

# Safer Together Protocol

Family Violence Services, Child FIRST/Family Services, and Child Protection

2015-2017





This document is based on the 2008 state-wide partnership agreement template created by the Department of Human Services (DHS).

It is a key action under the EMR Regional Family Violence Partnership (EMR RFVP) 2015-2018 Strategic Plan.

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## Glossary

**Affected family member (AFM):** defined in s.4 FVPA and 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, and includes children who witness violence.

**AHECPS:** Afterhours Emergency Child Protection Services

**AFM:** Affected Family Member

**AOD:** Alcohol & Other Drugs

**BWAHS:** Boorndawan Willam Aboriginal Healing Service

**CALD:** culturally and linguistically diverse

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

**Child FIRST:** Child and Family Information, Referral and Support Team

**CRAF:** Common Risk Assessment Framework (Family Violence Risk Assessment and Risk Management Framework: supporting an integrated family violence services sector 2007) (Victoria)

**CYFA:** Children, Youth and Families Act 2005

**DHHS:** Department of Health & Human Services, Victoria

**Divisional:** North, South, East and West DHHS Divisions

**ECARS:** Eastern Crisis Advocacy Response Service

**EMR RFVP:** Eastern Metropolitan Region, Regional Family Violence Partnership

**MEI:** Men's Enhanced Intake

**Family member:** defined in s.8 FVPA and in relation to a person means:

- > 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, and 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.

**FVA:** Family Violence Advisor, Victoria Police

**FVLO:** Family Violence Liaison Officer, Victoria Police

**IFS:** Integrated Family Services

**L17:** Victoria Police Family Violence Risk Assessment & Management Report; completed for every family violence incident & interfamilial-related sexual offence & child abuse reported to police.

**MBC:** Men's Behaviour Change

**NTV:** No to Violence - Men's behaviour change peak body

**RAMP:** Risk Assessment & Management Panel

**STRPS:** Safer Together Reflective Practice Sessions

**SWC:** Significant Wellbeing Concern

**EDVOS:** Eastern Domestic Violence Service Inc.

**VACP:** Victims Assistance and Counselling Program



## 1. Background

The Referral and Secondary Consultation Protocol (the Protocol) has been developed as an extension of the 2008 statewide template developed by DHHS, and a 2009 forum held for EMR stakeholders. The establishment of this protocol for the eastern metropolitan region is led by the EMR Regional Family Violence Partnership as a key action under its 2015-2018 strategic plan. This document also refers to a number of protocols which underpin this protocol. (Appendix One)

The parties to the Protocol are:

- Eastern Domestic Violence Service (EDVOS)
- Eastern Men's Behaviour Change Consortia (EMBCC)
- Inner East Melbourne Child and Family Services Alliance
- Outer East Melbourne Child and Family Services Alliance
- Eastern Metropolitan Region Child Protection Teams
- Eastern Metro Region Police Divisions 1 & 2 (encompassing LGAs Boroondara, Knox, Manningham, Maroondah, Monash, Whitehorse, and Yarra Ranges)
- Boorndawan Willam Aboriginal Healing Service

The purpose is to strengthen collaborative relationships, multi-service approaches and earlier intervention approaches between the sectors that work with vulnerable children, young people, and families who have experienced family violence. The legislative and procedural frameworks which support and underlie this strategic direction include:

- Child Wellbeing and Safety Act 2005
- Child, Youth and Families Act 2005;
- Best Interest Case Practice Model 2012;

- Inner & Outer Eastern Child, Youth & Family Services Catchment Plans 2016-2019
- Family Violence Protection Act 2008
- Practice Guidelines Women and Children's Family Violence counselling and support programs.
- Victorian Police Code of Practice for the Investigation of Family Violence (2013)
- No To Violence - Men's Behaviour Change Group Work: A Manual for Quality Practice
- Enhancing access to men's behavior change programs: Service intake model and practice guide, DHS 2009.

### Definition of Family Violence

For the purpose of this document, the definition of Family Violence is as outlined by the EMR RFVP (Appendix Two).

Further to this, this document recognises that family violence can occur in any culture, it is important that the definition of family violence recognises and reflects the perspectives and realities of all communities within Victoria, including Aboriginal and Torres Strait Islander 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.'*

The definition of 'family' is specific to the culture of the community to which the victim belongs. In Aboriginal communities, for example, 'family'

encompasses extended family kinship networks and communities. The parties to this agreement endorse the definition provided by the Victorian Indigenous Family Violence Task Force, that Indigenous family violence is 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 Aboriginal and Torres Strait Islander community workers as well as self-harm, injury and suicide.

The parties to this agreement recognise that culturally and linguistically diverse (CALD) communities are not homogenous. The needs of each CALD community differ and services are committed to supporting a culturally sensitive service system.

## 2. Purpose

The purpose of the protocol is to articulate local referral and secondary consultation processes that provide:

- Clear and succinct local referral processes to and from services (Family Violence, Child FIRST/Integrated Family Services, Child Protection, and Victoria Police)
- Clear and succinct local secondary consultation processes to and from services
- Clarity around collaborative practice approaches

This aims to strengthen practice that ensures:

- Safety, protection, and wellbeing of children and young people;
- Safety and empowerment for victims of family violence

(mainly women and children); and

- Responsibility and accountability for those who use violence against other family members (mainly men).

## 3. Role of Safer Together Reflective Practice Sessions in Supporting the Protocol

### Developing the secondary consultation and referral pathways

The secondary consultation and referral pathways for referrals whereby a child or young person may be affected by a single or ongoing incidence of family violence is to be developed by Senior Management levels and representatives, including:

- The Eastern Family Violence Regional Integration Coordinator;
- EDVOS
- Eastern Men's Behaviour Change Consortia
- Inner & Outer East Child FIRST Manager;
- Inner & Outer East Child FIRST Team Leader;
- IFS Alliance partner agency representatives ;
- Child Protection Practice Leaders;
- Representatives from Victoria Police Family Violence Coordination Unit;
- Inner & Outer East Child & Family Services Alliance Project Manager
- Boorndawan Willam Aboriginal Healing Service
- Child Protection Area Managers

### Implementing the secondary consultation and referral pathways

Ongoing responsibility for the implementation of the procedures and appropriate Secondary Consultation and Referral Pathways with Family Violence referrals that may affect children and young people lies with all

sectors and practitioners dealing with the case from the point of referral to closure of case.

The above named representatives will oversee the implementation of the protocol. In the event that procedures are not followed or there are identified gaps in the procedure outlined in this protocol, these gaps will be presented using the Case Presentation model (See Appendix Three) at the Safer Together Reflective Practice Sessions and minuted with appropriate course of action to respond.

### Shared Vision and Approach

The support provided to families by the parties to the Protocol will be guided by the same principles under the shared vision and Approach as outlined by the 2008 FV/IFS/CP statewide protocol template. 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 family members 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;
- 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 strengths based 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;
- family members who use violence are being made accountable for their actions;
- Practitioners will engage in support that is gender sensitive and supports the rights of women and children to safety and protection.

## 4. Service system entry points/referral processes

### 4.1 Entry to Family Violence Services

#### 4.1.1 Specialist Family Violence Access Point for Women and Children

*Eastern Domestic Violence Service (EDVOS)*

EDVOS 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. EDVOS 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.

EDVOS Intake aims to:

- establish eligibility
- conduct an initial needs and specialised risk assessment
- provide a timely initial response
- provide an individualised safety plan for the woman and her children
- provide appropriate referrals

### *RAMP*

A Risk Assessment and Management Panel (RAMP) is a regular monthly meeting of local organisations who come together to share information and take action to keep women and their children at high risk of serious injury or death from family violence safe.

Women who are referred to a RAMP are identified as being at high and imminent risk of serious harm from family violence and require an immediate risk assessment and action plan to lessen or prevent the threat to her (and her children's) 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.

RAMPs are currently being established throughout the state, with further details to be outlined in 2016.

#### 4.1.2 Specialist Family Violence Access Point for Men

##### *Support for men who are victims of family violence*

When police respond to family violence incidents which result in an L17 and the Affected Family Member (AFM) is male, the initial response to the L17 will be by the Victims of Crime Helpline at the Department

of Justice. The Helpline assesses if the AFM has been correctly identified by contacting the AFM and assessing for referral needs. Referrals are then made to the VACP or MBC as appropriate.

Male victims of family violence can also self-refer, or can be referred by other agencies. Referrals can also be made to MensLine, Relationships Australia and Wesley.

The Eastern Victims Assistance and Counselling Program (EVACP) supports victims of violent crime in the Eastern Metropolitan Region, incorporating the municipalities of Boroondara, Knox, Manningham, Maroondah, Monash, Whitehorse, and Yarra Ranges.

##### *Services for 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 eastern metropolitan region and challenge men to take responsibility for their violent behavior. There are four providers of this program:

- Anglicare Victoria
- Link Health and Community
- Relationships Australia Victoria
- Yarra Valley Community Health

Intake practices including those for referral, assessment and waitlist management are subject to minimum standards provided 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 behaviour change programs.

These standards must be adhered to by NTV members and Department of Health and Human Services funded

men's behaviour change programs. Intake assessments include 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 criminal justice system.

#### 4.1.3 Specialist Family Violence Access Points for Aboriginal Families

##### *Boorndawan Willam Aboriginal Healing Service (BWAHS)*

BWAHS provides post crisis-support for Aboriginal families across the EMR who are experiencing family violence or, have been impacted by family violence in the past. BWAHS works with all members of the family including perpetrators of family violence. BWAHS works in partnership with the regional family violence service providers to ensure that Aboriginal clients who present at the crisis stage of their experience are able to access the relevant crisis intervention.

Clients can either self-refer or, are referred by another agency. Following a referral to the service, BWAHS will conduct a comprehensive risk and needs assessment which identifies the services and/or programs that the client/family would benefit from. All referrals will involve a conversation with the client prior to acceptance to ensure that they have been provided with all the relevant information and options. BWAHS will co-case manage Aboriginal cases with the consent of the client.

BWAHS programs and services aim to:

- establish equitable pathways for eligibility to services
- conduct a needs and specialised risk assessment that is culturally safe and trauma informed

- provide a wraparound response that supports the whole family
- provide an individualised safety plan for the woman and her children and/or the victim of the violence.
- Support the client to access other services.

BWAHS provides:

- Intensive Case Management to Aboriginal women and/or partners of Aboriginal men and their children
- Intensive Case Management to Aboriginal men and/or partners of Aboriginal women and their children
- A range of therapeutic and cultural programs for all members of the family.
- Victims of Crime services
- Children's Counselling
- Generalist Counselling

#### 4.2 Entry to Integrated Family Services

Child FIRST (Child and Family Information, Referral and Support Team) operates under the provisions of the Children, Youth and Families Act 2005 and has been established to provide a community based intake point to Integrated Family Services (IFS) for vulnerable families. It also operates as an advice and referral point into other support services for children and families in the community. Child FIRST accepts referrals from families, professionals such as schools and maternal child health nurses, and child protection. In cases where a referral indicates significant wellbeing concerns (SWC) for the child/ren, the referrer's identity can be protected.

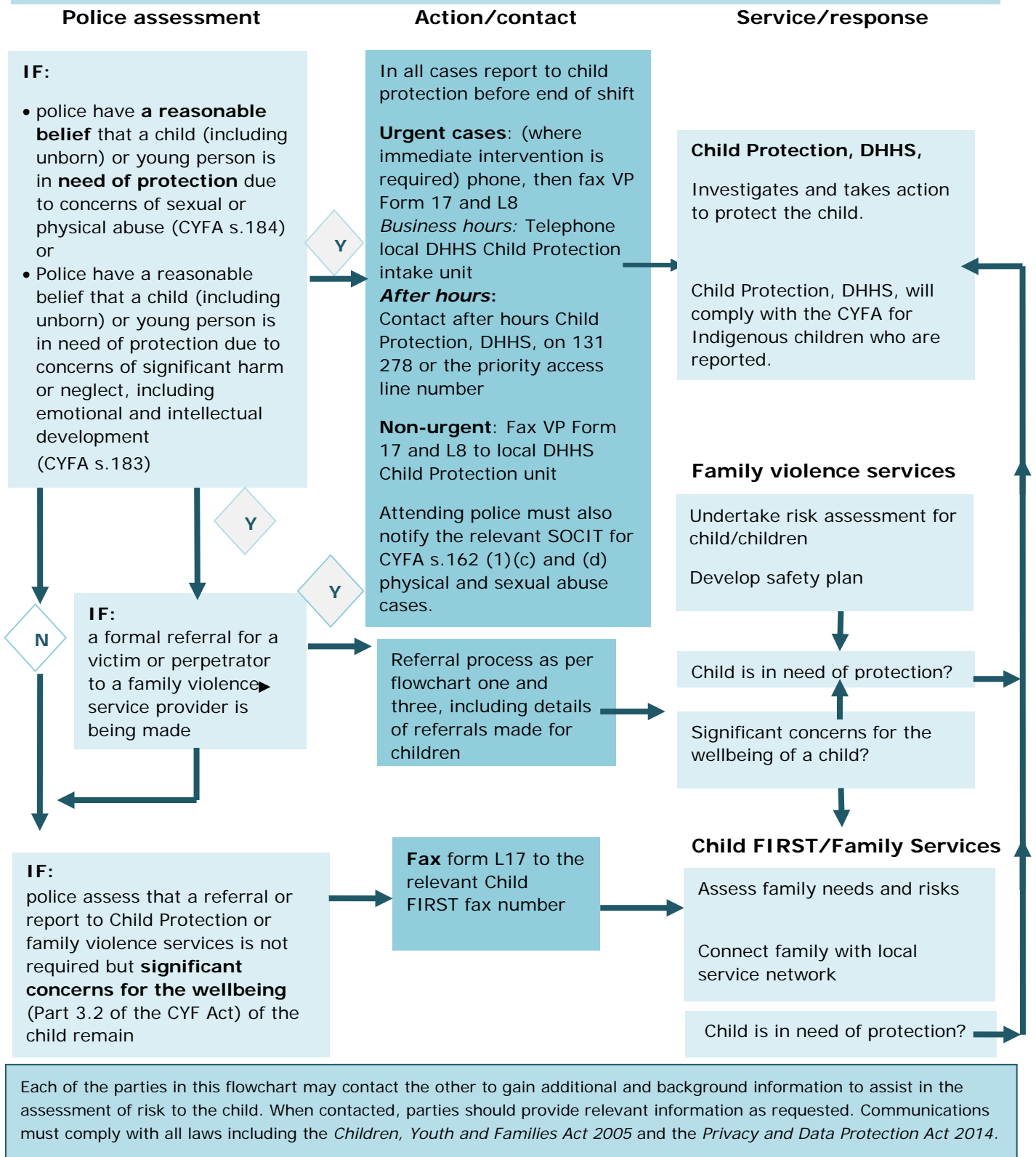
Integrated Family Services provide support for families who are experiencing difficulties in a variety of areas including parenting, family violence, drug and alcohol, and mental health. IFS aims to assist families to

better manage the challenges of parenting, ensure that children live safely within their family and community, and to reduce the need for statutory intervention by Child Protection. See Appendix Four for full outline of the Target Group for Integrated Family Services.

In the eastern region there are two Child and Family Services Alliances who oversee the operation of Child FIRST's in the area:

- Inner East Child and Family Services Alliance
- Outer East Child and Family Services Alliance

**Flow chart two: Where a child (including unborn) or young person is present or a witness to a family violence incident<sup>1</sup>**



<sup>1</sup> Taken from Family Violence Referral Protocol between the DHHS and Victoria Police 2015

### 4.3 Reports to Child Protection

#### *Child Protection Intake*

*In the intake phase the Child Protection practice involves:*

*Receiving and recording reports from persons regarding:*

- ❖ *An unborn child, before the birth of the child, if the reporter has concerns for the child's wellbeing after his/her birth*
- ❖ *Concern for a child's wellbeing*
- ❖ *Children in need of protection (at risk of significant harm)*

#### 4.3.1 The intake practitioner will:

- i. Conduct an assessment of the information provided in relation to the child's safety and wellbeing, which may involve contacting 'authorised' professionals.
- ii. Consider if the report meets the requirements of a protective intervention report and therefore requires a child protection investigation
- iii. Make referrals to Child First or other relevant services as appropriate, where the case is to be closed.
- iv. Provide advice to the reporter regarding the outcome of the report

The CYFA also enables Child First to receive and respond to referrals regarding significant concerns for a child's wellbeing or the wellbeing of an unborn child after that child's birth.

If Child First receives a referral where it considers the child may be in need of protection, it must report the matter to Child Protection.

Other reports are forwarded to Divisional Intakes to follow up. See AHCPES below.

*After Hours Emergency Child Protection Services (AHCPES)*

On weekends, public holidays and after business hours during the week, the After Hours Child Protection Emergency Service (AHCPES) responds to child and young people in a crisis or emergency situation. The AHCPES also accepts transfers of current Departmental clients from Divisions where a situation cannot be safely managed through to the next working day. AHCPES manages emergency situations across the state, and activity includes conducting outreach visits, managing matters over the phone, deploying and monitoring Rural After Hours Service teams, taking legal action and negotiating and safety planning with families.

#### *When to Report to Child Protection*

Refer to S 183. of CYFA 2005

Any person who believes on reasonable grounds that a child is in need of protection may report to a protective intervener that belief and the reasonable grounds for it.

For practical application of when to report to Child Protection, refer to Appendix Five.

### 4.4 Victoria Police Family Violence Formal Referral (L17 Referrals)

The 'Victoria Police Code of Practice for the Investigation of Family Violence' (Police Code of Practice) 2013 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 now Child FIRST intake points may receive L17 referrals for Family Violence cases involving children.

Victoria Police who have been called out to respond to Family Violence have a number of different referral options according to the presented situation which are outlined in the 'Family violence Referral Protocol between the Department of Health & Human Services and Victoria Police 2015'. These are:

- 4.4.1 A police referral of victims of female family violence to family violence services;



- 4.4.2 Where a child, unborn child or young person is present or a witness to a family violence incident;
- 4.4.3 A police referral for male perpetrators of family violence;
- 4.4.4 A family Violence service referral for police assistance.

This protocol encompasses referrals that involve families including children and young people who have experienced Family Violence (this includes but is not exclusive of L17 referrals from Police).

For detailed information regarding processes for police referrals to community programs/agencies refer to the Family Violence referral protocol between the Department of Human Services and Victoria Police (2015)

The local procedures that align to the above protocol are outlined below:

#### 4.4.5 Primary Referral Points L17

#### *Family Violence Services*

When police attend a family violence incident they are required to refer;

- 4.4.6 The Affected Family Member (AFM) (mostly women) to the women 's and children's specialist family violence service (EDVOS); and this specialist family violence service will assess the risk and safety of children as witnesses and possible victims of violence and abuse;
- 4.4.7 The Perpetrator (mostly men) to the Enhanced Men's Intake (EMI) program.

#### Men's Enhanced Intake Program (MEI):

The MEI Program in the eastern region is led by EDVOS in partnership with the EMBCC. Working with perpetrators of family violence is complex and can increase risks that the victim faces. The MEI Program rationale is to challenge perpetrators behaviour, whilst promoting the safety of

women and their children. The MEI Program believes that there is a clear advantage of locating perpetrator interventions within domestic violence advocacy services. Interventions with perpetrators have been proven more effective when built on a community coordinated response with expertise of the women's sector.

In the case of female perpetrator the L17 referral will be sent to women's and children's specialist family violence service in recognition that women can be wrongly identified as the primary aggressor and that some women use violent resistance in response to family violence.

In the case of male identified AFMs, the L17 referral will be sent to the Victims of Crime Helpline at Department of Justice and Regulation as outlined in 4.1.2.

#### *Child Protection*

If police believe that a child, unborn child or young person is in need of protection due to actual or likely sexual or physical abuse, or concerns of harm or neglect, they must report these concerns to Child Protection as soon as possible; always before the end of a shift.

#### 4.4.8 Secondary Referral Point L17

#### *Child FIRST*

Referrals to Child FIRST are only to be made when there are no reports to child protection or a referral to a family violence service.

#### Child FIRST

When police have significant concern for the wellbeing of a child, unborn child or young person and the referral does not meet the threshold for a formal referral to a specialist family violence service or child protection.

## **5. Information Sharing Processes**

The protocol recognises that

information sharing is critical to maximising effective risk management and safety of children, unborn children and young people who are affected by family violence.

Information Sharing (incl. responsibilities around privacy/confidentiality) *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 practice to involve the family and gain consent where this is possible and where this does not place a child or another person at greater 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 Health & Human Services and Victoria Police 2015 - Flow Chart page 11.

## **6. Secondary consultation processes where there are concerns for risk to women and children**

Practitioners within the family violence and child and family services sectors bring to their work a broad range of specialist knowledge and expertise. The Family Violence Risk Assessment and Risk Management Framework supports practitioners' knowledge of responding effectively to family violence. The framework outlines that:

Effective risk assessment and risk management relies on practitioners having the knowledge and ability to undertake assessments effectively to ensure that risk is identified, assessed and responded to in a comprehensive and timely fashion.

Responses to family violence can be improved by better recognition and greater coordination of services. Secondary consultation is another

important approach to support:

- a. A shared understanding of risk and family violence between service providers;
- b. Appropriate referral pathways and information sharing;
- c. Risk management strategies that include ingoing assessment, case management and service coordination.

The EMR RFVP facilitates this sharing of knowledge on a broader level and also facilitates knowledge sharing through the development of training opportunities and joint projects.

### **6.1 Family Violence Services**

#### *Specialist Family Violence Access Point for Women and Children*

Secondary consultation is a process designed to assist other agency workers in developing a clear and comprehensive risk and safety assessment of their clients, giving weight to the personal history of each client. Subsequently the EDVOS family violence practitioner may contribute to development of a safety plan or review an existing safety plan. EDVOS secondary consultation can assist practitioners with:

- risk and safety assessment
- safety planning and review
- discussion about practice approaches
- advice on family violence support strategies

Often, secondary consultation will help staff to continue to work successfully with the client/family. However, sometimes the EDVOS practitioner may conclude that a referral to EDVOS family violence services is required.

#### *Secondary consultation for police referrals (L17) only*

EDVOS offers secondary consultation to police in relation to L17 reports via the intake team who manages L17 referrals from police. Access to this consultation is

available 24 hours 7 days a week via ECARS.

EDVOS secondary consultation to police can assist with:

- risk and safety assessment
- advice on RAMP processes
- safety planning
- advice on family violence support strategies

### *Secondary consultation for Men's Behavioural Change services*

For consultations regarding men who use violence against women, or for information about Men's Behaviour Change Programs contact the providers of these services:

- Anglicare Victoria
- Link Health and Community
- Relationships Australia
- Yarra Valley Community Health

## **6.2 Child FIRST**

Child FIRST offers information, referral and advice to professionals working in local areas regarding service responses for vulnerable children, unborn children and young people.

Under Section 38 of the Children, Youth and Families Act 2005, Child FIRST and IFS may consult with a Senior Child Protection Practitioner (Community Based) for cases where it may be difficult to determine the level and nature of risk.

Child FIRST or IFS may also consult with other services such as police or Family Violence Services to ensure the safety of children, young people and women where appropriate.

## **6.3 Child Protection**

Under Section 36 of the Children, Youth and Families Act 2005, Child Protection and Child FIRST/IFS (at point of intake) are able to gather information for the purpose of establishing the most appropriate service response for children, unborn children and young people. See Appendix five for links to

Information Sharing guidelines.

## **6.4 Victoria Police**

The Local Police member who made the original referral or who is involved with the case should be contacted in the first instance. If unavailable, the Local Family Violence Liaison Officer and finally the Police Divisional Family Violence Advisor for consultation.

## **7. Joint practice approaches**

This protocol recognises that the best outcomes for children, unborn children and young people are reached through collaborative practice approaches. Working together is often the most effective way of supporting the complex legal, financial, housing, health and emotional needs of the affected family members. Safety is always the priority and any action needs to be carefully planned and reviewed. Advocating for the immediate practical needs regarding housing and so on should not overshadow the emotional and developmental needs of the children. Regular case conferences and care team meetings will ensure that children will benefit from a united approach to keeping them safe and developing well. Such meetings should ensure important information is shared in a timely way and is acted upon promptly.

### **7.1 Need & Risk Assessment Approaches (incl. thresholds)**

Families and individuals who are identified as the most vulnerable and at highest risk of death, injury and abuse in the community are often known to community and human services, police, justice, and other service systems and community supports.

Each separate agency/program/service undertakes its own risk assessment and analysis based on the information gathered by them, often missing critical information held in other jurisdictions.

Family violence risk assessment should where possible encompass information gathered from all service systems involved with the family or individual.

To support an integrated approach to family violence risk assessment and management a number of tools have been developed including:

- Family Violence Risk Assessment and Risk Management Framework (CRAF): Guides 1-3, 2<sup>nd</sup> Edition 2012
- Assessing children and young people experiencing family violence: A practice guide for family violence practitioners 2013, DHHS
- Working with families where an adult is violent: Best Interests Case Practice Model Specialist Practice Resource 2014, DHHS

## **7.2 Joint Casework (incl. care team approaches)**

Often clients are supported by more than one agency at a time. This results in individuals and families having relationships with multiple agencies that may be only addressing specific problems rather than working towards holistic outcomes.

To support a more integrated, efficient and effective service system DHSS is currently piloting "Services Connect" client support model in the non-government sector. Refer to Human Services: The Case for Change (2011) for a description of the model.

Recognising that a key feature of the proposed reforms to Victorian community service system is based on the need more collaborative ways of working this protocol introduces processes to support the development of a joint casework or care team approach.

## **7.3 Integrated Case Management**

Integrated case management refers to a team approach to coordinate various services for a specific family, woman, child, sibling group or young person through a cohesive and sensible plan. All members work together to provide assessment, planning, monitoring and evaluation. The team should include all service providers who have a role in implementing the plan and wherever possible the, woman, young person or child or young person's family.

The purpose of integrated plan is to guide and monitor activities in achieving identified goals/needs/aspirations and outcomes.

Integrated case management is dependent upon collaborative practice which requires:

- active participation of the client
- sharing or transferring of information and skills across traditional boundaries
- participants view themselves as part of a team and contribute to a common goal
- relationship between participants is non-hierarchical and power is shared
- leadership is shared and participants are inter-dependent
- participants work together in planning and decision making
- participants offer their own expertise, share in the responsibility and are acknowledged by other members of the group for their contribution to the goal
- clear definition and understanding by team members of participants role and responsibilities
- respect for autonomous

professional judgement  
and choice and decision  
making of the family

- effective communication skills  
and group dynamics
- supported by organisational  
structure and vision

## **8. Resolving differences – Safer Together and Code of Practice**

A child's best interests are the paramount consideration in any dispute process involving Family Violence Services, Child FIRST/Family Services and Child Protection. Where a dispute arises, clear agreement on local protocols will support earlier and more effective resolution.

As a general principle, Family Violence Services, Child FIRST/Family Services and Child Protection will seek to resolve disputes at an operational level. If this is not possible, then the matter should be progressively activated, within a timely manner, to the next line of authority within the services.

It is important that all practice and system level issues are documented by key representatives for dispute resolution.

The Family violence Referral Protocol between Department of Human Services and Victoria Police 2015 states that:

*In the event that a Child FIRST practitioner has concerns regarding the referral process, for example, the adequacy of the information provided on the L17, concerns about referrals being made to both Child FIRST and child protection, or other concerns, the process is that the Child FIRST is to contact the FVA to discuss their concerns and jointly resolve the issues. It is proposed that issues would be addressed at this level in most instances.*

Local issues as they relate to referrals and responses to vulnerable children and young people by services who are

party to this agreement should initially be raised: Between practitioners, team leaders and managers (or equivalent) of involved services also in line with agency dispute resolution procedures:

- Family Violence Advisors,  
Regional Family Violence  
Manager (as per the Code  
of Practice 3rd Edition)
- Family Violence Regional  
Integration Committee  
(particularly around systemic  
issues and themes)

*Local Area Local Connections Managers,  
Local Area Directors*

For State wide issues in need of resolving – refer to the Family Violence referral protocol between the Department of Health & Human Services and Victoria Police (page 13).



## Signatories to the Agreement

In signing this agreement, we commit to supporting the development of more collaborative and integrated working practices between the parties to this agreement. We will remain cognisant of the priorities outlined in the agreement and use them to inform agency planning.

<p>Name: Louise Phelan Chair, Inner East Child and Family Services Alliance</p> 	<p>Name: Gaby Thomson Chair, Outer East Child and Family Services Alliance</p> 
<p>Name: Jenny Jackson Executive Officer, EDVOS</p> 	<p>Name: Stephanie Dalaklakis A/Operations Manager, Child Protection, Department of Health &amp; Human Services</p> 
<p>Name: Jim Allen Chair, Eastern Men's Behaviour Change Consortia</p> 	<p>Name: Rose Solomon CEO, Boorndawan Willam Aboriginal Healing Service</p> 

This Protocol is due for review in December 2017.

## Appendix One:

### Protocols and policy documents referenced in this protocol

Assessing Children and Young People -Experiencing Family Violence: A Practice Guide for Family Violence Practitioners, Victorian Government Department of Human Services, January 2013.

Best Interest Case Practice Model, Victorian Government Department of Human Services, June 2012.

Family violence referral protocol between the Department of Human Services and Victoria Police 2015, Victorian Government Department of Human Services, May 2013.

Family Violence Risk Assessment and Risk Management Framework and Practice Guides 1-3, Edition 2, Victorian Government, Department of Human Services, April 2012.

Practice Guidelines: Women's and Children's Family Violence Counselling and Support Programs, Children, Youth and Families Division, Victorian Government Department of Human Services, February 2008.

Providing Support to Vulnerable Children and Families: An Information Sharing Guide for Authorised Information Holders Employed by Service Agencies in Victoria According to the Children, Youth and Family Act 2005, Victorian Government Department of Human Services, February 2007.

Providing Support to Vulnerable Children and Families: An Information Sharing Guide for Registered Community Services (family services and out of home care) in Victoria, February 2007.

Victorian Indigenous Family Violence Taskforce Final Report 2003, Department for Victorian Communities, 2003.

Men's Behaviour Change Group Work: A Manual for Quality Practice, No To Violence Male Family Violence Prevention Association.

Victoria Police, Code of Practice for the Investigation of Family Violence, Edition 3 2014.

Human Services: The Case for Change, Victorian Government, Department of Human Services, December 2011.

Working with families where an adult is violent; Best interests case practice model specialist practice resource, Victorian Government, Department of Human Services, June 2014.

## Appendix Two:

The definitions of family violence that influence our work in the RFVP:

The Victorian Department of Human Services uses the Women's Safety Strategy (2002) definition of family violence as:

*"... any violent, threatening, coercive or controlling behaviour that occurs in current or past family, domestic or intimate relationships. This includes not only physical injury but direct or indirect threats, sexual assault, emotional and psychological torment, economic control, damage to property, social isolation and any behaviour which causes a person to live in fear."*

The Victorian Indigenous Family Violence Task Force (2003) 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."*

The Family Violence Protection Act 2008 states that family violence is:

*"any behaviour that in any way controls or dominates a family member that causes them to fear for their own, or other family member's safety or wellbeing. It can include physical, sexual, psychological, emotional or economic abuse and any behaviour that causes a child to hear, witness, or otherwise be exposed to the effects of that behaviour."* (Family Violence Protection Act 2008)

In considering these definitions, family violence is an abuse of power, always perpetrated by the more powerful member of a relationship against a less powerful member in order to gain control. Such violence is found in all social classes, in all age groups and across all cultures and communities.

The term "family violence" has been used to describe acts of violence between family members, including adult and adolescent partners; between a parent and a child (including adult children); between caretakers or partners against elders; and between siblings. It occurs within marriage and de facto relationships, between family members, couples who are separated or divorced, and even within shared household.

While sometimes used interchangeably, the term "domestic violence" is generally seen as a subset of family violence between intimates. While it can be perpetrated by any member of a family against another, it is more likely to be perpetrated by men (predominately by a women's current or ex-partner) against women and children. (SSCRFV, 2005: 11)

Some disability advocates prefer the term domestic violence, as it better captures violence experienced by women with disabilities living, for example, in group homes or institutions.

It is also critical to acknowledge the inter-relationship between family violence and child abuse. These forms of violence often co-exist, with violence being directed towards both women and children. It is also a form of child abuse, if a child hears or witnesses' violence directed towards their mother or a sibling, even if that child is not a primary victim.

### Types of Family Violence

**Physical** - Kicking, punching, shoving, slapping, pushing, and any other acts which hurt your body

**Sexual** - Calling you vulgar names, criticizing your body parts or sensuality, forced or pressured sexual acts, including rape

**Emotional** - Assaults against your self-esteem

**Verbal** - Name-calling, threats, put-downs

**Psychological** - Causing you to feel as if you are "going crazy"

**Spiritual** - Attacking your spiritual or religious beliefs

**Financial** - Controlling and manipulating you by threatening your economic status and basic needs

**Homophobic** - Threatening to "out" you to people who do not know your sexual orientation

**Immigration** - Using your immigration status and fear of deportation to control you

**Property** – Actual or threatened assault of your property or pets to scare you.

### **Other Important Terms**

**Violence** - The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development, or deprivation. (WHO, 2002: 5). This is an influential definition propagated by the *World Health Report on Violence and Health* (WHO, 2002). Using this definition; violence is understood as intentional and within the context of relational power, addressing issues of inequality in social, institutional and relational structures. This is a significant development to definitions that have been constructed around the act by the perpetrator or solely around the effects to the victim.

**Violence against Women** - any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life (UN, 1993; Resolution 48/104 of 20).

**Gender-based violence** - an umbrella term that covers various forms of violence in both public and private domains. It gathers meaning from the issue that women experience violence because they are women, be it rape as a weapon of war or by a male intimate partner in the home. The CEDAW committee defines gender based violence as, "*violence that is directed against a woman because she is a woman or that affects women disproportionately*" (CEDAW, 1979 General recommendation 19). Domestic and family violence are terms embedded with gender, with women much more likely to be victims and men much more likely to be perpetrators. While men also experience violence, available data demonstrate that they are far more likely to experience violence at the hands of other men, than in the context of an intimate relationship (Australian Bureau of Statistics, 2006; Flood, 2006).

**Domestic violence** - defined internationally as men's violence in intimate partner relationships to women. It is a term that came from feminist activists who wanted to politicise violence in the home, in the private sphere. Domestic violence includes behaviours such as: physical, sexual, financial, social and emotional forms of abuse, as well as the fear of violence (Partnerships Against Domestic Violence, 1999). Its meaning has been expanded to include same sex relationships. Domestic violence is an escalating pattern of abuse where one partner in an intimate relationship controls the other through force, intimidation, or the threat of violence.

**Intimate partner violence** - It is a pattern of assaultive and coercive behaviours that may include inflicted physical injury, psychological abuse, sexual assault, progressive social isolation, stalking, deprivation, intimidation and threats. These behaviours are perpetrated by someone who is, was, or wishes to be involved in an intimate or dating relationship with an adult or adolescent, and are aimed at establishing control by one partner over the other.

**Safety** - Safety is protection from or non-exposure to the risk of harm or injury. Safety is a basic human right as articulated in Article 3 of the Universal Declaration of Human Rights (1948) – “*Everyone has the right to life, liberty and security of person.*” The Victorian Charter of Human Rights and Responsibilities also acknowledges Safety under Section 21, Right to liberty and security of person – “*Everyone has the right to freedom and safety*”.

**Accountability** - is where a perpetrator of violence is held accountable and challenged to take responsibility for their actions. Accountability is grounded in the belief that men can be non-violent and respectful, and that to accept male violence as inevitable is to accept that men are inherently violent and disrespectful. Accountability means that perpetrators are responsible to explain their actions to the women and children against whom they have used violence, and to the community, including through the justice system. Explaining their actions means acknowledging that they were fully responsible for choosing to use violence, and that their violence has impacted on the rights, safety and wellbeing of women and children who have a continued right to be and feel safe and a legitimate need to recover from the impact of the man’s violence. Accountability is one of the principles guiding systems reform in the family violence system in Victoria.

**Personal agency** - is the expression of a person’s right to act in their own interests and on their own behalf. A common feature and effect of family violence is the deprivation of an individual’s right to act in their own interests. It is therefore important for services involved in responding to family violence to support individuals in a way that acknowledges their right to agency in their own affairs in order to counteract the effects of the violence.



## Appendix Three:

### Safer Together Reflective Practice Sessions (STRPS) Case Presentation Model

#### Purpose

The Case Presentation Model has been established as an agreed process by the Eastern Safer Together Working group to:

- Implement a Case Presentation model where collaborative work between the Family Violence, Integrated Family Services (IFS), Child Protection, and Victoria Police sectors is strengthened;
- Highlight collaborative work between two or more of the above sectors by presenting examples of good practice
- Also highlight examples where there may be some gaps and work required in further strengthening collaboration.
- Allow for opportunities for learning, developing, and addressing gaps that may exist when working with families who have experienced Family Violence;
- Develop stronger cross collaborative quality improvement practices and identify how and where the sectors involved could strengthen the outcomes for the families they work with.
- Be proactively responsive to state and federal policy changes

#### Membership

This group represents the combination of:

- The Inner and Outer East Child and Family Services Alliances
- EDVOS
- The Eastern Men's Behaviour Change Consortia
- Eastern Metropolitan Area Child Protection - Community Based Child Protection. Intake and assessment, Investigation and assessment, case management, case contracting.
- Victoria Police - Divisions One and Two
- Other services as required including (but not limited to) mental health, homelessness, AOD and MCHN
- Boorndawan Willam Aboriginal Healing Service
- Other Regional Family Violence Partnership Executive Committee members

#### Guiding Principles

*Guidelines for identifying case practice examples for presentation:*

- Families who have multi-sector service involvement or need;
- There is a systemic barrier that needs to be considered for action;
- Identifying positive outcomes that can be promoted in terms of good practice approaches both within the partnership and externally to the partnership
- Identifying cases that support further development of referral pathways and local processes

*Guidelines to Confidentiality*

Case examples are being used to demonstrate systemic themes for review.

This process is not to be used to resolve issues within individual cases as this relates to organisational practice.

*Procedure for Presenting Case Practice Examples:*

- Pre-consultation with involved services:
- Protocol partners are encouraged to support practitioners to identify cases as per the purpose and guiding principles above.
- Once cases are identified, a pre-consultation needs to occur with involved services informing them of the intent to present the case/systemic issues at the STRPS.
- Roles and responsibilities in relation to preparing the case for presentation are negotiated and a lead presentation facilitator is identified.
- Case presentations are structured according to the Presentation Template.
- The lead facilitator will ensure that the STRPS Chair\* is informed of the intention to present the case 2 weeks in advance including a copy of the case presentation before the next meeting.
- The Chair will agenda the case presentation for the next meeting.

\*For the first 12 months the chair will be the DHHS Practice Leader.

*STRPS response to Case Presentations*

Outcomes will be discussed at the presentation and actions arising and will be discussed at the EMR RFVP Executive Committee meetings. These actions may include systems advocacy by highlighting structural barriers or gaps in services as well as promotion of good integrated practice to relevant networks, committees, and governance bodies including OHS.

*Review of Model*

The model will be reviewed in twelve months or sooner if required.

## Appendix Four:

### Target Group for Integrated Family Services

Vulnerable children and young people and their families who are:

- Likely to experience greater challenges because the child or young person's development has been affected by the experience of risk factors
- At risk of concerns escalating and becoming involved with Child Protection if problems are not addressed

Vulnerable children, young people and families are likely to be characterised by:

- Multiple risk factors and long-term chronic needs, meaning that children are at high risk of developmental deficits
- Children, young people and families at high risk of long-term involvement in specialist secondary services (such as alcohol and drugs, mental health, family violence and homelessness services and child protection)
- Cycles of disadvantage and poverty resulting in chronic neglect and cumulative harm
- Single/definable risk factors that need an individualised, specialised response to ameliorate their circumstances
- Single/definable risk factors that may need specialised one-off, short-term, or episodic assistance to prevent or minimise the escalation or risk

Children, young people and families experiencing these types of challenges need support and intervention in relation to:

- Emotional and behaviour development, cognitive and educational development, socialisation and connectedness, building capacity for self-care and identity
- Making healthy choices about how they live their lives
- Maintaining and strengthening cultural identity, especially for Aboriginal children and young people, and also for children and young people from CALD backgrounds
- Enhancing family capacity to provide appropriately safe, developmentally appropriate and stable care

Family Services has a critical role in promoting outcomes for vulnerable children and families and provides a range of service interventions with a whole-of-family focus:

- Strengthen parent capability to provide basic care, ensure safety and promote their child's development
- Improve the family's community connections and access to community resources

Source: *A Strategic Framework for Family Services 2007*

## Appendix Five:

### Reports to Child Protection

#### - 5.162 of CYFA 2005 'children in need of protection'

Examples of when a report to child protection is needed include:

- serious physical abuse of, or non-accidental or unexplained injury to, a child (as a mandatory reporter you must report)
- a disclosure of sexual abuse by a child or witness, or a combination of factors that suggest the likelihood of sexual abuse – the child exhibiting concerning behaviours (as a mandatory reporter you must report)
- serious emotional abuse or ill-treatment of a child impacting on the child's development
- persistent neglect, poor care or lack of appropriate supervision, where there is a likelihood of significant harm to the child or the child's development serious or persistent family violence or parental substance misuse, mental illness or intellectual disability – where there is a likelihood of significant harm to the child or the child's development
- where a child's actions or behaviour may place them at risk of significant harm and the parents are unwilling or unable to protect the child.
- where a child appears to have been abandoned, or
- where the child's parents are dead or incapacitated, and no other person is caring properly for the child.

## Appendix Six:

### Information sharing guidelines

The Children, Youth and Families Act 2005 authorises certain professionals to share information with Child Protection and Family Services (including Child FIRST intake teams) about vulnerable children and families.

Sharing information is important because effective service provision relies upon all relevant information being available. In addition, the most vulnerable families often need assistance from more than one agency, and information needs to be shared for these agencies to work effectively together. Information sharing is critical to manage risk in cases of family violence.

Guidelines have been produced to assist professionals in understanding when they can share information.

### Detailed Guides for Key Sectors

Detailed guidance, including case examples, is provided for:

Community Services - For Family and Out of Home care services

<http://www.dhs.vic.gov.au/about-the-department/documents-and-resources/reports-publications/information-sharing-guide-family-and-out-of-home-care-services>

Health Services - For Medical practitioners, nurses, people in charge of or employed in a relevant health or mental health service

<http://www.dhs.vic.gov.au/about-the-department/documents-and-resources/reports-publications/information-sharing-guide-health-services>

Education Services - School teachers and principals

<http://www.dhs.vic.gov.au/about-the-department/documents-and-resources/reports-publications/information-sharing-guide-school-teachers-and-principals>

Other Professionals - All other professionals authorised to share information

<http://www.dhs.vic.gov.au/about-the-department/documents-and-resources/reports-publications/information-sharing-guide-authorised-information-holders>

Quick Reference Guides are available for authorised professionals and services in providing support to vulnerable children and their families listed below. These leaflets provide summary guidance for the key professionals and services authorised to share information – see link below:

- For children's services managers, child care workers and kindergarten teachers
- For registered community service managers and workers
- For disability service managers and workers
- For drug or alcohol treatment service managers and workers
- For family violence service managers and workers
- For managers and professionals employed by relevant health services
- For local government child and family services that are not registered as a community service with the Department of Human Services (OHS)
- For registered medical practitioners
- For registered nurses
- For Parenting Assessment and Skills Development Service (PASDS) managers



and workers

- For managers and workers of placement support services for children in out of home care
- For registered psychologists
- For registered school teachers and principals
- For sexual assault support service managers and workers
- For Victorian Government Department employees

<http://www.dhs.vic.gov.au/about-the-department/documents-and-resources/reports-publications/information-sharing-guide-quick-reference>