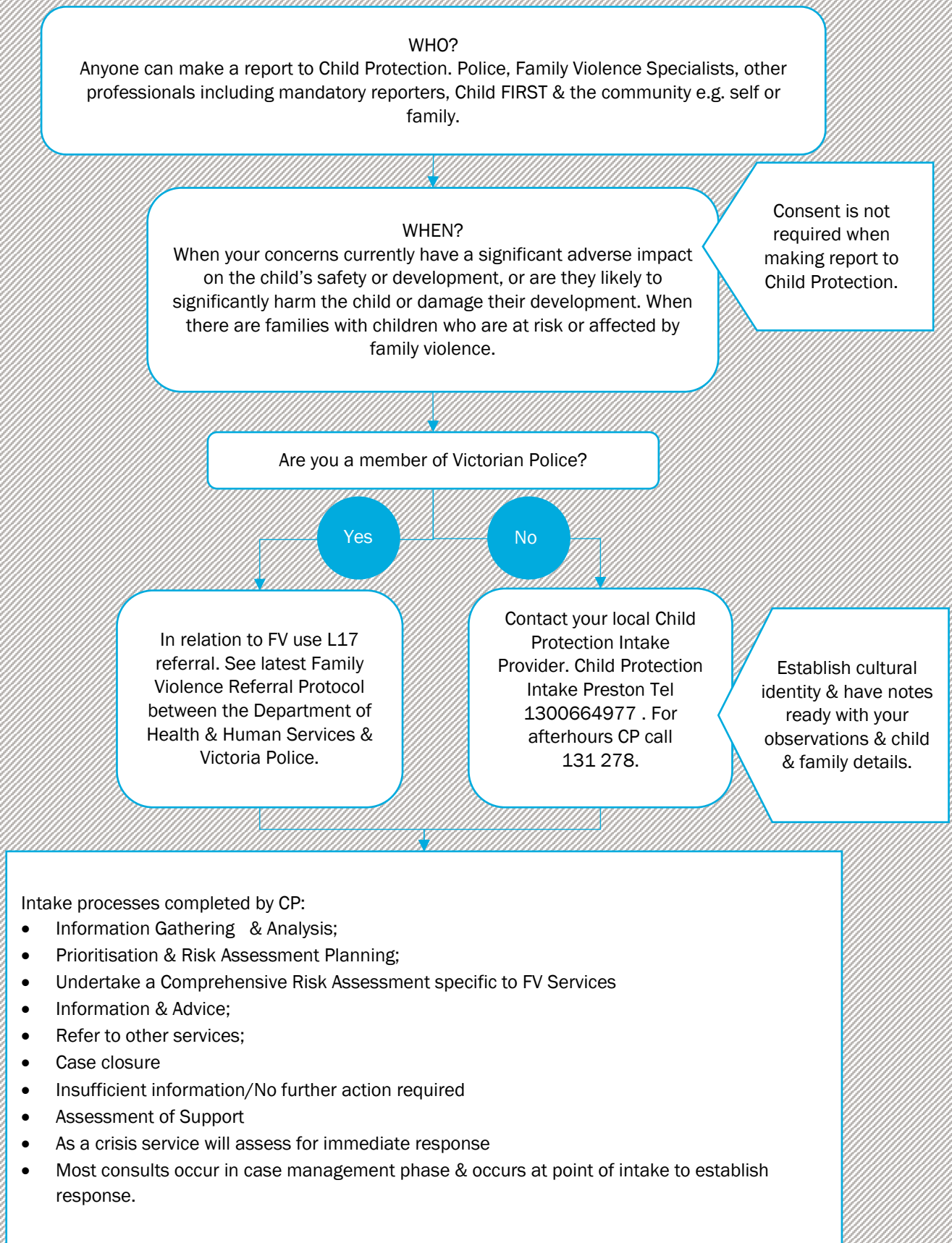
Yes

No

Make referral to Child FIRST. See flowchart for making a referral to Child FIRST.

Monitor Situation

MAKING A REPORT TO CHILD PROTECTION



MAKING A REFERRAL TO CHILD FIRST - WHEN FAMILY VIOLENCE PRESENT

Consent for referral to
Child FIRST is preferred.

WHO?

Anyone can make a referral to Child FIRST. Police, Family Violence Specialists, Other Professionals, Child Protection & the community e.g. self or family.

WHEN?

When the concerns currently have a low to moderate impact on the child, and the immediate safety of the child is not compromised.

Are you a member of Victorian Police?

Yes

No

See latest Family Violence Referral Protocol between the Department of Health & Human Services & Victoria Police.

Contact your local Child FIRST Intake Provider. Either Brimbank Melton or Western Melbourne. CF Intake document & North West Referral Tool as per Local Shell Agreement.

Establish cultural identity and have notes ready with your observations & child & family details.

FAMILY VIOLENCE SPECIALISTS

Specialist family violence services provide direct support to women and children experiencing family violence. Women can contact them directly, or professionals including, police, GP's, Child FIRST, Child Protection and Schools can refer them.

In the metropolitan area of the West Division there are 12 services that work with women experiencing family violence including:

- Centre Against Sexual Assault (CASA)
- cohealth-counselling, homelessness program and case management
- Djirra
- Elizabeth Morgan House Aboriginal Women's Service
- Good Shepherd ANZ
- inTouch Multicultural Centre Against Family Violence
- McAuley Community Services for Women
- Safe Steps Family Violence Response Centre
- Salvation Army Family Violence Service West Metro
- Victorian Child Care Agency (VACCA)
- w/respect-specialist LGBTIQ+ family violence service
- Women's Health West

Women's Health West (WHW) provides the entry point for client screening, information and referral functions for women and children affected by Family Violence. In general all referrals will involve a conversation with women prior to acceptance. WHW will accept other agencies assessment and referral forms if they meet the standards of the Family Violence Risk Assessment and Risk Management Framework and Practice Guides 1-3.

Priority of access based on levels of:

- Risk
- Complexity
- Self-Efficacy
- Community Connectedness

It should be noted that within all categories further priority will be given to the following women:


- Aboriginal and Torres Strait Islander women
- Women with a disability
- Women from CALD background

Catholic Care and Good Shepherd ANZ provide secondary consultations and co-case management for staff within the Brimbank Melton Child and Family Services Alliance, who are working with clients experiencing family violence, with an aim to build capacity and capability within the sector. They can provide assistance with home visits and outreach appointments, to help build a greater understanding of the impact of Family Violence trauma within families and in particular, children.

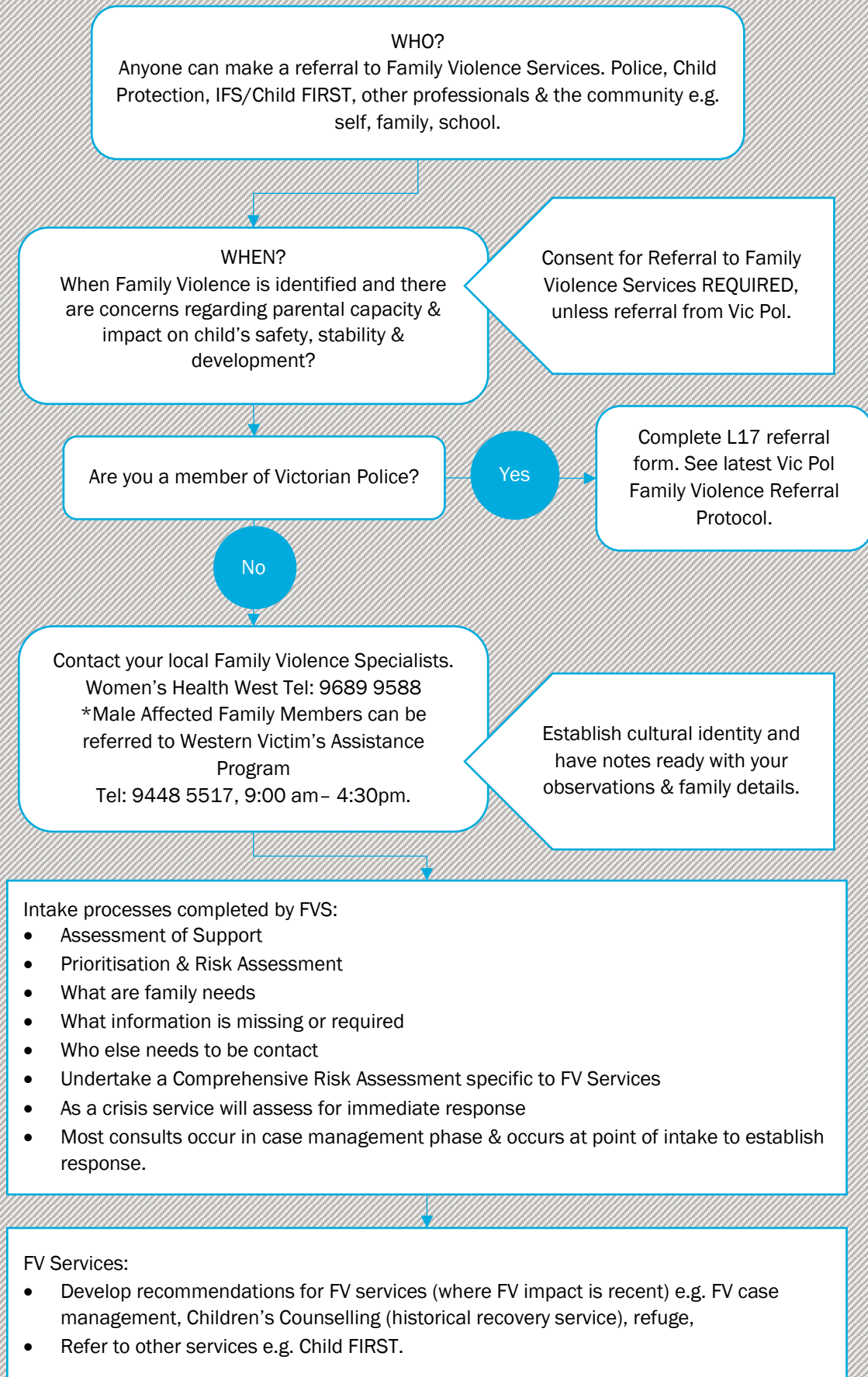
RISK ASSESSMENT AND MANAGEMENT PANEL (RAMP)

The Risk Assessment and Management Panel (RAMP) is a group of representatives from local organisations who meet monthly to discuss information and take action to keep women and their children at high risk of serious injury or death from family violence safe. The RAMP is specifically for women (and their children) who are deemed at high risk of imminent harm from family violence and require immediate assessment and action plans to mitigate the threat to life, health, safety and welfare. RAMPs are not a substitute for the existing system but work to enhance the response to this high risk group.

To make a referral please contact Women's Health West RAMP Coordinator.

 9689 9588.

REFERRALS OF WOMEN & CHILDREN TO FAMILY VIOLENCE SERVICES



MENS SERVICES

MEN WHO ARE VICTIMS OF VIOLENCE

Though men only make up a small percentage of victim survivors of family violence² there must be a place for male victims to find support. On the occasions when a man is a victim of family violence, he should have his experiences acknowledged and needs taken into account and addressed.

In the metropolitan area of the West Division male victims of family violence can access support through the Victims of Crime Helpline at the Department of Justice. The Helpline will contact the AFM and confirm that he agrees to be referred for support. Referrals are then made to the Victims Assistance Program (VAP), and the AFM is contacted for assessment of his support needs.

Male victims of family violence can also self-refer, or can be referred by other agencies. Male victims of family violence are referred to the Department of Justice service, Victims Assistance Program through cohealth ☎ 9448 5517.

The Western Victims Assistance Program supports victims of violent crime in the Western Metropolitan Region, incorporating the municipalities of Melbourne, Maribyrnong, Moonee Valley, Hobsons Bay, Wyndham, Brimbank and Melton. The VAP also provides support to women and children who require victims' assistance support.

MEN WHO CHOOSE TO USE VIOLENCE

Timely and appropriate responses to men who use violent and controlling behaviour are a key component of an integrated family violence system. Men's Behaviour Change (MBC) programs are provided to men living in the areas of Western Melbourne and Brimbank Melton and challenge men to take responsibility for their violent behaviour. There are three providers of this program who are:

- Djerriwarrh Health Services
- LifeWorks Wyndham and Melbourne
- Relationships Australia Victoria

Intake practices including those for referral, assessment and waitlist management are subject to minimum standards set down by the MBC peak body, No To Violence (NTV).

These standards identify the basic requirements for intake and group facilitation. This must include support to partners and ex-partners (women) and children of men who are attending Men's program.

These standards must be adhered to by NTV members and Department of Human Services funded men's behaviour change programs. Intake assessment includes at least one face-to-face interview conducted by an appropriately qualified family violence worker.

Referral to men's services for assessment may be done via an external service provider with the clients consent, self-referral or via the judicial system.

Anglicare Victoria is currently providing a pilot program for men who use violence called Caring Dads. Caring Dads is a program to help fathers improve their relationships with their children and end controlling, abusive, and neglectful behaviour. Referrals can be made by contacting ☎ 9731 2500.

² In the year ending December 2016, 24.7% of the 78,632 affected family members within a family incident were male (Crime Statistics Agency, 2017).

In the year ending June 2019, 74.8% (61,826) of the 82,653 affected family members were female, while 25.0% (20,691) were male. The number of male affected family members increased 9.5% (1,787) in the last 12 months and 19.2% (3,330) since the year ending June 2015. Similarly, female affected family members increased 8.3% (4,720) in the last 12 months and 15.7% (8,384) since the year ending June 2015 (Crime Statistics Agency, 2019)

REFERRALS OF MEN WHO CHOOSE TO USE VIOLENCE

WHO?

Anyone can make a referral to Men's Services. Police, Courts (mandated), Child Protection, IFS/Child FIRST, other professionals & the community e.g. self, family, school.

WHEN?

When there are families experiencing family violence.

Consent for Referral to Men's Family Violence Services REQUIRED, unless referral from Vic Pol or Courts.

Are you a member of Victorian Police?

Yes

Complete L17 referral form. See DHS & Vic Pol Protocol to Men's Active Referral Service (MARS).

No

Are you referring from the courts system?

Yes

Refer through Department of Justice - Corrections.

No

Contact your local Men's Family Violence Specialists. Djerriwarrh LifeWorks, Relationships Australia.
*Male Affected Family Members can be referred to Western Victim's Assistance Program Tel: 9448 5517, 9:00 am - 4:30pm.

Establish cultural identity and have notes ready with your observations & family details.

Intake process:

- Assessment of Eligibility for the program
- Undertake a Comprehensive Risk Assessment specific to FV Services including assessment of risk to women & children
- Consult FV, CF, CP & VP services
- Assessing for Man's readiness to change & family's safety What info is missing or required
- Who else needs to be contacted
- Prioritisation according Risk Assessment
- Referral to most appropriate service
- Other relevant service intervention

Men's FV Services:

- Facilitate Men's Behaviour Change program
- Parallel support for respective family members and provide information.
- Individual counselling
- Refer to other services for further assessment and intervention e.g., Child FIRST, CP, AOD, VicPol

POLICE

The 'Victoria Police Code of Practice for the Investigation of Family Violence' (Police Code of Practice) 2019 includes a focus on referral processes for families experiencing Family Violence where there is a child or children involved. This means that the Family Violence, Child Protection and Child FIRST intake points may receive L17 referrals for Family Violence cases involving children.

The Victorian Code of Practice for the investigation of family violence sets out referral options open to Victorian Police members:

<https://www.police.vic.gov.au/code-practice-investigation-family-violence>

Where a duplicate L17 referral is sent to Child FIRST as well as Women's Health West, they will consult with each other in regards to who will be best placed to respond to the referral, in most cases WHW will respond to the referral and refer to Child FIRST where there are parenting support needs. WHW will forward these referrals through the L17 portal alongside case notes.

MARAM & INFO SHARING

MULTI-AGENCY RISK ASSESSMENT AND MANAGEMENT FRAMEWORK (MARAM)

The Multi-Agency Risk Assessment and Management Framework (MARAM) supports practitioner's knowledge of responding effectively to family violence. Guidelines and tools for MARAM can be accessed:

<https://www.vic.gov.au/family-violence-multi-agency-risk-assessment-and-management>

Information sharing is critical to maximising effective risk management and safety of children, unborn children and young people who are affected by family violence. However, current privacy laws do make the process difficult.

CHILD INFORMATION SHARING SCHEME

The Child Information Sharing Scheme allows authorised professionals and organisations to share information to promote and ensure the wellbeing or safety of children. Guidelines and tools can be accessed by:

<https://www.vic.gov.au/child-information-sharing-scheme>

FAMILY VIOLENCE INFORMATION SHARING SCHEME

The Family Violence Information Sharing Scheme authorises a similar group of workers to share information, in order to assess or manage family violence risk. It is designed to enable the service system to manage victim safety and hold perpetrators to account.

The Family Violence Information Sharing Scheme prioritises:

- a child's safety over any individual's privacy
- victim survivor safety over perpetrator privacy.

The Scheme also promotes a timely whole of system response to holding perpetrators to account. Guidelines and tools can be accessed by:

<https://www.vic.gov.au/family-violence-information-sharing-scheme>



Information Sharing is also covered under other Acts such as *Children, Youth and Families Act 2005 (CYFA) A guide to information sharing for Child Protection, Child FIRST and family services*, allows for information sharing without consent, it is best practise to involve the family and gain consent where it is possible and where it does not place a child or another person at risk. Family violence services are defined in the CYFA section 3 as a service agency and information holder.

Refer also to the Family violence referral protocol between the Department of Human Services and Victoria Police.

The table on the next page is from the Family Violence Information Sharing Scheme Ministerial Guidelines accessed from the above link, the table describes who can share, what information cannot be shared and when.

FAMILY VIOLENCE INFORMATION SCHEME

WHO CAN SHARE

Information sharing entities (ISEs) are authorised to share information. These ISEs are:

Prescribed by regulations

WHY THEY CAN SHARE

Relevant information about a person (adult or child) who is a victim survivor, perpetrator or a third party can be shared for the purpose of:

Establishing and assessing risk

Managing risk

WHEN CAN THEY SHARE

ISEs can share information:

Voluntarily with other ISEs

In response to a request from another ISE

WHAT CANNOT BE SHARED

Excluded information (including but not limited to) if sharing the information might endanger a person's life or result in physical injury, prejudice legal proceedings or a police investigation, contravene a court order, or is subject to legal professional privilege

ISEs cannot share information that would contravene another law that has not been specifically overridden by the scheme

Adult Victim Survivor

An ISE reasonably believes that there is a risk that the person may be subjected to family violence

Child Victim Survivor

An ISE reasonably believes that there is a risk that the person (under the age of 18 years) may be subjected to family violence

Perpetrator

An ISE reasonably believes that there is a risk that the person may commit family violence

CONSENT REQUIRED

from the adult victim survivor

prior to sharing their information unless there is a serious threat or the information relates to assessing or managing a risk to a child victim survivor (no consent - see below)

NO CONSENT REQUIRED

from any person

if their information is relevant to assessing or managing risk of family violence to a child victim survivor

NO CONSENT REQUIRED

from the perpetrator

prior to sharing their information to assess or manage risk of committing family violence

Alleged Perpetrator

A person who is alleged to pose a risk of family violence

Note: information about an alleged perpetrator can only be shared in the risk assessment phase

Third Party

A person whose information is relevant to assessing or managing a risk of family violence

NO CONSENT REQUIRED

from the alleged perpetrator

prior to sharing their information to establish or assess risk of committing family violence

CONSENT REQUIRED

from the third party

prior to sharing their information unless there is a serious threat or the information relates to assessing or managing a risk to a child victim survivor (no consent - see above).

All ISEs must respond to information requests unless an exemption applies

A good faith defence protects individuals who share information in good faith and with reasonable care

The scheme will be reviewed after 2 years, and then again after 5 years

Complaints about privacy breaches can be made to the Victorian Information Commissioner or the Health Complaints Commissioner

CENTRAL INFORMATION POINT

The Central Information Point (CIP) will provide up-to-date information to assist services in risk assessment and management. The CIP will be made up of key government departments that will provide information to the Orange Doors and other prescribed organisations such as police, courts and government services to track perpetrators and keep victims safe.

PRIVACY LAWS & OTHER LEGISLATION

COMMONWEALTH PRIVACY LAWS

The Privacy Act 1988 (Commonwealth) was amended by the Privacy Amendment (Enhancing Privacy Protection) Act 2012 to include Australian privacy principles. Australian government agencies and certain private sector organisations have responsibilities under Commonwealth privacy laws. These private sector organisations include:

- non-government organisations with an annual turnover greater than \$3 million,
- private sector health service providers,
- private schools or private universities, if they have an annual turnover greater than \$3 million, or provide a health service.

OTHER LEGISLATION

Service providers that share information are required to comply with any legislation and their internal policies regarding privacy, confidentiality, non-disclosure and information management.

FLEXIBLE SUPPORT PACKAGES

Family violence flexible support packages are designed to provide a new individualised approach to respond to victim/survivors experiencing family violence. Packages can only be distributed to victims/survivors who already have a case management plan. Women's Health West manage the flexible support packages in the West, contact ☎ 9689 9588.

Flexible support packages will be targeted to victim/survivors who:

are escaping; and/or

have recently experienced family violence; and/or

are planning to leave an abusive situation or have the perpetrator removed from the home with appropriate legal sanctions in place.

The requirements can be accessed by:

<https://providers.dhhs.vic.gov.au/family-violence-flexible-support-packages-program-requirements-word>

PARENTING AFTER VIOLENCE

Women's Health West have some great resources for parenting after family violence

<https://whwest.org.au/resource/choosing-positive-paths/>

Western Melbourne Child and Family Services alliance also have a number of parenting resources and links to other services on their website

<https://www.wcfsa.org.au/>

Click on Promoting Child's Safety and Wellbeing is everyone's business or Western Melbourne Child FIRST

RESOURCES AND TOOLS

DISPUTE RESOLUTION

Differences will arise at times and can originate in the form of misunderstandings of roles and responsibilities, differences in professional and organisation principles and values, system issues, status, power imbalance and communication. When differences result in disputes it is essential that they are addressed promptly so that they don't damage joint working relationships, negatively impact on clients or create long term bias which prevents proper collaboration.

The first step in attempting to address disputes should be done at an individual and agency level. Below is a process which can be used to navigate any differences. Engage in a timely dialogue to:

- Identify and properly name issues or problems
- Re-acknowledge relevant goals and interests
- Discuss and decide on a practical option to address issues or problems
- Negotiate when preferred option not agreed on
- Agree on implementation and outcome

If a resolution is not reached a more formal process may need to be actioned between relevant parties to resolve the differences and enable collaborative work to proceed.

LEVEL 1.

The dispute should be dealt with at a regional level with the workers involved and their respective supervisors and/or managers. The aim of the meeting should be to resolve the dispute and deal with the specific problem of issue in line with agency dispute resolution procedures.

STATE-WIDE IMPLICATIONS

Any problems or issues that have state-wide significance should be brought to the Western Think Child Working Group for referral to the North and West Metropolitan Region Think Child Partnership. Joint discussions will be held between these parties to address policy differences or deficits.

APPENDICES

1. MANDATORY REPORTING VIC

Legislation	Mandated reporters	When must a report be made?	Who is a child?
Crimes Act 1958 (Vic)	Any person 18 years of older	A mandated reporter must make a report to Child Protection if they formulate reasonable belief that a sexual offence has been committed in Victoria against a child by another person of or over the age of 18 years old. NB: exceptions may apply.	A person under 16 years old
Children, Youth and Families Act 2005 (Vic)	<ul style="list-style-type: none"> • Registered medical practitioners, midwives and registered nurses. • Teachers or granted permission to teach under the Education, Training and Reform Act 2006. • Principals • Police 	A mandated reporter must make a report if: <ul style="list-style-type: none"> • They form a reasonable belief that a child in is need of protection from physical injury or sexual abuse: • The parents cannot or will not protect the child; and • The belief is formed in the course of practising his/her position of employment. NB: exceptions may apply.	A person under 17 years old

(Our Community Pty Ltd & Moores, 2016)

GLOSSARY

Affected family member (AFM) – defined in s.4 FVPA & means the family member whose person or property is the subject of an application for an order. For the purposes of this Code of Practice, it is an interchangeable word with victim (of crime), as a family violence intervention order may not always be sought or granted, & includes children who witness violence.

AHECPS – After Hours Emergency Child Protection Services

CALD – culturally & linguistically diverse

Child (or young person) - means a person who is under the age of 18 years

CISS- Child Information Sharing Scheme

Child FIRST – Child & Family Information, Referral & Support Team

CYFA – Children, Youth & Families Act 2005

DHHS – Department of Health & Human Services

Divisional – North, South, East & West DHS Divisions

Family member –

- a person who is, or has been, the spouse or domestic partner of that person
- a person who has, or has had, an intimate personal relationship with that person
- a person who is, or has been, a relative of that person. This includes brothers, sisters, aunts, uncles, cousins, nephews, nieces, & in-laws
- a child who normally or regularly resides with that person or has previously resided with that person on a normal or regular basis
- a child of whom that person is a guardian
- a child of a person who has, or has had, an intimate personal relationship with that person

Any other person who the person regards as being like a family member having regard to the circumstances of the relationship as outlined in s.8 (3) of the FVPA.

FVISS- Family Violence Information Sharing Scheme

FVA – Family Violence Advisor, Victoria Police

FVLO – Family Violence Liaison Officer, Victoria Police

IFS – Integrated Family Services

L17 Report- Victoria Police are required to complete the L17 report after they have attended a family incident. It includes information on the incident itself, the affected family member (AFM) and other party (OTH), hazards/risk factors present at the time of the incident and any actions taken by Victoria Police following the incident.

MARAM - Multi-Agency Risk Assessment and Management Framework

MBC – Men’s Behaviour Change

Think Child Agreement - North & West Metropolitan Region Think Child Partnership Agreement

NTV – No to Violence – Men’s behaviour change peak body

The Protocol – Western Think Child Working Group Referral & Secondary Consultation Protocol

SWC – Significant Wellbeing Concern

WHW – Women’s Health West

VAP – Victims Assistance Program

Vic Pol – Victoria Police

WIFVC – Western Integrated Family Violence Committee

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