

Western Think Child Working Group
Submission to
The Royal Commission into Family Violence

To the Royal Commissioners

Family Violence has a major impact on the development, safety and wellbeing of children. The Western Think Child Working Group writes to highlight to the Commission that this impact occurs when violence against mothers and other family members is witnessed by children; when direct attacks are made on children; and when children act to protect mothers and/or infants and are caught up in the crossfire.

The absence of a safe and nurturing environment may also impact on the children's psychosocial development. The detrimental impact on brain development and outcomes in later life of infants and children who are exposed to family violence is well documented. (North and West Metropolitan Region Think Child Partnership Agreement, 2010, Attachment 1)

As part of the consultation of the Royal Commission into Family Violence, The Think Child Working Group would like to submit documentation that highlights the partnership approach to the work of the group. Such collaboration is seen as essential to:

1. Ensure that staff in a range of agencies dealing families facing family violence have the necessary knowledge and skills
2. Promote an integrated and informed support and referral pathway that provides the best available support for families in this situation.

The Western Think Child Working Group encompasses the following Sectors and Alliances:

- 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
- North West Metro Region Divisions 1,2,3,4 (encompassing the Local Government Authorities of Melbourne, Moonee Valley, Maribryong, Hobson's Bay, Wyndham, Brimbank and Melton)

The Western Think Child Working Group was formed in 2010 to progress the work from the North and West Metropolitan Region Think Child Partnership Agreement (Attachment 1). The purpose of the North West Think Child Agreement is to facilitate and strengthen

Western Think Child Working Group

Submission to

The Royal Commission into Family Violence

collaborative working relationships between Family Violence Services, Child FIRST, Integrated Family Services and Department of Health and Human Services Child Protection Services in the North and West Metropolitan Region to more effectively meet the needs of vulnerable children and young people.

The aims that are built into all levels of practice include:

- Safety, protection and wellbeing of children;
- Safety and empowerment for victims of family violence (mainly women and children)
- Responsibility and accountability for those who use violence against other family members (mainly men)

Since 2010 the Western Think Child Working Group have gained active representation of Aboriginal Services (VACCA) on the working group and have offered "Say No to Violence" Training for Child FIRST, Child Protection and Integrated Family Service practitioners in the Region.

In 2014 Western Think Child Working Group developed a Referral and Secondary Consultation Protocol (Attachment 2 and Attachment 3.) and a Case Presentation Model for Family Violence Services, Child FIRST/Integrated Family Services and Child Protection. The Protocol provides a clearer referral pathway when a child or young person may be affected by a single or ongoing incidence of family violence. The Case Presentation Model aims to highlight collaborative work across a number of sectors, identify possible gaps and provide opportunities for learning and development when working with families who have experienced family violence. These two models were launched at a forum in 2014 involving the Police, Family Violence agencies, Child Protection, Child FIRST and Integrated Family Services. Training in the practical application was provided at the forum through cross-agency group discussions of specific case studies.

The inherent value of this type of collaboration, is utilising the diverse perspectives of a range of specialist agencies to focus on the best interest of the child or young person, acknowledging that the safety of the child or young person is paramount. This promotes a greater understanding of the impact of trauma on children in the context of family violence and means that family violence is recognised as a form of child abuse that impacts on children's physical, social and psychological development and their safety and wellbeing.

The following local data highlights the impact family violence has on children:

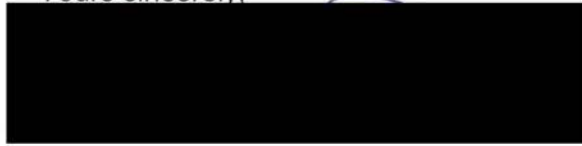
In the Western Metropolitan Region children were present at 3230 (32.4%) of police reported family violence incidents (Victoria Police Statistics, 2013-14).

This would suggest that children are being exposed to family violence in large numbers and draws attention to the impact this is likely to be having on children. It is evidence to support the critical need for skilled and well co-ordinated intervention across services to address the

Western Think Child Working Group
Submission to
The Royal Commission into Family Violence

trauma that these children have been and are facing. The Western Think Child Working Group is an example of how such a co-ordinated approach can be facilitated at a local level. It is this collaborative multi-sectorial approach which underpins the work of the Western Think Child Working Group. This has proved to be an effective way of developing clearer referral pathways and promoting increased professional and community knowledge about the impacts of family violence on the children involved.

Yours sincerely,



Jacky Tucker

Chair, 2013-2015

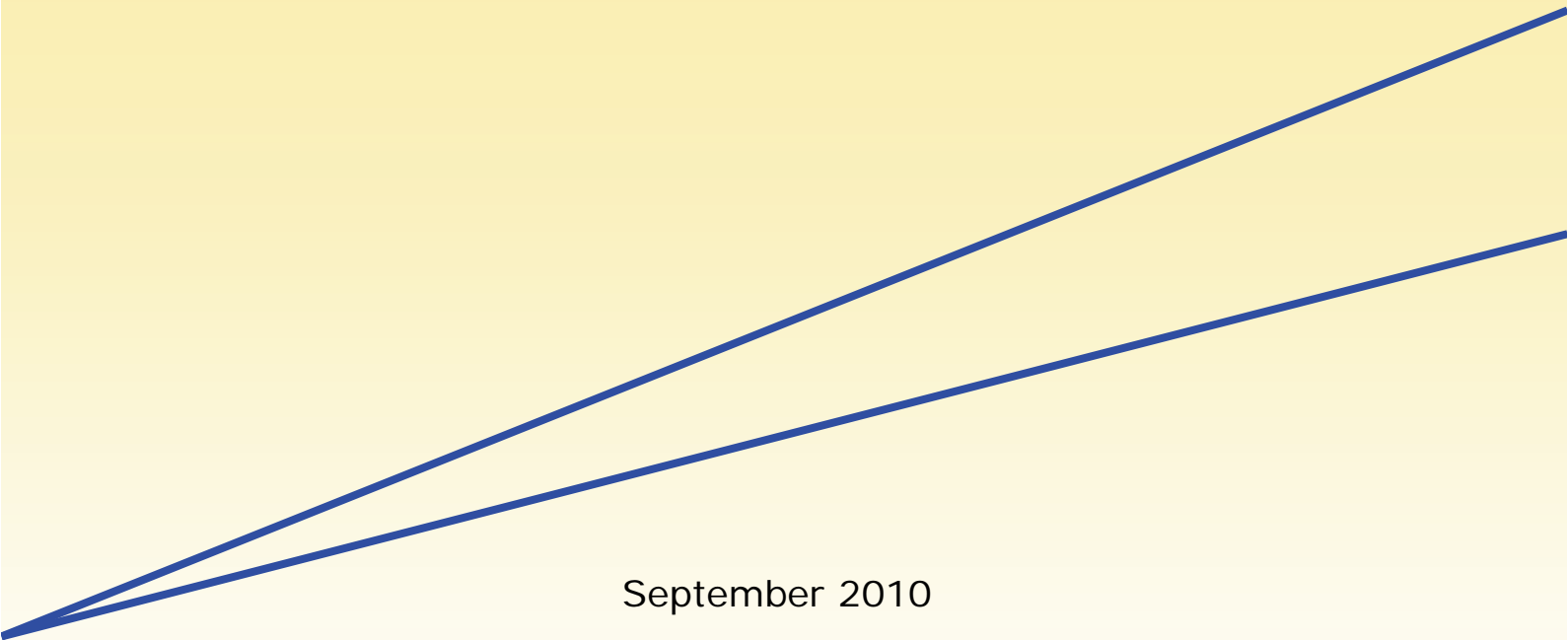
On Behalf of the

Western Think Child Working Group

North and West Metropolitan Region

Think Child Partnership Agreement

Family Violence Services - Child FIRST/Family Services - Child Protection



September 2010

Family Violence Services - Child FIRST/Family Services - Child Protection

Think Child Partnership Agreement North and West Metropolitan Region

THINK CHILD PARTNERSHIP AGREEMENT	3
1. Purpose of the Partnership Agreement	3
2. Context and Rationale for the Agreement	4
2.1. Incidence and prevalence of family violence	4
2.2. Impact on children	4
2.3. Definitions	4
2.4. Victorian Government Policy	6
2.5. Guidelines and codes of practice	7
2.6. Family Violence Reforms	8
2.6.1. Indigenous Family Violence Strategy	9
2.6.2. A Right to Justice and Safety 2010-2020	10
2.6.3. A Right to Respect 2010-2020	10
2.6.4. Family Violence Integration Supporting Roles	10
2.7. Child Protection and Family Services Reforms	11
2.7.1. Family Services Integration Supporting Roles	12
3. Think Child Partnership Agreement Governance Structure	15
3.1. Development of the Think Child Partnership Agreement	15
3.2. Implementing the Think Child Partnership Agreement	15
3.3. Think Child Committee	15
3.4. Partnerships and Alliances	15
3.4.1. Family Violence	15
3.4.2. Child FIRST/Family Services	16
3.5. Steering Committee/ Management Meetings	17
3.5.1. Sub-regional Family Violence	17
3.5.2. Regional Family Violence Structures	18
3.5.3. Integrated Family Services Regional Governance Structures	18
4. Shared Vision and Approach	19
4.1. Our Vision	19
4.2. Think Child Partnership Agreement Principles	19
5. Service System Entry Points	21
5.1. Entry to Family Violence Services	21
5.2. Entry to Family Services	21
5.3. Referrals from Family Violence Services to Child FIRST or reports to Child Protection	21
5.4. Referrals from Child FIRST and Child Protection to Family Violence Services	22
5.5. Referral Protocols with Victoria Police where children are present at family violence incidents	22
6. Joint Practice Approaches	23
6.1. Need and risk assessment approaches	23
6.2. Information sharing	24
6.3. Joint case work	24
6.4. Sharing of knowledge and expertise	24
6.5. Consultation with Child Protection - Community Based Child Protection	25
6.6. Commitment to participation in regional networks – Child FIRST Alliance/Integrated Family Violence Sub-Regional Committees	25
7. Priority Actions	26

Family Violence Services - Child FIRST/Family Services - Child Protection**Think Child Partnership Agreement***North and West Metropolitan Region*

8.	Resolving Differences	27
9.	Review of the Think Child Partnership Agreement	28
	Appendices	31
	Appendix 1. Family Violence Services Background	31
	Appendix 2. Think Child Working Group membership list	35
	Appendix 3. Referral pathways between Victoria Police, Child Protection and Child FIRST/Family Services in relation to family violence	36
	Appendix 4. Map of Child FIRST Catchments	41
	Appendix 5. Working paper of specific issues to be considered in future work between the agencies	42

Family Violence Services - Child FIRST/Family Services - Child Protection Think Child Partnership Agreement

Think Child Partnership Agreement

1. Purpose of the Partnership Agreement

The purpose of this Agreement is to facilitate collaborative working relationships between Family Violence Services, Child FIRST/Family Services and DHS Child Protection services in the North and West Metropolitan Region.

There is a growing body of international research that confirms that family violence and child abuse frequently co-occur within the same families. This is confirmed by Australian research and by Victorian Child Protection data showing that for non-Aboriginal families in 2005-06, 53% of substantiated child protection cases identified family violence as a risk factor. For Aboriginal families this was 64%.

Family violence is also recognised as a form of child abuse that impacts on children's development, safety and well being. This impact occurs when children experience violence against mothers and other family members; when direct attacks are made on children; and when children act to protect mothers and /or infants and are caught in the cross fire. The absence of a safe and nurturing environment may also impact on children's psycho-social development. The detrimental impact on brain development and outcomes in later life of infants and children who are exposed to family violence is well documented.

A key feature of both the legislative and policy reforms for both the Victorian child and family services sector and the family violence sector is the establishment of multi service approaches that work together more effectively to meet the needs of vulnerable children and young people through better prevention and earlier intervention approaches.

Clearly defined and well understood collaborative arrangements are required in order to ensure that children, young people, women and men receive services that will respond to immediate and longer term concerns about individual and family safety, rights, health and well being.

This agreement describes a set of core features that will govern the collaborative relationship between Family Violence Services and:

- Child FIRST (Child & Family Information, Referral and Support Teams) and Family Services; and
- DHS Child Protection services.

Overarching aims to be built into all levels of practice include:

- Safety, protection and well being of children;
- 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).

Family Violence Services - Child FIRST/Family Services - Child Protection

Think Child Partnership Agreement

2. Context and Rationale for the Agreement

2.1. Incidence and prevalence of family violence

Family violence is a chronic, under-reported and gendered problem in which women and children are mainly the victims. Studies show that while men also report physical violence from women, women are mostly victims and experience more frequent and more severe family violence than men.

The Australian component of the 2004 *International Violence Against Women Survey* (IVAWS) reported that 34% of Australian women have experienced at least one form of violence from a current or former partner (Mouzos and Makkai, 2004). A quarter of women (25%) who identified intimate partner violence through the IVAWS had never before spoken to anyone else about the incident.

Almost one in five women reported that they had been physically abused as a child by a parent (18%). Fathers were more likely than mothers to physically abuse their child (61%) (IVAWS). The levels of violence experienced by women over the lifetime were higher for women who were abused as children compared to women who did not suffer childhood abuse. This pattern held irrespective of the type of childhood abuse suffered by the women.

Family violence occurs at even higher rates amongst young women, Aboriginal and Torres Strait Islander women, women with disabilities and women from CALD backgrounds. Aboriginal and Torres Strait Islander women are 10 times more likely to be victims of homicide and are 35 times more likely to be hospitalised due to family violence-related assaults than other Australian females (Ferrante 1996, Strang, 1992, AIHW 2006).

The Health Costs of Violence study found that intimate partner violence is the leading preventable contributor to death, disability and illness in Victorian women aged 15-44 (VicHealth, 2004: 25). Studies indicate that pregnancy is a time of high vulnerability to family violence, with the first incident often occurring whilst women were pregnant (ABS 1996).

2.2. Impact on children

Family violence also has a major impact on the health and well-being of children. Recent meta-analyses have shown that children exposed to domestic violence exhibit significantly more problems than children not so exposed (Edleson: 2006) Children are regularly exposed to the damaging affects of family violence both as witnesses of violence against mothers and direct victims of assault and emotional abuse.

The 2005 *Personal Safety Survey* indicated that 61% of men and women who had experienced violence by a previous partner had children in their care during the relationship. Additionally, 49% of people who reported they had experienced violence by a current partner said they had children in their care at some point during the relationship (ABS, 2006: 11).

Victorian police data indicates over 45% of family violence incidents had one or more children present (VCCAV, 2002: 12)

A 2001 study of 5000 young Australians showed that one quarter of young people (aged 12-20 years) have witnessed an incident of physical violence against their mother or step-mother. This study found that witnessing family violence has emerged as the strongest predictor of perpetration of violence in young people's own intimate relationships (Indermaur, 2001). It is estimated that in 30-60% of families where family violence is a factor, child abuse is also occurring (Edleson 1999).

2.3. Definitions

The *Family Violence Protection Act 2008* defines family violence as:

- (a) behaviour by a person towards a family member of that person if that behaviour
 - (i) is physically or sexually abusive; or

Family Violence Services - Child FIRST/Family Services - Child Protection

Think Child Partnership Agreement

- (ii) is emotionally or psychologically abusive; or
- (iii) is economically abusive; or
- (iv) is threatening; or
- (v) is coercive; or
- (vi) in any other way controls or dominates the family member and causes that family member to feel fear for the safety or wellbeing of that family.

(b) behaviour by a person that causes a child to hear, witness or otherwise be exposed to the effects of behaviour referred to in paragraph (a).

The *Family Violence Protection Act 2008* contains definitions of economic abuse and emotional or psychological abuse. It also contains a number of examples that show that family violence is a broad concept. Family violence includes:

- assaulting or causing personal injury to a family member or threatening to do so;
- sexually assaulting a family member or engaging in another form of sexually coercive behaviour or threatening to engage in such behaviour;
- intentionally damaging a family member's property, or threatening to do so;
- unlawfully depriving a family member of the family member's liberty, or threatening to do so;
- causing or threatening to cause the death of, or injury to, an animal, whether or not the animal belongs to the family member to whom the behaviour is directed so as to control, dominate or coerce the family member.

The preamble to the Act states that behaviour may constitute family violence even if the behaviour would not constitute a criminal offence.

The Act also makes it clear that cultural abuse can constitute family violence.

Because 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 Islander¹ 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' also depends on the specific 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 differs and services are committed to supporting a culturally sensitive service system.

¹ Aboriginal and Torres Strait Islander is used interchangeably with Indigenous throughout this document

Family Violence Services - Child FIRST/Family Services - Child Protection

Think Child Partnership Agreement

The term 'men who use violence' is used rather than perpetrator in this document, consistent with the definition provided in the *No to Violence Standards*². This is in recognition that men's use of violence is a choice rather than the term 'perpetrator' which can seem to refer to a type of person.

2.4. Victorian Government Policy

The Victorian Government's *Growing Victoria Together* (GVT) policy outlines a vision for making 'Victoria a stronger, more caring and innovative State.' *A Fairer Victoria: Creating opportunity and addressing disadvantage*, released in 2005, further sets the context for legislative and policy reforms for Family Services and Child Protection to deliver more effective services for vulnerable children, young people and their families and in responding more effectively to family violence. A strong emphasis of this reform agenda is providing coordinated services for vulnerable children and families that better meet local needs.

The Victorian community's vision is for a Victoria in which every child thrives, learns and grows, is valued and respected, becoming an effective adult. The community is one in which the safety, health, development, learning and wellbeing of children are protected and promoted throughout childhood. From this vision, the government has initiated the *every child every chance* reforms, a whole of government approach to promoting positive outcomes for all children.

In line with the Victorian Children's Outcomes Framework and the focus on the Best Interests principles of the *Children Youth and Families Act 2005* (CYFA), the experiences of children are at the centre, while recognising that the course of childhood is affected by the context in which children live and grow, by their families and communities and by the availability of services and supports.

The *Child Wellbeing and Safety Act 2005* creates an overarching legislative framework designed to encourage and support a shared commitment towards children by all services working across the broader child and family services system.

The *Strategic Framework for Family Services 2007* reflects the legislative environment within which Child FIRST/Family Services operates. This framework is consistent with the significant reform agenda, providing the context for a service system, with approaches and interventions to improve outcomes for vulnerable children, young people and families.

Victorian government policy also sets a strong mandate for victim safety, perpetrator accountability and human rights. The *Women's Safety Strategy*³ 2002-2007 is a foundation policy in shaping responses to gender based violence in Victoria. The *Victorian Charter of Human Rights and Responsibilities* is a law that protects the human rights of all Victorians.⁴

The *Family Violence Protection Act 2008* contains a preamble which recognises a set of principles about family violence. These are:

- that non-violence is a fundamental social value that must be promoted;
- that family violence is a fundamental violation of human rights and is unacceptable in any form;
- that family violence is not acceptable in any community or culture;

² No to Violence is the peak body for men's behaviour change programs

³ *Women's Safety Strategy* www.women.vic.gov.au

⁴ The *Charter of Human Rights and Responsibilities* <http://www.justice.vic.gov.au>

Family Violence Services - Child FIRST/Family Services - Child Protection

Think Child Partnership Agreement

- that, in responding to family violence and promoting the safety of persons who have experienced family violence, the justice system should treat the views of victims of family violence with respect.

The *Family Violence Protection Act 2008* also recognises the following features of family violence:

- that while anyone can choose to use violence against family members, family violence is predominantly used by men against women, children and other vulnerable persons;
- that children who are exposed to the effects of family violence are particularly vulnerable and exposure to family violence may have a serious impact on children's current and future physical, psychological and emotional wellbeing;
- that family violence -
 - affects the entire community; and
 - occurs in all areas of society, regardless of location, socioeconomic and health status, age, culture, gender, sexual identity, ability, ethnicity or religion;
- that family violence extends beyond physical and sexual violence and may involve emotional or psychological abuse and economic abuse;
- that family violence may involve overt or subtle exploitation of power imbalances and may consist of isolated incidents or patterns of abuse over a period of time.

2.5. Guidelines and codes of practice

Domestic Violence Victoria Code of Practice for Specialist Family Violence Services for Women and Children 2006

The Code of Practice aims to enhance the service system's transparency, consistency and accountability and enhance the safety of women and children in Victoria. Service providers are expected to operate according to these standards. For more information about the Code of Practice see <http://www.dvvic.org.au>

Practice guidelines: Women and children's family violence counselling and support programs

These guidelines were developed for use by organisations funded to provide family violence counselling and support services for women and children.

They can be found at <http://www.cyf.vic.gov.au/integrated-family-violence/home>

Men's Behaviour Change Group Work: Minimum Standards and Quality Practice

This manual provides guidance and support for new and existing providers of men's behaviour change programs. It also provides Minimum Standards and Good Practice Guidelines. All funded Men's Behaviour Change Program are expected to comply with these standards as part of their funding and services agreement with DHS.

The summary of the guidelines can be viewed at <http://www.cyf.vic.gov.au/integrated-family-violence/guidelines>

Homelessness Assistance Service Standards 2006

The Homelessness Assistance Service Standards are the industry standards for services funded through Housing and Community Building to deliver homelessness support services (including family violence services). DHS is implementing accreditation in line with these standards by the end of December 2009. For more information please see <http://www.chp.org.au/accreditation>

Code of Practice for the Investigation of Family Violence

Victoria Police use the *Code of Practice for the Investigation of Family Violence* to guide members when responding to reports of family violence. Police must treat every report of family violence as genuine and respond and act on all reports, regardless of where the reports are obtained. This document is currently being reviewed and a final document is pending. For more information please refer to the Victoria Police web site, Family Violence Unit <http://www.police.vic.gov.au/>

Family Violence Services - Child FIRST/Family Services - Child Protection

Think Child Partnership Agreement

DHS Victoria Police Protocol

A Protocol between Victoria Police and DHS funded family violence services was developed in 2004 to guide referrals between police and family violence services. This is currently being updated. For further information, please see Appendix 3 and <http://www.cyf.vic.gov.au/integrated-family-violence/guidelines>

Victorian Charter of Human Rights and Responsibilities Act 2006

This is an agreed set of human rights, freedoms and responsibilities protected by the law. All parties to this agreement operate according to the legal framework prescribed by this Act.

Safe from Harm

*Safe from Harm*⁵ is being developed as a resource to assist professionals and agencies in their work with children, young people and their families, where there are concerns about children's wellbeing and/or safety. Resource materials will describe key features of the CYFA, clarify the respective roles and responsibilities of Child Protection, Child FIRST/Family Services and different professionals and assist in developing a shared understanding of how to promote effective collaboration, co-operation and co-ordinated effort as an important component of the Government's 'every child, every chance' policy.

The *Safe from Harm* materials will assist professionals to identify and work with children and young people and their families who may be at risk of harm. They will assist professionals to assess a family's strengths and risk factors, understand the impact of harm, and provide information regarding the possible service responses available to vulnerable children and young people, and the importance of their own role and strong collaborative practice.

Information Privacy Act 2000

This establishes the appropriate management processes for personal information by the Victorian Government, defines when members of the public can have access to that information and outlines the process for dealing with privacy breaches. For more information and multi lingual client brochures please see <http://www.dhs.vic.gov.au/privacy>

Victoria Police Violence Against Women and Children Strategy (2009-2014)

This strategy outlines Victoria Police's commitment to improving police responses to family violence incidents and increase levels of reporting and charges laid for family violence and sexual assault.

The fact sheet *Information Sharing in the Context of Family Violence* provides some background guidance on information sharing for family violence services.

2.6. Family Violence Reforms

In 2005, the Victorian Government statement, *Changing Lives: A new approach to family violence in Victoria* set out in detail the commitment to respond more effectively to family violence.

The DHS *Guiding Integrated Family Violence Service Reform 2006-2009* outlined 9 priority areas as part of the reform process which have been guiding work in the Region. These were:

1. The establishment of regional coordination and planning structures
2. Working together to provide quality services to clients
3. Development of Clear Referral Pathways and Intake processes
4. Continuous Improvement Strategies

⁵ Safe from Harm is the working title of the resource currently being developed.

Family Violence Services - Child FIRST/Family Services - Child Protection

Think Child Partnership Agreement

5. Access by Indigenous Victorians
6. Access by Diverse Groups (CALD; Disability; Gay, Lesbian, Bi-sexual and Transgender)
7. Focus on Children and Young People
8. Developing Critical Linkages
9. Workforce Development to Support Critical Linkages

Reforms to the family violence service system seek to reduce levels of re-victimisation and re-offending by providing women and children who experience family violence with the support they need, combining justice responses with human service approaches to change the behaviour of men who use violence. The Reforms require that all agencies, including human services, police and courts work together to develop a multi-agency response that enhances the safety of victims of family violence.

The new approach promotes the individual rights, needs and safety of children and recognises that children experiencing family violence have support needs that may be separate from those of adult family members.

A Family Violence Risk Assessment and Risk Management Framework has been developed in Victoria to assist professionals working with women, children and men to better identify and respond to family violence. The Framework provides a consistent approach for assessing and managing family violence and ensures the focus of intervention and support remains on the safety of the victims and that victims receive a response that is respectful and informed.⁶

Family violence services for women and children funded through DHS include a statewide Crisis and Referral Service, statewide and local After Hours services, Outreach services, Women's Refuges and Counselling and Support services.

Services for men who use violence against family members include a statewide Men's Referral Service, Men's Behaviour Change Programs and Emergency Housing Options. These services play a key role in supporting the safety of women and children with a primary focus on making men accountable and responsible for their use of violence towards family members. All services operate according to the *Minimum Standards and Quality Practice for Men's Behaviour Change Programs from No to Violence*⁷. Services include intake, initial assessment services, case management, individual and group counselling services.

Indigenous Family Violence Healing and Time out services have been developed and are currently operating in the North and West Metropolitan Region.

2.6.1. Indigenous Family Violence Strategy

In 2002, the Victorian Government released the *Framework for the Development of an Indigenous Family Violence Strategy: A Partnership Approach Between Victorian Indigenous Communities and Government*.

The Indigenous Family Violence Partnership Forum was established in 2005 to enable the Government to work in genuine partnership with Indigenous communities and to develop a ten year Indigenous family violence partnership agreement. Through the Indigenous Family Violence Partnership Forum, the Government is facilitating a community led approach to address family violence, reflecting the need for local solutions to local problems and the importance of holistic healing in Indigenous communities. The membership of the Indigenous Family Violence Partnership Forum includes Indigenous community representatives for the nine regions across the State, Indigenous organisations and senior representative from government departments. The 10 year *Strong Culture, Strong Peoples, Strong Families: Towards a safer*

⁶ *Family Violence Risk Assessment and Risk Management Framework* www.familyviolence.vic.gov.au

⁷ No To Violence is the peak body for men's behaviour change programs <http://www.ntv.org.au/>

Family Violence Services - Child FIRST/Family Services - Child Protection

Think Child Partnership Agreement

future for Indigenous families and communities 10 year plan was launched on 27 June 2008 (see Attachment 1). The plan outlines the Partnership Forum's vision for the next ten years, and objectives that will inform specific actions to reduce family violence in the Indigenous community.

2.6.2. A Right to Justice and Safety 2010-2020

This document, released by the Office for Women's Policy outlines the next stage of the reform agenda for the Family Violence sector. This replaces *Guiding Integrated Family Violence Service Reform 2006-2009* and explains why addressing family violence remains a priority for the Victorian Government. The document identifies a number of key priority action areas and a method of tracking progress against these areas and will inform the workplan of the various regional and sub-regional groups. This document outlined six priority areas:

1. Increase the system's capacity to respond earlier and more effectively to all victims of family violence
2. Emphasise the rights, needs and safety of children and young people
3. Ensure perpetrators stop their violence and are held to account
4. Ensure Victorian communities do not tolerate violence against women
5. Strengthen the Integrated Family Violence System including governance and workforce capacity
6. Improve research and data systems to measure progress of reform and outcomes

2.6.3. A Right to Respect 2010-2020

Released by the Office for Women's Policy, *A Right to Respect, Victoria's Plan to Prevent Violence Against Women 2010-2020* is a new system wide approach to stop violence occurring in our community. It is a 10 year framework to promote respectful, gender-equitable relationships in our communities and homes. The strategies for delivering this are:

1. Establish partnerships across government and non-government agencies and accountable leadership structures for sustainable prevention
2. Strengthen community leadership to drive change
3. Build capacity and tools for organisational change and workforce development
4. Implement multiphase communications campaigns and programs, engage champions and undertake media advocacy to promote equity and non-violence
5. Develop and strengthen systems and programs that build respectful relationships skills and influence social norms, attitudes and behaviours
6. Research, evaluate and monitor policy and programs for continuous improvement
7. Improve policy, regulation and legislation to embed prevention of violence and gender equity

2.6.4. Family Violence Integration Supporting Roles

Family Violence Regional Integration Coordinators

Regional Integration Coordinators (RICS) have a service integration and planning role and provide overall leadership and coordination for the family violence sector. In the North West Region, RICS have the lead role in promoting the Integrated Family Violence System reform agenda in the sub-regions, in particular supporting the establishment and maintenance of the Sub-regional Integrated Family Violence Committees.

Aboriginal Family Violence Regional Coordinator

The Aboriginal Family Violence Regional Coordinator works closely with the Chair of the Aboriginal and Torres Strait Islander Regional Action Group to develop locally appropriate solutions and community based responses to Indigenous family violence. The position facilitates the development of relationships between Aboriginal and Torres Strait Islander and mainstream service providers and with the Department of Human Services. Furthermore, this

Family Violence Services - Child FIRST/Family Services - Child Protection

Think Child Partnership Agreement

role provides a link between the Aboriginal and Torres Strait Islander family violence governance mechanisms at a statewide and regional level.

2.7. Child Protection and Family Services Reforms

The implementation of the CYFA and associated *every child every chance* reforms has required considerable change for the Victorian child and family services sector. Broadly these reforms represent a paradigm shift from protecting children towards a whole of community role and responsibility for improving outcomes for vulnerable children, young people and their families and a more therapeutic approach to child protection practice.

Child FIRST/Family Services

In addition to the CYFA, the *Strategic Framework for Family Services* guides the practice approaches under which Family Services operate.⁸

Family Services have a critical role in promoting outcomes for vulnerable children and families, and provide a range of service interventions with a whole-of-family focus to:

- strengthen parent capability to provide basic care, ensure safety and promote their child's development; and
- improve the family's community connections and access to community resources.

This requires building and supporting a reliable network of ongoing services, strong linkages and sustained engagement with relevant universal and adult services, and supporting these services to work effectively with vulnerable children and families.

Families requiring the support of Family Services generally have complex needs, which can adversely impact on a child's development if appropriate supports and interventions are not provided in a timely manner.

Child and Family Information, Referral and Support Teams (Child FIRST) ensure that vulnerable children, young people and their families are effectively linked into relevant services. Child FIRST seeks to support a more integrated and coordinated approach to intake into Family Services within the catchment, by developing a strong profile within the sub-regional catchment, with a strong focus on establishing productive relationships with key local services and professionals.

The focus of the past 3 years, implementing the reforms has centred on guiding Family Services, Child Protection and Placement Services to work together and in partnerships with parents, professionals and communities to:

- Meet children and young people's needs through better prevention and earlier intervention
- Ensure that children's voices and opinions are incorporated in practice
- Promote children's best interests in all assessment, planning and action to help them reach their full potential
- Achieve better outcomes for Aboriginal children, ensuring they remain connected to their community and culture
- Improving service accessibility and suitability for clients from culturally and linguistically diverse (CALD) backgrounds
- Provide better support to families, tailored to the individual needs of each child and family
- Provide a high quality care system to deliver better assessment and treatment, stable relationships and outcomes for children and young people in care.

⁸ http://www.cyf.vic.gov.au/family-services/library/publications/strategic_framework

Family Violence Services - Child FIRST/Family Services - Child Protection Think Child Partnership Agreement

As the sector continues to embed and build upon these changes, the next stages of reform implementation will also involve policy and practice development to promote:

- Families, communities, professionals (such as Family Violence, Mental Health and Drug and Alcohol) and Government sharing responsibility for improving the outcomes of vulnerable children and young people
- Multi-service approaches to meet vulnerable children and young people's needs (for example via inclusion in universal early childhood, health and education services and promoting a whole of family focus in specialist adult services)
- Earlier assessment and intervention to prevent the impact on children's safety, stability and development from accumulated harmful events
- Sustaining the focus on development across all stages of childhood and adolescence
- Remaining forensically astute while working therapeutically with families to support them to make positive changes
- Building a strong evidence base on what makes a difference for vulnerable children and young people, to achieve better outcomes as a result of interventions.

The *Best Interests Case Practice Model*⁹ has been designed to inform and support professional practice in family services, child protection and placement and support services and aims to achieve successful outcomes for children and their families. This guide provides a foundation for working with children, including the unborn child, young people and families. It aims to reflect the new case practice directions arising from the CYFA and the *Child Wellbeing and Safety Act 2005*.

2.7.1. Family Services Integration Supporting Roles

Child and Family Services Alliance Project Managers

This role has a different title in each catchment, including Project Worker, Project Manager and Project Officer. The role reports directly to the Alliance Executive and is responsible for supporting the successful implementation of Child FIRST/Family Services through progressing catchment planning processes and assisting in the development of service delivery tools, processes and policies.

The DHS Community Partnerships Unit: Community Partnerships Unit Manager & Community Based Child Protection Workers

The Community Partnerships Unit and Unit Manager support the ongoing working relationship and understanding of roles between Child Protection and Child FIRST/Family Services to support strong interactions and reciprocal respect. Community Based Child Protection workers are located in this Unit and work across assigned catchment areas.

The interface between Child Protection and Child First/Family Services is guided and informed by legislative requirements outlined in the *Children Youth & Families Act 2005*.

The statewide Child Protection- Child FIRST/Family Services Agreement is the formal protocol that guides and informs the operational interface between Child Protection and Child FIRST/Family Services. A revised agreement is currently being negotiated.

The Community Based Child Protection workers facilitate referrals from Child Protection to Child FIRST/Family Services, provide consultation and advice to Integrated Family Services in line with section 38 of the *Children, Youth and Families Act 2005* on specific cases and providing advice to Child Protection staff regarding making referrals to Child FIRST.

Community Based Child Protection workers have been assigned to each Child FIRST site to

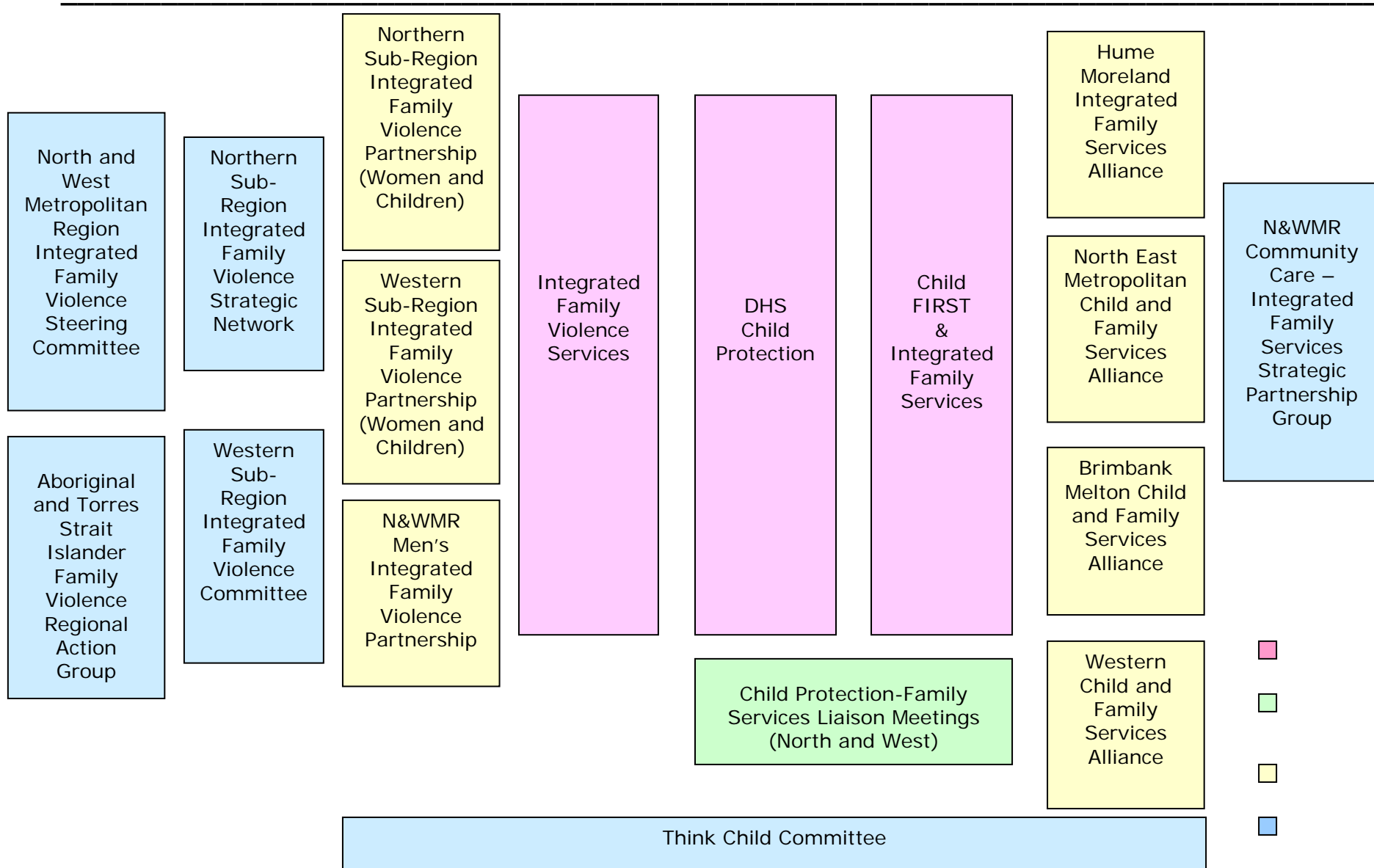
⁹ http://www.cyf.vic.gov.au/every-child-every-chance/library/publications/best_interests

Family Violence Services - Child FIRST/Family Services - Child Protection Think Child Partnership Agreement

undertake a range of key functions, including:

- Facilitation of referrals from Child Protection to Child FIRST
- Provision of consultation and advice on specific cases to Child FIRST and Family Services in the sub-regional catchment, including safety planning to enable ongoing case management
- Provision of advice to the Child FIRST catchment Child Protection staff regarding making referrals to Child FIRST.
- Participation in local professional and community education initiatives
- Identification of cases within Child Protection requiring enhanced referral

Family Violence Services - Child FIRST/Family Services - Child Protection Think Child Partnership Agreement



Family Violence Services - Child FIRST/Family Services - Child Protection Think Child Partnership Agreement

3. Think Child Partnership Agreement Governance Structure

3.1. Development of the Think Child Partnership Agreement

In 2008, a Think Child Partnership Agreement Working Group was formed to begin the process of drafting the agreement. The Working Group consisted of representatives of each of the three partnerships of funded Family Violence agencies, the four Child FIRST/Family Services Alliances, Immigrant Women's Domestic Violence Service, the Aboriginal and Torres Strait Islander Family Violence Regional Action Group, Child Protection and the relevant areas within DHS, Victoria Police and the refuge sector. From late 2008 until August 2010, the Working Group met regularly to progress the agreement.

As part of this process and to inform the content of the agreement, three regional practice forums were held during 2009 to develop a common vision statement and discuss referral pathways and collaborative practice approaches.

Drawing on the outcomes of these practice forums, DHS representatives from the Working Group collaborated with the broader Think Child Working Group to develop the first draft of the agreement. This was circulated to the relevant bodies for endorsement, prior to being signed off.

3.2. Implementing the Think Child Partnership Agreement

Ongoing responsibility for progressing the priorities outlined in this agreement will lie with the members of the Integrated Family Violence Partnerships and the catchment based Child and Family Services Alliances who have signed this Agreement. Agencies will be cognisant of the principles in their everyday activities, and work collaboratively through the partnerships and the alliances to action the Agreement priorities. The formal planning and development processes embraced by the partnerships and alliances provide a formal context for negotiating the inclusion of priority actions flowing from this Agreement to be included in the yearly Partnership workplans and yearly Catchment plans for the alliances.

3.3. Think Child Committee

A Think Child Committee will be formed comprising representatives from the Think Child Working Group. This group will meet every six months to do the following:

- Consider updates on local actions from participants
- Report annually as to local actions to implement the agreement to the signatories and DHS
- Review the agreement biannually from the date of signature

3.4. Partnerships and Alliances

Progressively from 2006 onwards, across the North and West Metropolitan Region, formalised Partnership and Alliances have been established in sub-regional catchments.

3.4.1. Family Violence

Northern Sub-region Integrated Family Violence Services Partnership – Women and Children

Comprising representatives of the funded women's and children's counselling and refuge services, the North Sub-region Integrated Family Violence Partnership is responsible for overseeing and guiding the implementation of the Northern Partnership workplan, based on the six priorities of *A Right to Safety and Justice*. Two operational groups, NCARS (Northern Crisis and Advocacy Response Service and the NIFVS Partnership and Counselling and Support Alliance report to the Partnership. Partnership members in alphabetic order are:

- Anglicare Victoria
- Berry Street
- Crossroads Youth and Family Services, Salvation Army
- Georgina Women's Refuge

Family Violence Services - Child FIRST/Family Services - Child Protection

Think Child Partnership Agreement

- Martina Women's Refuge
- Victorian Aboriginal Child Care Agency
- Women's Health in the North

Western Sub-region Integrated Family Violence Services Partnership (Women and Children)

The West Sub-region Integrated Family Violence Partnership (Women and Children) comprises senior managers from the respective agencies who represent the partnership. The role of the partnership is to oversee and guide the delivery of Integrated Family Violence Services to women and children in the Western sub-region. Members include:

- Elizabeth Hoffman House
- McAuley Community Services for Women
- Molly's House
- Victorian Aboriginal Child Care Agency
- Western Region Health Centre
- Women's Health West

North and West Metropolitan Region Men's Integrated Family Violence Partnership

The North and West Metropolitan Region Men's Integrated Family Violence Partnership comprises the six funded Men's Behaviour Change Programs currently operating in the region and Homeground services. The members are:

- Djerriwarrh Health Service
- Homeground Services
- Kildonan Uniting Care
- Lifeworks
- Men's Referral Service
- Plenty Valley Community Health Centre
- Relationships Australia
- Sunbury Community Health Centre
- Victorian Aboriginal Community Services Association Limited
- Victorian Aboriginal Health Service

3.4.2. Child FIRST/Family Services

To implement the CYFA 2005 and the Family Services Strategic Framework, four Child and Family Services Alliances have been established across the Region. The membership of each Alliance includes the facilitating partner for the Alliance and the Child FIRST service provider, agencies providing Family Services, including Aboriginal Community Controlled Organisations (ACCOs), Child Protection and DHS partnership staff. Other organisations may also become partner agencies within Alliances. The functions of the Alliances are:

- to drive collaborative operation of services
- better coordinate service delivery to children and families
- support integrated catchment planning including joint learning and development and practice reflection
- plan for a more effective integrated and cross sectoral catchment service system.

The four North and West Metropolitan Alliances and their members are:

Western Child and Family Services Alliance

Includes Local Government Areas of Wyndham, Hobsons Bay, Maribyrnong, Moonee Valley and Melbourne. Members are:

- Anglicare Victoria
- Baptcare Family Services
- Caroline Chisholm Society
- Centacare Catholic Family Services
- ISIS Primary Care
- MacKillop Family Services
- Melbourne City Council

Family Violence Services - Child FIRST/Family Services - Child Protection Think Child Partnership Agreement

- Moonee Valley City Council
- North Yarra Community Health
- Spanish Latin American Welfare Centre
- Victorian Aboriginal Child Care Agency
- Western Suburbs Indigenous Gathering Place

Hume Moreland Integrated Family Services Alliance

Includes Local Government Areas Hume and Moreland. The family services members are:

- Anglicare Victoria
- Broadmeadows Uniting Care
- Caroline Chisholm Society
- Merri Community Health Service
- Orana Family Services
- Sunbury Community Health Centre
- Victorian Aboriginal Child Care Agency

Other partner organisations include Hume City Council, Moreland City Council, Dianella Community Health and DHS (Child Protection and Family and Community Services).

Brimbank Melton Child and Family Services Alliance

Includes Local Government Areas Brimbank and Melton. Members are:

- Bapcare Family Services
- Caroline Chisholm Society
- Centacare Catholic Family Services
- Good Shepherd Youth and Family Service
- ISIS Primary Care
- MacKillop Family Services
- Melton Shire Council
- Victorian Aboriginal Child Care Agency
- Western Suburbs Indigenous Gathering Place

North East Metropolitan Child and Family Services Alliance

Includes Local Government Areas Whittlesea, Nillumbik, Banyule, Darebin and Yarra. Members are:

- Anglicare Victoria
- Berry Street
- Brotherhood of St Lawrence- Ecumenical Migration Centre
- Children's Protection Society
- City of Darebin
- Kildonan Uniting Care
- North Yarra Community Health
- Victorian Aboriginal Child Care Agency
- Yarra City Council

3.5. Steering Committee/ Management Meetings

3.5.1. Sub-regional Family Violence

The sub-regional Committee and Network bodies are coordination bodies for the various groups and organisations involved in delivering effective responses to women and children experiencing family violence.

Northern Sub-region Integrated Family Violence Services Strategic Network Western Sub-region Integrated Family Violence Committee

The Northern Sub-region Integrated Family Violence Services Strategic Network and the Western Sub-region Integrated Family Violence Committee are responsible for

Family Violence Services - Child FIRST/Family Services - Child Protection

Think Child Partnership Agreement

'operationalising' the reform agenda in locally meaningful ways. Each sub-regional committee/network contributes directly to regional service system integration by informing the regional Steering Committee of locally specific issues, initiatives and activities. At the same time, regional priorities inform sub-regional service system integration processes. These sub-regional committees/networks have developed action plans based on the nine key priority areas.

3.5.2. Regional Family Violence Structures

North and West Metropolitan Integrated Family Violence Steering Committee

At a regional level, the North and West Metropolitan Integrated Family Violence Steering Committee is a high level leadership group, designed to set the strategic direction and priorities for the region. Its purpose is to act as a conduit between sub-regional and statewide structures, to actively support sub-regional committees as well as to inform and drive statewide policy development. The Steering Committee is the critical reporting link to the Victorian Government on issues of regional significance.

North and West Aboriginal and Torres Strait Islander Family Violence Regional Action Group

The Regional Action Group (RAG) aims to ensure that Aboriginal and Torres Strait Islander communities have access to culturally appropriate programs, interventions and healing services specific to the overall well being needs of people within Aboriginal communities. It has a pivotal role in implementing community led responses that educate, prevent, reduce and respond to family violence in Aboriginal and Torres Strait Islander communities. The RAG has seven focus areas; community education and awareness, program development, service delivery, practice, partnerships, evaluation/monitoring and funding. Its members are Aboriginal or Torres Strait Islander from the North and West regions.

3.5.3. Integrated Family Services Regional Governance Structures

North and West Metropolitan Region Community Care -Integrated Family Services Strategic Partnership Group

The Strategic Partnership Group supports the planning, performance and relationships between DHS Community Care and its service partners who have responsibility for service delivery through a Child and Family Services Alliance. It meets quarterly and includes relevant DHS managers, Chairs and representatives from the Child and Family Services Alliances, an ACCO representative and the Child Protection Assistant Managers.

Child Protection - Family Services Meetings

Child FIRST/Family Services and Child Protection Liaison Meetings occur in the West and North bimonthly between family services managers, Child FIRST managers, Alliance Project Managers and Child Protection Unit Managers and the Community Based Child Protection team leaders. These meetings aim:

- To develop support and foster local relationships
- To provide an interface between management from DHS N&WMR Child Protection program and Community Service Organisations (CSOs) to promote good joint operational practice for the transitional movement of cases from Child Protection to CSOs and from CSOs to Child Protection
- To facilitate and support the development of ethical practice in line with the legislation and practice frameworks
- To provide a forum for reflective practice discussions within the context of the working group. An agreed set of operational protocols for these sessions to be drawn up and agreed to by participants

Family Violence Services - Child FIRST/Family Services - Child Protection

Think Child Partnership Agreement

4. Shared Vision and Approach

4.1. Our Vision

We, the Family Violence Services, Child FIRST/Family Services and Child Protection will work together to ensure the safety, protection and wellbeing of children affected by family violence.

4.2. Think Child Partnership Agreement Principles

The principles that inform this agreement are the best interest principles as articulated in the CYFA. DHS and registered Child and Family Services are bound by principles to protect children from harm, protect children's rights and promote children's development (taking account of a child's age, stage of development, culture and gender).¹⁰

In addition those principles that guide family violence services focus on women and children's right to safety and the accountability of men who use family violence.

Our work will be guided by, and will reflect, the following key principles:

1. Acknowledging that the best interests of the child is paramount
2. Recognising that the safety and wellbeing of the mother is critically linked to the safety, stability and development of the child
3. Responding in ways that strengthen and empower women and men to support and protect their children.
4. Respecting the cultural needs of a diverse community and employing culturally competent practices
5. 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.
6. Building a stronger connection between sectors through clear referral pathways, streamlined processes and collaborative practices, guided by mutual respect and a shared understanding.

The development of this agreement is the first step in a long collaborative journey, focused on ensuring continuous improvement and the development of best practice in working to promote the safety of children and their families.

Children's Rights and Best Interests

Children experiencing family violence have support needs that may be separate from those of adult family members. A child's experience is integrally connected with and, to a large extent, determined by their parent or carer's capabilities. A child's family, however constituted, provides a child's first social environment and has a profound impact on them.

Careful consideration needs to be given to parents' own history and any factors that diminish their capabilities. Where a child has experienced harm as a result of abuse or neglect, their parent or carer's response to this is a critical issue. The degree to which the opportunities for future harm can be removed or minimised is a key consideration in assessing future risks to a child.

Mother's Safety critically linked to safety of the child

The focus of services is on strengthening the role of mothers (non-offending parent), intervening in ways that support women to assist and protect their children. There is

¹⁰ Child Protection-Child FIRST Agreement of Local Procedures and Requirements Victorian 2007 Stage 1 Child FIRST Sites and 2008 for Stage 2 Child FIRST sites and 2009 for Stage 3 Child FIRST sites. This Statewide agreement is currently being reviewed.

Family Violence Services - Child FIRST/Family Services - Child Protection

Think Child Partnership Agreement

recognition that the safety and well-being of children is linked to the safety and well-being of mothers and that family violence is an assault on the mother-child relationship.

Empowerment

An empowerment, strengths based and self-determination model of practice is advocated where possible. Disempowerment is a fundamental aspect of physical and emotional violence, so rekindling a sense of empowerment may be an important part of recovery from family violence for many women and children. In practice this means operating in a manner that enables women and children to experience a sense of being in charge of their lives and includes the provision of information and education to assist them to understand their options and take action.

Promoting cultural identity

Services acknowledge the need to recognise and promote the cultural identity of Aboriginal children and children from culturally and linguistically diverse backgrounds. Supports and services should be delivered by individuals with knowledge and understanding of the cultural background of the child or adult.

Accountability of men who use violence for their behaviour

Men who use violence should be held accountable for their use of violence and challenged to take responsibility for their actions. Women should not be held responsible for the behaviour of men who use violence and from whom, in many instances, they are unable to protect themselves. A failure to hold men who use violence responsible for their behaviour undermines the goals of safety and accountability.

Gendered patterns of violence

This agreement acknowledges the gendered pattern of violence, where the person using violence, uses violent and controlling behaviour as part of a range of tactics to exercise power and control over the person experiencing the violence. Further it is important that practitioners engage in practice that is gender sensitive and supports women and children's right to safety and protection, and ensures that practices do not inadvertently hold those experiencing violence responsible for the violence perpetrated against them or collude with those who are using violent and controlling behaviour.

Couples and family work where family violence is present should be undertaken with caution. Any work needs to be based on a commitment to safety, accountability and equity. Services must ensure that the woman is not re-victimised and further endangered. This requires specific case management and risk assessment and safety planning to maximise safety.

Family Violence Services - Child FIRST/Family Services - Child Protection Think Child Partnership Agreement

5. Service System Entry Points

5.1. Entry to Family Violence Services

Providers of Integrated Family Violence Services are required to work together to develop a continuum of linked and coordinated services for women, children and men no matter where they enter the service system. At a local level this will include the identification of multiple entry points and clearly defined referral pathways.

Statewide services such as the Women's Domestic Violence Crisis Service and the Men's Referral Service will continue to be the most visible entry points and will work closely with regional services to ensure a seamless transfer of client information and responsibility.

In addition to the statewide services, the Northern sub-regional entry point is through Berry Street while the Western sub-regional entry point is managed by Women's Health West. Funded family violence services are engaged in homelessness Local Area Service Networks (LASNS) as part of Opening Doors. Opening Doors is the framework that aims to improve access for homeless people to housing and support services in Victoria.

It is expected all entry points irrespective of their primary service role will employ effective client screening, information and referral functions.

DHS and Victoria Police have developed a statewide Referral Protocol that outlines the referral pathways between police and DHS funded family violence service providers at a statewide level, incorporating guidelines for future development of local and regional protocols to match service delivery models to local need. This referral protocol is currently being reviewed.

An annex to this protocol describes Referral Pathways between Victoria Police, Child Protection and Child FIRST/ Family Services in relation to family violence. (Refer to 5.5 below.)

5.2. Entry to Family Services

Child FIRST provides a community based intake point for entry to Family Services within a designated catchment and operates under the provisions of the CYFA, specifically Part 3.2, *Concern About Wellbeing of a Child*. In the North and West Region, four Child FIRST/Family Services sites have been established, as described in section 3.3.2.

A revised statewide agreement between Child FIRST/Family Services and Child Protection is currently being developed, detailing clear processes and procedures for referral and consultation, including the role of the Community-Based Child Protection Worker. Community-Based Child Protection Workers work collaboratively with Child FIRST and Family Services to support their work with vulnerable children, young people and families.

5.3. Referrals from Family Violence Services to Child FIRST or reports to Child Protection

The CYFA legislation introduced a range of new reporting and referral arrangements that replaced what was previously known as a child protection notification.

Professionals involved with vulnerable children, young people (0-17 years) and their families, including families with an unborn child, may from time to time consider they should report or refer a concern to either Child Protection (statutory) or Child FIRST (voluntary).

Referrals from Family Violence Services to Child FIRST should be made where the issues for which the child, woman or man are receiving a service from the Family Violence Service can not be adequately supported within the Family Violence Service system. For example, significant parenting difficulties or young, isolated and/or unsupported families may have an impact on a child's safety, stability or development.

There will be times when Family Violence Service practitioners may need to consider whether a report to Child Protection is necessary. Reports to child protection should occur where a belief is held on reasonable grounds that a child, or unborn child, is in need of protection. That is,

Family Violence Services - Child FIRST/Family Services - Child Protection

Think Child Partnership Agreement

the concerns currently have a serious impact on the child's immediate safety, stability or development, or the concerns are persistent and entrenched and likely to have a serious impact on the child's development.

This may be due to a range of factors including where there is family violence or substance abuse, psychiatric illness or intellectual disability and where there is a likelihood of significant harm to the child or the child's stability and development. Additional circumstances that should trigger a report to Child Protection are included in the leaflet *Reporting concerns about children or young people: a guide for professionals* available <http://www.cyf.vic.gov.au/every-child-every-chance/library/publications/fact-sheets> and will be described in the *Safe from Harm* guidelines.

These guidelines also include the considerations that should support Family Violence professionals in making a referral to Child FIRST. Generally, the decision making that should guide whether Child Protection or Child FIRST is the most appropriate service system for the child, woman or man should be guided by consideration of whether the child is in need of protection according to guidelines in the above link.

5.4. Referrals from Child FIRST and Child Protection to Family Violence Services

Clients of Family Violence Services include:

- Those who are escaping family violence (usually women and children), or are recovering from experiences of violence and abuse, or who are at risk of being unsafe in the family environment; and
- Those who use violence against family members (usually men).

Referrals from Child FIRST and Child Protection to Family Violence Services may be made for the child, young person, woman or man in the family. Given the specialist nature of Family Violence Services, there will be times when specific approaches to supporting women and children experiencing family violence as well as behaviour change programs for men will be the most appropriate service for clients who may be also receiving a service from Family Services or Child Protection. This may include joint case work.

5.5. Referral Protocols with Victoria Police where children are present at family violence incidents

Victoria Police attending family violence incidents undertake a risk assessment of the victim and the child/ren. Where indicated, Police members will make two referrals, one for the victim and one for the offender. Where Victoria Police believe that a child is in need of protection as defined in s162 CYFA, they will also make a report to Child Protection. In all other cases where children are present and a formal referral to a family violence service is made, it will be the responsibility of the family violence service supporting the victim to undertake a risk assessment of the woman and any accompanying children, as part of the Family Violence Risk Assessment, and address their needs.

(Refer to **Appendix 3** – Referral Pathways between Victoria Police, Child Protection and Child FIRST/Family Services in relation to family violence.) These referral protocols are being updated within the context of the current review of the Code of Practice for the Investigation of Family Violence. The outcome of this review is pending (refer to Section 2.5).

Family Violence Services - Child FIRST/Family Services - Child Protection

Think Child Partnership Agreement

6. Joint Practice Approaches

Both the Best Interests Case Practice Model and the Family Violence Common Risk Assessment Framework (CRAF) place the safety and security of the client at the centre of practice. In preparing this agreement, representatives of the various parties joined together in a forum to consider collaborative practice approaches, which led to significant information sharing and generated many ideas for future work.

Some agencies which offer both Family Violence and Child FIRST/Family Services have begun conducting some joint risk assessment processes. Workers in both service sectors are attending training sessions in the other sector's risk assessment process and there is a general commitment to developing a shared understanding of risk.

The Best Interests Case Practice Model provides a common tool to be used by all practitioners involved in the delivery of Victorian child and family services, including Family Services, Child Protection and Placement Services. It provides a foundation for working with children and families and aims to reflect the new case practice directions arising from the CYFA, the *Child Wellbeing and Safety Act 2005* and the *Family Violence Protection Act 2008*. It is designed to inform and support professional practice by guiding work with complex, vulnerable clients, so that intervention remains purposeful and outcomes that reflect the best interests of children can be achieved.

Family violence services have a range of practice standards and guidelines to guide and inform work with those who use violence and those who experience family violence, in particular, the *Domestic Violence Victoria Code of Practice for Specialist Family Violence Services for Women and Children (2006)* and *Strong Culture, Strong Peoples, Strong Families, Towards a safer future for Indigenous families and communities*.

6.1. Need and risk assessment approaches

Family violence, current or past, is a risk factor that may greatly increase the risk to a child's wellbeing and may indicate the need for further child and gender sensitive family assessment by Child Protection or Family Services. This includes a family violence risk assessment of both women and children.

Risk assessment and management forms an important component of practice approaches in the various sectors. For Family Violence services, the *Practice guidelines: Women and children's family violence counselling and support programs* and the *Domestic Violence Victoria Code of Practice for Specialist Family Violence Services for Women and Children 2006* are the overarching practice frameworks, within which, the Family Violence Common Risk Assessment Framework (CRAF) is the risk assessment approach. It is designed for women and their particular needs considering the gendered nature of family violence. For Child Protection and Family Services, the *Best Interests Case Practice Model* is the practice framework promoting the best interests of the child. Risk assessment and management form a component of this framework.

For all sectors, risk assessment is an ongoing process as part of Information Gathering, Analysis and Planning, Action and Review. It occurs within a broader assessment of the clients circumstances which aims to promote their best interests, considering their gender, age and cultural needs.

Given that family violence is perpetrated largely by immediate family members, assessment and information gathering must be careful and forensically astute so that women and children can be interviewed safely and separately from the person using violent and controlling behaviour.

Likewise it is important that skilled workers are able to engage respectfully and safely with men who have used violence against family members to ensure practice focuses on

Family Violence Services - Child FIRST/Family Services - Child Protection

Think Child Partnership Agreement

accountability and behaviour change and to be watchful of collusion.

It is important that risk assessment is carried out in a holistic way by all agencies. For all services, it is important that women as well as children are assessed for risk and assisted with safety planning. Where possible and safe to do so, men who use violent and controlling behaviour towards family members must be engaged and encouraged to access appropriate services such as men's behaviour change programs, and to understand the impact of family violence on their (ex) partner and children.

6.2. Information sharing

Appropriate, relevant and legally authorised information sharing is a key element of joint practice to maximise the opportunity for safe outcomes.

One feature of the CYFA is that it provides for information sharing in certain circumstances between professionals and those services that support families and protect children. It complements existing privacy and confidentiality laws such as the *Information Privacy Act 2000* and the *Health Records Act 2001* and the *Family Law Act 1975*.

These Acts permit the disclosure of information in certain circumstances, including:

- where there is consent
- where the disclosure is made for a related purpose, and in the case of sensitive and health information, where disclosure is directly related to the purpose for which it was collected, and the person who is the subject of the disclosure would reasonably expect to have this information disclosed.
- where disclosure will prevent or lessen a serious and imminent threat to an individual's life, health, safety or welfare
- where disclosure is required or authorised by law.

The leaflet, *Providing support to vulnerable children and their families – A guide for family violence service managers and workers in Victoria* can be found at <http://www.cyf.vic.gov.au/every-child-every-chance/library/publications>

6.3. Joint case work

In many instances multiple services will be involved with the family and referrals would be for a specific service component to support the client case plan. Family Services, Child Protection and Family Violence Services would, where appropriate, negotiate the development of a shared case plan and respective roles in monitoring the outcomes of the plan, including those components that have been referred to other services.

The child and family action plan developed by Child FIRST/Family Services results from assessment of risks and needs (initial and ongoing) of the child and their family. It documents the decision-making and planning for actions with the child and family.

Depending on the number of services involved in a family's life, a case conference may be the most appropriate forum for sharing information. The family should be involved in the case conferencing process and encouraged to participate in decision making where roles and responsibilities of all parties involved can be determined in relation to current and future case planning. Whilst this is the preferred practice there may be circumstances where statutory intervention may override the original case plan. The case conference needs to be based on a commitment to safety, accountability and equity of participants.

6.4. Sharing of knowledge and expertise

Practitioners within the family violence and child and family services sectors bring to their work a broad range of specialist knowledge and expertise. The development of opportunities for exchange of expertise between the sectors is vital to promote best practice approaches. Examples of skill sharing could include shared assessment and intake work or secondary consultation with the Men's Referral Service or men's behaviour change programs in relation to

Family Violence Services - Child FIRST/Family Services - Child Protection Think Child Partnership Agreement

working with men who are using violent and controlling behaviour to bring about change in their behaviour.

At statewide, regional and catchment levels, joint training and practice forums provide opportunities for sharing knowledge and expertise as well as developing a shared understanding of the service system and extending professional support networks.

Child and Family Services Alliances will have a key role in supporting learning and development about children's development and promoting cross sectoral models of joint practice. Similarly, the Family Violence Integration Coordination role and the Regional Family Violence Committee will act as regional contact points for joint professional development initiatives.

6.5. Consultation with Child Protection - Community Based Child Protection

The availability of the Community Based Child Protection Worker to provide consultation is an additional support for cases where it may be difficult to determine the level and nature of any risk. Access to this worker is governed by legislation.

6.6. Commitment to participation in regional networks – Child FIRST Alliance/Integrated Family Violence Sub-Regional Committees

The relevant Family Violence Services are members of the Child and Family Services Alliances and Child FIRST/Family Services and Child Protection are members of the Western Integrated Family Violence Committee and the Northern Integrated Family Violence Strategic Network. This will aid in planning, identifying and managing operational issues and coordinating service delivery at a local level.

**Family Violence Services - Child FIRST/Family Services - Child Protection
Think Child Partnership Agreement**

7. Priority Actions

The parties to this agreement will work to:

	Priority Actions	Reference
1.	Establish a Think Child Committee including representatives from the Family Violence partnerships, Child and Family Services alliances, the Aboriginal and Torres Strait Islander Family Violence Regional Action Group, Child Protection and Victoria Police. This Group will work to advance the agreement and monitor and report on its implementation	All
2.	Operate consistently within the Shared Vision and Approach outlined in this agreement	Section 4
3.	Include relevant priorities from this agreement in the workplans of the sector governance groups (catchments, partnerships and the Aboriginal and Torres Strait Islander Family Violence Regional Action Group)	All
4.	Consult with each other in strategic planning exercises to develop shared priorities and directions	All
5.	Build a better shared understanding of the role of Family Violence Services, Family Services and Child Protection with respect to responding to family violence incidents	Section 5
6.	Work to develop collaborative intake processes, including the development of a shared understanding of key risk assessment concepts and the approaches to risk management used by the different sectors	Section 6.1
7.	Develop and implement appropriate information sharing practices between all parties in the best interests of the child consistent with the <i>Children Youth and Families Act 2005</i> , the <i>Privacy Act</i> , the <i>Family Violence Protection Act 2008</i> and the Information Sharing Protocols	Sections 5 & 6
8.	Promote joint training opportunities in: <ul style="list-style-type: none"> • CRAF and the Best Interests Case Practice Model • Information sharing legislation and guidelines 	Section 6
9.	Maximise opportunities to work together in the best interests of the child, eg. agreed referral pathways, joint risk assessment, secondary consultation, collaborative case conferencing and co-case management	Sections 5 & 6
10.	Ensure that processes are in place to identify and communicate the lead case manager and other key roles and responsibilities which will support joint practice, planning, decision making and case reviews	All

NOTE: The 'Reference' section refers to the part of the agreement which relates to the priority action

Family Violence Services - Child FIRST/Family Services - Child Protection
Think Child Partnership Agreement

8. Resolving Differences

As the three sectors implement the priority areas outlined in this agreement and develop more collaborative working practices, differences will at times be difficult to negotiate.

The parties to the Think Child Partnership Agreement have developed a shared vision and approach which underpins their work. Within this framework, they are committed to engaging in a timely consultation and dialogue with each other to enable the resolution of any differences which may arise through our collaborative work practices.

Where this process does not result in a resolution, a more formal process may need to be actioned between relevant parties to resolve the differences and enable the collaborative work to proceed.

**Family Violence Services - Child FIRST/Family Services - Child Protection
Think Child Partnership Agreement**








9. Review of the Think Child Partnership Agreement

The Think Child Committee will review the agreement every two years through a broad consultation process. The first review will occur in 2012.

**Family Violence Services - Child FIRST/Family Services - Child Protection
Think Child Partnership Agreement**

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>Signature: </p> <p>Name: BERNARDETE BURCHER Chair/Delegate North East Metropolitan Child and Family Services Alliance</p>	<p>Signature: </p> <p>Name: Christine Levy Chair/Delegate Brimbank Melton Child and Family Services Alliance</p>
<p>Signature: </p> <p>Name: SPIROS DRAKAPOLLOS Chair/Delegate Western Child and Family Services Alliance</p>	<p>Signature: </p> <p>Name: Julie ROACH Chair/Delegate Hume Moreland Integrated Family Services Alliance</p>
<p>Signature: </p> <p>Name: ROBIN O'REARY Chair/Delegate Western Sub-region Integrated Family Violence Services Partnership (Women and Children)</p>	<p>Signature: </p> <p>Name: Helen Riseborough. Chair/Delegate Northern Sub-region Integrated Family Violence Services Partnership (Women and Children)</p>
<p>Signature: </p> <p>Name: DENISE McLAUGHLIN Manager Community Care Department of Human Services</p>	<p>Signed on: 10 September 2010</p>

**Family Violence Services - Child FIRST/Family Services - Child Protection
Think Child Partnership Agreement**

Family Violence Services - Child FIRST/Family Services - Child Protection

Think Child Partnership Agreement

Appendices

Appendix 1. Family Violence Services Background

Incidence and Prevalence of Family Violence

Family violence is a chronic, under-reported and gendered problem in which women and children are mainly the victims. Studies show that while men also report physical violence from women, women are mostly victims and experience more frequent and more severe family violence than men.

The Australian component of the 2004 *International Violence against Women Survey* (IVAWS) reported that 34 per cent of Australian women have experienced at least one form of violence from a current or former partner (Mouzos and Makkai, 2004). A quarter of women (25%) who identified intimate partner violence through the IVAWS had never before spoken to anyone else about the incident.

Almost one in five women reported that they had been physically abused as a child by a parent (18%). Fathers were more likely than mothers to physically abuse their child (61%) (IVAWS). The levels of violence experienced by women over the lifetime were higher for women who were abused as children compared to women who did not suffer childhood abuse. This pattern held irrespective of the type of childhood abuse suffered by the women.

Family violence occurs at even higher rates amongst young women, Indigenous women, women with disabilities and women from CALD backgrounds. Indigenous women are 10 times more likely to be victims of homicide and are 35 times as likely to be hospitalised due to family violence-related assaults as other Australian females (Ferrante 1996, Strang, 1992, AIHW 2006).

The Health Costs of Violence study found that intimate partner violence is the leading preventable contributor to death, disability and illness in Victorian women aged 15-44 (VicHealth, 2004: 25). Studies indicate that pregnancy is a time of high vulnerability to family violence, with the first incident often occurring whilst women were pregnant (ABS 1996).

Impact on Children

Family violence also has a major impact on the health and well-being of children. Recent meta-analyses have shown that children exposed to domestic violence exhibit significantly more problems than children not so exposed (Edleson: 2006) Children are regularly exposed to the damaging affects of family violence both as witnesses of violence against mothers and direct victims of assault and emotional abuse.

The 2005 *Personal Safety Survey* indicated that 61 per cent of men and women who had experienced violence by a previous partner had children in their care during the relationship. Additionally, 49 per cent of people who reported they had experienced violence by a current partner said they had children in their care at some point during the relationship (ABS, 2006: 11).

Victorian police data indicates over 45% of family violence incidents had one or more children present (VCCAV, 2002: 12)

A 2001 study of 5000 young Australians showed that one quarter of young people (aged 12-20 years) have witnessed an incident of physical violence against their mother or step-mother. This study found that witnessing family violence has emerged as the strongest predictor of perpetration of violence in young people's own intimate relationships (Indermaur, 2001). It is estimated that in 30-60% of families where family violence is a factor, child abuse is also occurring (Edleson 1999).

Family Violence Services - Child FIRST/Family Services - Child Protection

Think Child Partnership Agreement

Context

The *Family Violence Protection Act 2008* contains a preamble which recognises a set of principles about family violence. These are:

- that non-violence is a fundamental social value that must be promoted;
- that family violence is a fundamental violation of human rights and is unacceptable in any form;
- that family violence is not acceptable in any community or culture;
- that, in responding to family violence and promoting the safety of persons who have experienced family violence, the justice system should treat the views of victims of family violence with respect.

The *Family Violence Protection Act 2008* also recognises the following features of family violence:

- that while anyone can be a victim or perpetrator of family violence, family violence is predominantly committed by men against women, children and other vulnerable persons;
- that children who are exposed to the effects of family violence are particularly vulnerable and exposure to family violence may have a serious impact on children's current and future physical, psychological and emotional wellbeing;
- that family violence -
 - affects the entire community; and
 - occurs in all areas of society, regardless of location, socioeconomic and health status, age, culture, gender, sexual identity, ability, ethnicity or religion;
- that family violence extends beyond physical and sexual violence and may involve emotional or psychological abuse and economic abuse;
- that family violence may involve overt or subtle exploitation of power imbalances and may consist of isolated incidents or patterns of abuse over a period of time.

Integrated Family Violence Services in Victoria

As part of the family violence service system reform, there is an expectation that all family violence services, including community, police and justice services, work together to enhance safety for victims of family violence and accountability for perpetrators of family violence.

DHS funded Family Violence services

DHS funds a range of family violence services for both victims and perpetrators of family violence through Housing and Community Building and Children, Youth and Families Divisions. Housing and Community Building Division funds approximately 70 community services to provide the following:

- 24- hour statewide telephone crisis service
- Local after hours outreach services
- Outreach services
- Crisis accommodation support services
- Intensive case management
- Linkages to the private rental market
- Indigenous services
- Culturally and linguistically diverse services
- Peak body – Domestic Violence Victoria

Children, Youth and Families Division also funds approximately 70 services to provide:

- Counselling and support programs for women and children
- A state-wide telephone service, the Men's Referral Service
- Men's Behaviour Change Programs
- Indigenous Family Violence Services, including Healing and Time Out Services
- Peak Body for men's services, No To Violence

Family Violence Services - Child FIRST/Family Services - Child Protection

Think Child Partnership Agreement

For more information on local services please see <http://www.cyf.vic.gov.au/family-violence-sexual-assault/home>

The Domestic Violence Resource Centre Victoria (DVRCV) website has a list of key statewide services see <http://www.dvrcv.org.au/>

DHS also provides funding for family violence specialist training and resources through DVRCV. See <http://www.dvrcv.org.au/>

Training for Men's Behaviour Change Group facilitators is available through Swinburne University in the Graduate Certificate of Social Science (Male Family Violence - Group Facilitation) <http://courses.swinburne.edu.au/Courses>

Legislation, Police, Court and Legal Services

There have been significant reforms to the way courts respond to victims of family violence. Some courts now provide specialist family violence services and all courts aim to provide an accessible service to people applying for and responding to intervention order applications.

In addition, both Victoria Legal Aid and Community Legal Centres provide duty lawyer services to people attending court regarding applications for intervention orders. A family violence intervention order is a court order made by a magistrate to protect a person from family violence by another person.

Police have an important role to play in responding to, investigating and protecting victims of family violence. Victoria Police operate under the *Code of Practice for the Investigation of Family Violence*. Police treat every report of family violence as genuine and respond and act on all reports. If a person experiences family violence or feels unsafe, they should be encouraged to contact Victoria Police.

Applications for family violence intervention orders can be made at any Magistrates Court. Courts at Sunshine, Melbourne and Dandenong provide additional specialist services and there are two Family Violence Courts in Victoria (Ballarat and Heidelberg).

Applications for children can be made at the Magistrates Court or the Children's Court. The Court can also include a child in an order of its own motion.

For more information on applying for and responding to intervention orders please see the following web-sites:

http://www.legalaid.vic.gov.au/Publications/cl.app_eng.pdf

http://www.legalaid.vic.gov.au/upload/cl.res_eng.pdf

<http://www.magistratescourt.vic.gov.au>

<http://www.childrenscourt.vic.gov.au>

http://www.legalaid.vic.gov.au/Publications/cl.app_eng.pdf

Legal Assistance

There is a range of services available for both applicants (and affected family member) and respondents to intervention orders, including children and young people. For more information about legal support please see the Federation of Community Legal Centres web site www.communitylaw.org.au or the Victoria Legal Aid web site www.legalaid.vic.gov.au.

The Federation of Community Legal Centres has recently published a Code of Practice for Family Violence Court Based (Applicant) Programs. The Code of Practice is intended to make the operation of court based legal assistance programs for victims of family violence more effective. This document can be found at <http://www.communitylaw.org.au>.

Police

Police can take a range of action to assist family violence victims, including criminal, civil and referral options. Police will investigate the family violence incident to find out if criminal offences have been committed. Police can lay criminal charges where offences can be substantiated. Police can use holding powers to ensure the safety of a family member while they apply for an intervention order.

Family Violence Services - Child FIRST/Family Services - Child Protection

Think Child Partnership Agreement

Under the Family Violence Protection Bill there will be a new system of short-term, police-issued family violence safety notices that will provide police with another tool to protect the safety of victims of family violence outside of court hours.

For more information about how the police can assist with family violence matters please see <http://www.police.vic.gov.au/content>

Legislation

There is a range of legislation relevant to assisting people affected by family violence including:

Crimes (Family Violence) Act 1987

The Family Violence Protection Bill 2008 has been introduced into Parliament. It is intended to replace the *Crimes (Family Violence) Act 1987* with respect to family violence intervention orders. It will provide a new system of family violence intervention orders that will focus more clearly on the safety of those subject to family violence. It will provide protection for family violence matters only, not non-familial stalking which is currently also covered by the *Crimes (Family Violence) Act*.

The stalking intervention order system will essentially be preserved in its current form until it can be comprehensively reviewed.

Victims of Crime Assistance Act 1996 and Tribunal

The Victims of Crime Assistance Tribunal (VOCAT) was established under the *Victims of Crime Assistance Act 1996* and came into operation on 1 July 1997. VOCAT was set up to acknowledge and provide financial assistance to victims of violent crime committed in Victoria. For more information see <http://www.vocat.vic.gov.au/>

Information Privacy Act 2000 and the *Health Records Act 2001*. For more information and multi lingual client brochures please see <http://www.dhs.vic.gov.au/privacy>

Family Law Act 1975

There have been significant changes to Family Law. It is very important for women and children experiencing or at risk of family violence to have access to information about their legal rights and obligations as they relate to Family Law. For more information please see *Preparing for Mediation: Tips for Women who have experienced domestic violence, developed by DVRCV in 2006.*

See <http://www.dvrcv.org.au/>

Further information can also be found at:

Family Court of Australia <http://www.familylawcourts.gov.au>

Victoria Legal Aid <http://www.legalaid.vic.gov.au> (Roundtable Dispute Management) and from the Women's Legal Service Victoria at www.communitylaw.org.au/women

**Family Violence Services - Child FIRST/Family Services - Child Protection
Think Child Partnership Agreement**

Appendix 2. Think Child Working Group membership list

Alliance/Partnership/ Organisation	Representation
North and West Metropolitan Region Men's Integrated Family Violence Partnership	Maree Corbo – Djerriwarrh Health Service Leah Vincent – Lifeworks
Western Sub-region Integrated Family Violence Partnership (Women and Children)	*Maureen Smith – Western Sub-region Service Integration and Planning Coordinator Robin Gregory – Western Region Health Centre
Northern Sub-region Integrated Family Violence Partnership (Women and Children)	Sandra Morris – Northern Sub-region Service Integration and Planning Coordinator Felicity Rorke/Gayle Correnti – Berry Street
Western Child and Family Services Alliance	Jennifer Smith – WC&FS Alliance Project Manager Trevor Dray – MacKillop Family Services
Brimbank Melton Child and Family Services Alliance	Lisa Harrison – BMCFS Alliance Project Officer Christine Levy – Melton Shire Council
Hume Moreland Integrated Family Services Alliance	*Valerie Ayres-Wearne – HMIFS Alliance Project Manager Kate Howells – Anglicare Broadmeadows
North East Metropolitan Child and Family Services Alliance	Julie Boffa – NEMC&FS Alliance Project Manager Alison Duncan - Darebin Family Services
Aboriginal and Torres Strait Islander Family Violence Regional Action Group	Helena Gonebale/ Robbie Lynch - DHS
Victoria Police	Sharon Ryan – Family Violence Advisor Dianne Ashwell – Family Violence Advisor
Women's Refuge sector	Catalina Vergara– Children's Support Worker
Immigrant Women's Domestic Violence Service	Bask Kaffar
Department of Human Services Child Protection Support Services Community Programs – Housing	Jenny Papageorgiou/ Pina Molea *Deb Nillsen/ Stella Drysdale Sandy Brien -Chair *Sarah Leslie Donna Palmer Kerrily Jeffery

Family Violence Services - Child FIRST/Family Services - Child Protection Think Child Partnership Agreement

Appendix 3. Referral pathways between Victoria Police, Child Protection and Child FIRST/Family Services in relation to family violence

These referral protocols are being updated within the context of the current review of the Code of Practice for the Investigation of Family Violence. The outcome of this review is pending (refer to Section 2.5).

Referral Pathways between Victoria Police, Child Protection and Child FIRST/ Family Services in relation to family violence

The current protocol governing the relationship between the above agencies has been revised as a consequence of the introduction of the new *Children Youth and Families Act 2005* and Child FIRST.

This has led to a review of existing referral protocols between Victoria Police and DHS Child Protection and Family Services, in particular for when police are required to make:

- A mandatory report to DHS Child Protection (if they believe that a child or children are in need of protection); or
- A referral to Child FIRST¹¹/ Family Services (where they have significant concerns for the wellbeing of a child or children.)

A high number of substantiated cases of child abuse include family violence as a major factor. In line with extensive statewide reforms across government and community, in recent years Victoria Police has re-engineered its response to family violence. Key tools have included the implementation of a Code of Practice for the Investigation of Family Violence, incorporating a risk assessment and management process. This is completed at every family violence incident police attend. Where a child(ren) are present or witness the incident(s) police must independently assess the level of risk for each child.

The Code of Practice articulates that in managing the level of risk and likelihood of future violence, police must select from a combination of three options, namely criminal, civil and referral. No matter what combination is chosen, police must always make referral(s) for each incident.

If taking a criminal and/or civil option and/or where they have concerns for the physical, mental or psychological health or welfare of the victim, police must also make a formal (facilitated) referral for the victim. In addition, where police believe the child(ren) is in need of protection, they must make a report to DHS Child Protection. In all other cases police make an informal (unfacilitated) referral by providing the victim and perpetrator with written information on the nearest family violence support services.

Children are present or witness approximately half of the thirty thousand family violence incidents police attend annually. Given these numbers, a critical consideration is how best to manage an additional referral to Child FIRST/Family Services. Additionally, existing resources have been unnecessarily stretched by multiple referrals being made to the same agency for the same incident by different service providers, including police. Consequently, within the context of these integrated reforms, Victoria Police and DHS have agreed to the following protocol for referrals by police.

After conducting a family violence risk assessment police will:

- Make a formal referral to appropriate Family Violence services for the victim and perpetrator of family violence.

¹¹ Child FIRST (Child & Family Information, Referral & Support Team) is a community based referral point into Family Services that has been established in four catchments in the North and West Metropolitan Region. For more information, see the Child FIRST fact sheet at www.dhs.vic.gov.au/everychildeverychance

Family Violence Services - Child FIRST/Family Services - Child Protection Think Child Partnership Agreement

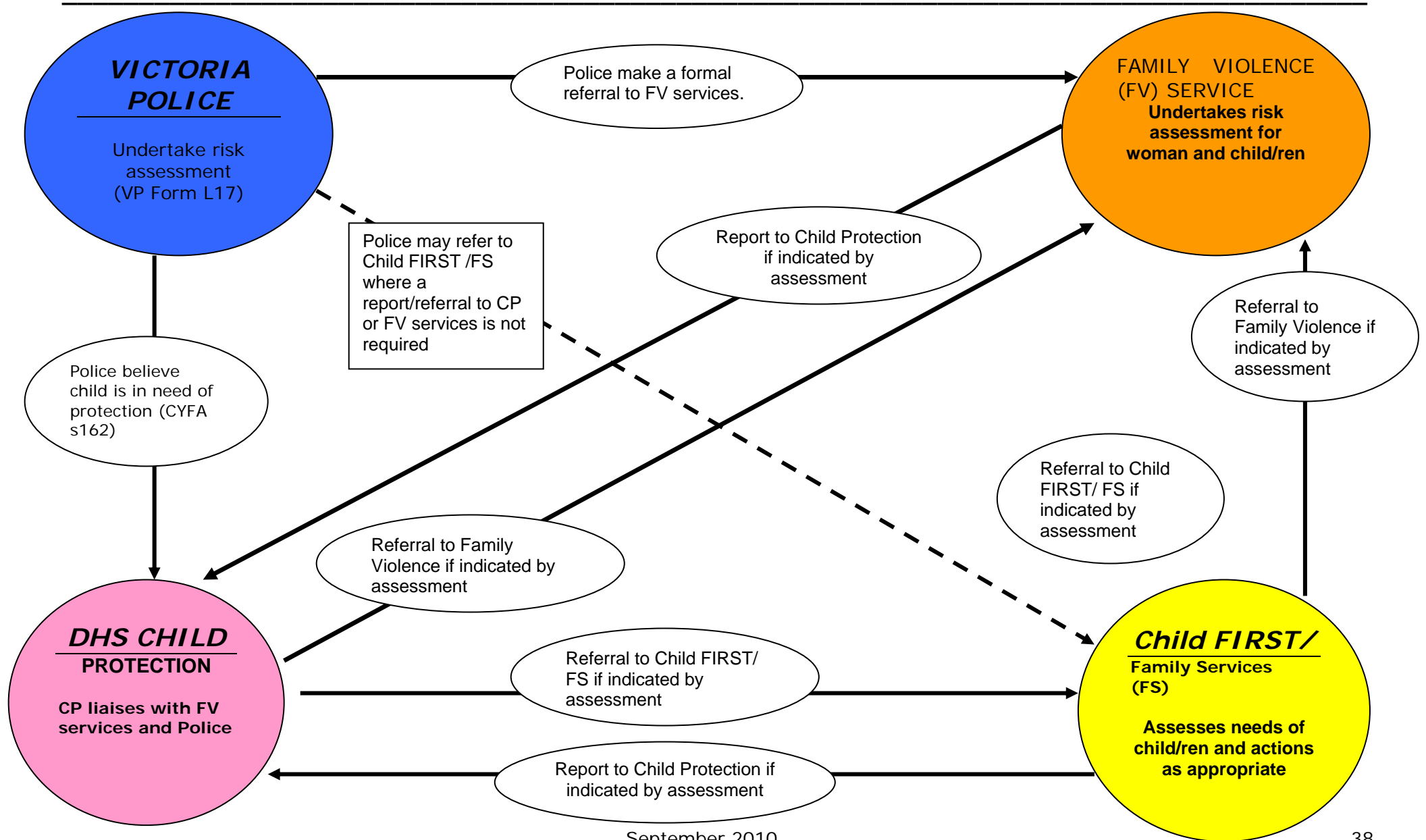
- Where a child is assessed on reasonable grounds as being in need of protection, police must make a report to Child Protection.

If it is assessed that a referral or report to Child Protection or Family Violence is not required, but significant concerns for the wellbeing of any child remain, then police may make a referral to Child FIRST/Family Services.

Accordingly, in all cases where a formal referral to a family violence service is made where a child(ren) is present, it will be the responsibility of the family violence service supporting the victim to undertake a risk assessment of the woman and any accompanying children, as defined in the Family Violence Risk Assessment Framework, to identify and address the needs of the woman/child. Where it is appropriate, this will include a referral to Child FIRST/Family Services or a report to Child Protection.

The attached diagram demonstrates how this will occur. These changes will be reflected in the new protocol currently being negotiated between DHS Child Protection and Victoria Police

Family Violence Services - Child FIRST/Family Services - Child Protection
Think Child Partnership Agreement



September 2010

Family Violence Services - Child FIRST/Family Services - Child Protection
Think Child Partnership Agreement

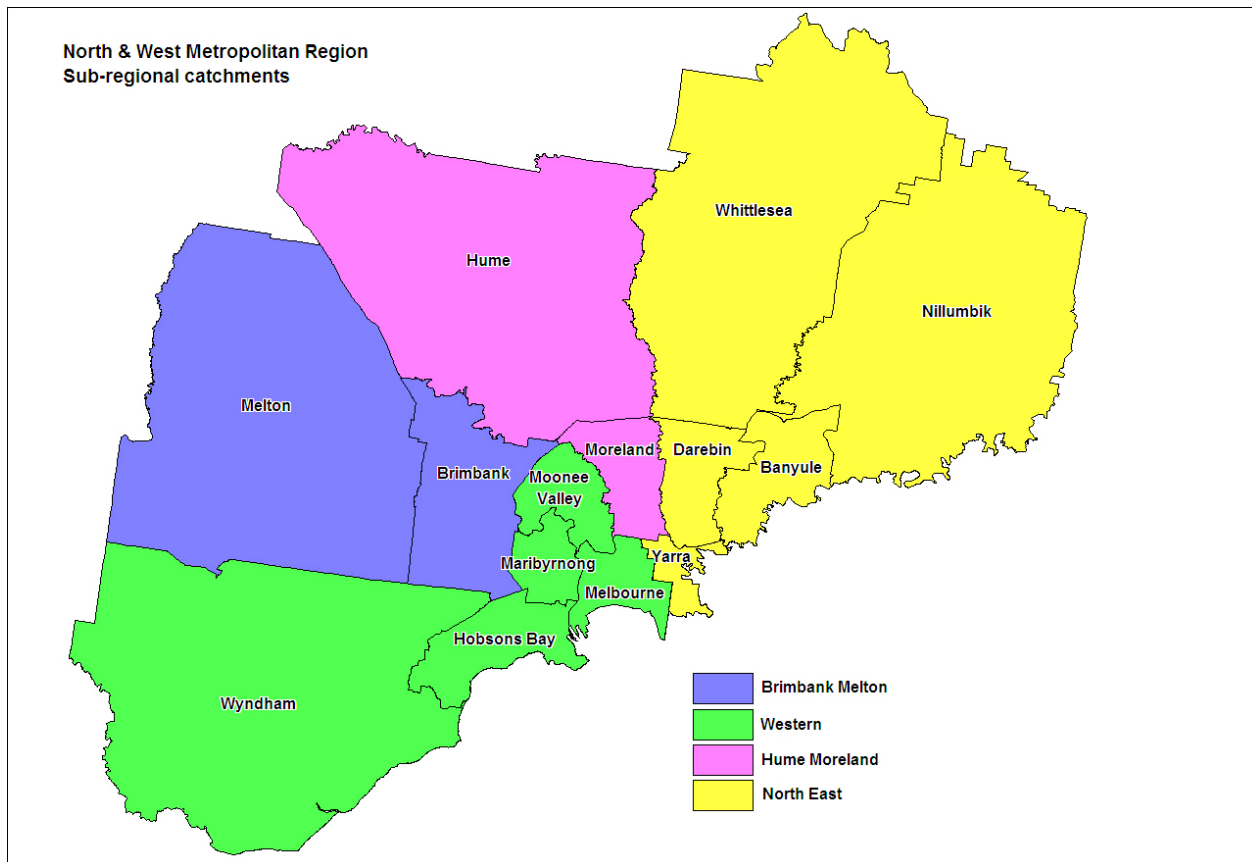
Police Formal Referral Process (Victoria Police Code of Practice for the Investigation of Family Violence)		
<p>Police members must undertake a risk assessment to help determine the appropriate response required for adult family members through use of the <i>Family Violence Risk Assessment and Management Report</i> (VP Form L17). Police members must make an independent assessment of the level of risk for any child who has witnessed or was present. Based on this risk assessment, police will take action in accordance with the Victoria Police Code of Practice for the Investigation of Family Violence, the Children Youth and Families Act 2005, and any other prescribed legislation. This action may include a combination of making an application for an intervention order, laying criminal charges and/or mandatory/compulsory reports to Child Protection or formal referrals to other service providers as specified in the following columns.</p>		
Criteria for Reports or Referrals	Police Response	Service Response
<p>Mandatory and/or Compulsory reporting to Child Protection</p> <p>(CYFA S162 (1) (a) to (f) and S184) Police must make a report to Child Protection where the assessment indicates that a child is in need of protection due to:</p> <ul style="list-style-type: none"> • sexual or physical abuse; or • concerns of harm or neglect including emotional and/or intellectual development 	<p>Reporting method:</p> <p>Depending on the seriousness of the case, as soon as possible. For non-urgent cases, always before end of shift.</p> <p><u>Urgent</u>: telephone <u>then</u> fax VP Form L17 and L8. (If crime involved also L1)</p> <ul style="list-style-type: none"> • Business hours – to local DHS Child Protection Unit • After hours – to DHS Afters hours Child Protection <p><u>Non-urgent</u>: fax VP Form L17 and L8. (If crime involved also L1)</p> <ul style="list-style-type: none"> • Anytime to local DHS Child Protection Unit (<u>not</u> After hours Child Protection) <p>(NB) Criteria for urgent reports are not prescribed. However, members are advised to make them when they determine <u>immediate intervention</u> is required by Child Protection.</p> <p>Child Protection may contact police to consult or gain background information to assist in the assessment of risk of a child</p> <p>(Attending police must still notify the relevant SOCAU for CYFA S162 (1) (c) and (d) sexual or physical abuse cases)</p>	<p>Action by Child Protection:</p> <p>After a report has been made, Child Protection may contact the Family Violence service or Police to consult or gain background information.</p> <p>When contacted Police should provide relevant information as requested.</p> <p>(A discloser of information acting in good faith is protected by S37 CYFA)</p>

**Family Violence Services - Child FIRST/Family Services - Child Protection
Think Child Partnership Agreement**

<p>Formal Referral to a Family Violence Service provider for victim and/or perpetrator, when a child was present/witness</p>	<p>Reporting method:</p> <p><u>Fax VP Form L17:</u></p> <ul style="list-style-type: none"> • Business hours – Telephone or fax referral to local Family Violence service provider (as per local arrangements) • After hours – if immediate accommodation or other assistance is : <ul style="list-style-type: none"> ▪ required - telephone Women’s Domestic Violence Crisis Service or, (where local arrangements exist), the local after hours provider; ▪ not required – fax referral forms to local Family Violence service provider (as per local arrangements.) <p>At the time of making the referral, Police will advise when making a referral to a family violence service (Outreach or After Hours or Men’s Behaviour Change Program), about any children and whether a referral to Child Protection has or will be made.</p>	<p>Action by Family Violence Service:</p> <ul style="list-style-type: none"> • Undertake a risk and needs assessment • Develop and implement a safety plan • FV service may make a referral to Child FIRST/Family Services if it is assessed that there are significant concerns for the wellbeing of a child. • FV service will make a report to Child Protection if it is assessed that a child is ‘in need of protection’. • If a woman does not engage and the FV service believes that a child is ‘in need of protection’ the service will make a report to or consult with Child Protection. Where there are significant concerns for the wellbeing of a child, the service will make a referral to or consult with Child FIRST/Family Services.
<p>Referral to Child FIRST/ Family Services (CYFA S31)</p> <p>A person who has a significant concern for the wellbeing of a child may refer the matter to a community based child and family service (Child FIRST/Family Services)</p>	<p>Reporting method:</p> <p><u>Fax VP Form 1302 (Child FIRST Referral Form)</u> to the relevant dedicated Child FIRST fax number.</p> <p>NO CONSENT IS REQUIRED FOR POLICE TO MAKE ANY OF THESE REFERRALS</p> <p>(A discloser of information acting in good faith is protected by S37 and S40 CYFA)</p>	<p>Action by Child FIRST/Family Services:</p> <p>Where a referral has been made to Child FIRST/ Family Services, they may contact a Family Violence service or Police to consult or gain background information to assist in the assessment of risk to a child. If contacted for this purpose the Family Violence service or Police should provide relevant information as requested.</p>

Family Violence Services - Child FIRST/Family Services - Child Protection Think Child Partnership Agreement

Appendix 4. Map of Child FIRST Catchments



Family Violence Services - Child FIRST/Family Services - Child Protection Think Child Partnership Agreement

Appendix 5. Working paper of specific issues to be considered in future work between the agencies

Summary of the Practice Forums

Three practice forums were held during 2009 as part of the process of developing this agreement. These were:

- Workshop 1: Shared Vision and Approach
1 April 2009
- Workshop 2: Referral Pathways
7 July 2009
- Workshop 3: Collaborative Practice
10 November 2009

A summary of the ideas generated during these workshops are provided below as a resource to inform the development of workplans for both the Partnerships and Alliances.

General

- Work to develop shared language
- Develop a strong understanding of legislation across sectors and privacy and confidentiality among both clients and agencies
- Develop a strong understanding of how to navigate the legal system including Children's Court, Family Court and Magistrates Court
- Build understanding of differences between voluntary and statutory services and the legal implications
- Development of a formal mandatory training package for all workers in Family Violence Services , Family Services and Child Protection
- Develop a way to map recidivist responses
- Improve relationships between refuges and Family Services
- Build a clearer knowledge of services, pathways and assessment protocols for refuges
- Improve police understanding of the role of Child FIRST
- Ensure the opportunity for preventative work before Child Protection become involved is available

Referrals

- Develop a single referral tool across the sectors
- Encourage verbal referrals between Family Services and Family Violence Services to facilitate greater communication
- Develop a mechanism to inform Child Protection whether their L17 referral was accepted by the recipient agency
- Improve information sharing during the referral process
- Develop understanding of the agencies and the services they provide to facilitate appropriate referrals. Perhaps create a website which lists organisations and their roles
- Build a better understanding of family violence referrals and when it is necessary to make a report to Child Protection and when it should be referred to Child FIRST/Integrated Family Services
- Improve channels for referrals
- Lack of clear referral protocols for refuge sector

Family Violence Services - Child FIRST/Family Services - Child Protection

Think Child Partnership Agreement

- Encourage Police to draw upon available expertise to assess whether to refer to Family Services or Child Protection

Risk Assessment

- Involve the agency who are responsible for working with men/partner contact in risk assessment process
- Where age appropriate, engage children in risk management process, discuss with them whether they want involvement with the father
- Incorporate CRAF within Child FIRST and Child Protection Intake processes
- Develop a joint understanding of risk/ threshold of risk

Case Management and Information Sharing

- Use verbal handovers between services to encourage greater information sharing and the chance to ask questions and gather detail
- Be clear with the family as to agencies involved in case, their roles and roles of particular workers
- Share case notes and plans to allow the inclusion of any notes from an agency's previous engagement with the family
- Seek consent from the family to share information
- Have Child Protection lead collaborative case conferencing processes
- Develop a process to ensure services are aware of the range of services the family/client is engaging with and avoid overloading the family with services and ensure Family Services know when Child Protection is involved in a case
- Child Protection to inform Family Services allocation worker as to stage of investigation process
- Encourage Family Violence Services to collect information about children as well as parents to provide to Child Protection when necessary
- Develop a better understanding of the information Child Protection needs to know
- Look at coordinating databases/information management systems
- Development of joint consultation processes and case planning such as through development of a joint high risk client strategy, joint home visits, etc.
- Increase opportunities for secondary consultation between Community Based Child Protection Worker and Family Violence Services
- Co-location of services is resulting in more face to face collaborative work practices (eg. Family Services and Family Violence Services)
- Facilitate access for agencies who are not part of Child and Family Services Alliances to Community Based Child Protection Worker for secondary consultation (eg. drug and alcohol agencies, homelessness agencies, etc.)
- Further develop guidance as to when a case can be closed where there is cumulative harm
- Need to consider that Child FIRST/Integrated Family Services are not mandatory services and so will close cases when families won't engage

Service Gaps

- Increase resources for the sectors

Family Violence Services - Child FIRST/Family Services - Child Protection
Think Child Partnership Agreement

- Develop follow up services from Men's Behaviour Change Programs and extend their role beyond purely behaviour change
- Gaps in men's services need to be filled

Western Think Child Working Group

Referral and Secondary Consultation Protocol

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

July 2014

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.

AECPS – Afterhours Emergency Child Protection Services

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*

DHS – Department of Human Services, Victoria

Divisional – North, South, East and West DHS Divisions

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

MBC – Men's Behaviour Change

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

SWC – Significant Wellbeing Concern

WHW – Women's Health West

VACP – Victims Assistance and Counselling Program

1. Background

The Referral and Secondary Consultation Protocol (the Protocol) has been developed as an extension of the North and West Metropolitan Region Think Child Partnership Agreement (Think Child Agreement). This document also refers to a number of protocols which underpin this protocol. See Appendix One for list of protocols referenced.

The parties to the Protocol 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
- North West Metro Region Divisions 1,2,3,4 (encompassing LGAs Melbourne, Moonee Valley Maribyrnong, Hobsons Bay, Wyndham, Brimbank and Melton)

Since the endorsement of the Think Child Agreement in September 2010, there has been an increasing focus being placed on collaborative practice between the three sectors (Family Violence, Integrated Family Service, and Child Protection) to better ensure that families who are experiencing family violence will have the appropriate level of support available to them.

The purpose of the Think Child Agreement 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 violence. To meet this end, the Western Think Child Working Group was established in 2010 for the purpose of strengthening collaborative practice between these sectors at a sub-regional level. Within the revised State-wide DHS structure, this area is now the catchment areas of Western Melbourne and Brimbank Melton. 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;
- Western Melbourne Child & Family Services Alliance and Brimbank Melton Child & Family Services Alliance Catchment Plans 2013 to 2015;
- 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

Definition of Family Violence

For the purpose of this document, the definition of Family Violence is as outlined in the Think Child Agreement (Page 4 & 5).

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’ also depends on the specific 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).

The Protocol should be read in conjunction with the Think Child Agreement.

3. Role of Western Think Child Working Group 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 were developed by Senior Management levels and representatives of the Western Think Child Working Group, including:

- The Western Family Violence Regional Integration Coordinator;
- Integrated Family Violence Partnership Women and Children representatives
- North West Men's Integrated Family Violence partnership representatives
- Chairperson of the Western Think Child Working Group;
- Brimbank Melton Child FIRST Manager;
- Western Melbourne Child FIRST Manager;
- Brimbank Melton Child FIRST Team Leader;
- Western Melbourne Child FIRST Team Leader;
- Alliance partner agency representatives;
- Western Melbourne and Brimbank Melton Child Protection Practice Leaders;
- Representatives from Victoria Police Family Violence Coordination Unit;
- Brimbank Melton Child & Family Services Alliance Project Officer;
- Western Melbourne Child & Family Services Alliance Project Manager

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 Western Think Child Working Group 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 Two) at the Western Think Child Working Group Meeting 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 on page 19 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;
- 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;
- Practitioners will engage in support that is gender sensitive and supports the rights of women and children to safety and protection.

5. Service system entry points/referral processes

5.1 Entry to Family Violence Services

5.1.1 Specialist Family Violence Access Point for Women and Children

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 backgrounds

5.1.2 Specialist Family Violence Access Points for Men

Support for men who are victims of family violence

When police respond to family violence incidents where an L17 is completed and the Affected Family Member (AFM) is male, the L17s are responded to initially through the Victims of Crime Helpline at 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 VACP, 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.

The Western Victims Assistance and Counselling Program (VACP) supports victims of violent crime in the Western Metropolitan Region, incorporating the municipalities of Melbourne, Maribyrnong, Moonee Valley, Hobsons Bay, Wyndham, Brimbank and Melton.

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 areas of Western Melbourne and Brimbank Melton and challenge men to take responsibility for their violent behavior. There are three providers of this program who are:

- Djerriwarrh Community Health Service
- 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.

5.2 Entry to 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 will accept 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 is protected

Integrated Family Services target group are vulnerable children, young people and 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 and are at risk of concerns escalating and becoming involved in the Child Protection system if problems are not addressed. See Appendix Three for full outline of the Target Group for Integrated Family Services.

In the metropolitan part of the West Division there are two Child and Family Services Alliances who oversee the operation of Child FIRST's in area.
 Brimbank Melton Child and Family Services Alliance
 Western Melbourne Child and Family Services Alliance

5.3 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 significant concerns for the child's wellbeing after his or her birth
- significant concern for a child's wellbeing
- children in need of protection (at risk of significant harm).
- conducting an assessment of the information related to the child's safety and wellbeing, which may involve contacting 'authorised' professionals.

Child Protection intake classify all reports by day 3 as either

- Unborn child Report
- Protective intervention report (to be investigated)
- Therapeutic treatment report (to be investigated)
- Child Wellbeing Report (referral to community services)
- Inappropriate report/insufficient information

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

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 hours 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.

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 Four.

5.4 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 human Services and Victoria Police 2012-2014'. These are:

- A police referral of victims of female family violence to family violence services;
- Where a child, unborn child or young person is present or a witness to a family violence incident;
- A police referral for male perpetrators of family violence;
- A family Violence service referrals 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 (2013)

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

5.4.1 Primary Referral Points L17

Family Violence Services

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

- the Affected Family Member (AFM) (mostly women) to the women's and children's specialist family violence service (Women's Health West); and this specialist family violence service will assess the risk and safety of children as witnesses and possible victims of violence and abuse
- the Perpetrator (mostly men) to specialist the Men's Active Referral Service (MARS).

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 family violence.

In the case of male AFMs, the L17 referral will be sent to the Victims of Crime Helpline at Department of Justice.

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.

5.4.2 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.

6. 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 practise 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 Human Services and Victoria Police 2012-2014 - Flow Chart page 9.

7. 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 shared understanding of risk and family violence between service providers
- appropriate referral pathways and information sharing
- risk management strategies that include ongoing assessment, case management and service coordination

The Western Think Child Working Group facilitates this sharing of knowledge on a broader level and also facilitates knowledge sharing through the development of training opportunities and joint projects.

7.1 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 Women's Health West family violence practitioner may contribute to development of a safety

plan or review an existing safety plan. Women's Health West 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 Women's Health West practitioner may conclude that a referral to Women's Health West family violence services is indicated.

Secondary consultation for police referrals (L17) only

Women's Health West offers secondary consultation to police in relation to L17 reports via the crisis response team who manages L17 referrals from police. Access to this consultation is available 24 hours 7 days a week.

Women's Health West secondary consultation to police can assist with:

- risk and safety assessment
- advice on extreme risk notification 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:

- Djerriwarrh Community Health Centre
- LifeWorks
- Relationships Australia

6.2 Child FIRST

Child FIRST offers information, referral and advice support 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 consults with Senior Child Protection Practitioner (Community Based) for cases where it may be difficult to determine the level and nature of any risk.

Child FIRST or IFS will 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 best outcomes for children, unborn children and young people are reached through collaborative practice approaches.

This protocol recognises that best outcomes for children, unborn children and young people are reached through collaborative practice approaches.

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, and
- Assessing children and young people experiencing family violence: A practice guide for family violence practitioners

7.2 Joint Casework (incl. care team approaches)

Often clients are supported by more than one agency at a time. This forces individuals and families to have relationships with multiple agencies that only address specific problems rather than working towards holistic outcomes.

To support a more integrated, efficient and effective service system DHS plan to implement "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 taken 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 whose characteristics include:

- 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 – Think Child and Code of Practice

The Think Child Protocol (which is an Agreement to facilitate collaborative working relationships between Family Violence Services, Child FIRST/Family Services and DHS Child Protection services in the North and West Metropolitan Region) sets out a dispute resolution process.

This Agreement recognises that at times difference will arise; the Agreement developed a shared vision and approach which can be used to negotiate any difference. There is a commitment to engaging in timely dialogue in order to resolve any differences that may arise. If a resolution is not reached a more formal process may need to be actioned between relevant parties to resolve the differences and enable the collaborative work to proceed.

The Family violence Referral Protocol between Department of Human Services and Victoria Police 2012-2014 promotes states that:

In the event that a Child FIRST 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 inline 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 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: Chair Western Melbourne Child and Family Services Alliance</p>	<p>Name: Chair Brimbank Melton Child and Family Services Alliance</p>
<p>Name: Chair Western Integrated Family Violence Services Partnership (Women and Children)</p>	<p>Name: Operations Manager Child Protection The Department of Human Services</p>
<p>Name: Chair North and West Metropolitan Region Men's Integrated Family Violence Partnership</p>	

Attachment 2

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 -2012-2014](#), 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.

[North and West Metropolitan Region Think Child Partnership Agreement - Family Violence Services - Child FIRST/Family Services - Child Protection](#), September 2010

[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 Practise 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

Appendix Two: Western Think Child Working Group Case Presentation Model

Purpose

The Case Presentation Model has been established as an agreed process by the Western Think Child Working group to:

- Implement a Case Presentation model where collaborative work between the Family Violence, Family Services, 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

The Western Think Child Working Group

This working group represents the combination of:

- The Brimbank Melton and Western Child and Family Services Alliances
- The Western Metropolitan Area Integrated Family Violence Services Partnership (Women and Children)
- The North and West Metropolitan Region Men's integrated Family Violence Partnership
- Western Metropolitan Area Child Protection – Community Based Child Protection. Intake and assessment, Investigation and assessment, case management, case contracting.
- Victoria Police – Divisions One, Two Three and Four

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:
- Western Think Child Working Group 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 WTCWG.
- 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 WTCWG Chair is informed of the intention to present the case 2 weeks including a copy of the case presentation before the next WTCWG meeting.
- The WTCWG Chair will agenda the case presentation for the next meeting.

Attachment 2

WTCWG response to Case Presentations

Outcomes will be discussed at the presentation and actions arising and will be added to the Western Think Child Working Group Action Plan. 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 DHS.

Review of Model

The model will be reviewed in twelve months (October 2014) or sooner if required

Appendix Three: 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 Four:
Reports to Child Protection
– S.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 Five: 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.

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 (DHS)
- 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>

REPORTS of Children/Young People at risk to CHILD PROTECTION

ACCESS POINT				PRIORITISED ACCORDING TO RISK, NEED, OR VULNERABILITY TO CHILD/REN & YOUNG PEOPLE				
WHEN		WHO		HOW	INTAKE PROCESSES	WHEN TO REPORT	CP SERVICES	INTEGRATED SERVICE DELIVERY
Families with Children who are at risk and affected by Family Violence	Cultural Identity is Established	Police	Consent to make a Report is NOT REQUIRED	L17 referrals – DHS & Victoria Police Protocol	<ul style="list-style-type: none"> Information Gathering & Analysis; Assessment & planning; Provide information to reporters; Information & Advice; Refer to other services; Transfer to other CP teams for further investigation & assessment; Case closure <ul style="list-style-type: none"> - Insufficient information - No further action required 	When there are concerns about the safety and well-being of children	<ul style="list-style-type: none"> Investigation & Assessment; Protective intervention; Family Lead Decision Making; Aboriginal Family Lead Decision Making; Protection order (Case Management & Case Contracting); 	Integrated Case Management Share information held about mutual clients to support Develop and implement joint Case Plan Care Teams Consultative Panels S38 Consultations with Child FIRST/Integrated Family Services
		Family Violence		Child Protection Intake Preston Ph: 1300 664 977				
		Other Professionals incl. mandatory reporters		Hours Emergency Child Protection Service (from 4.30pm to 9am next day) Ph: 131278				
		Community e.g. Self; Family;		Consult (s38) with the Community based team/new report to Child Protection Intake				

Specific Referral Pathway
 Attachment 2

Referrals of WOMEN & CHILDREN to Family Violence Women’s Services*

ACCESS POINT		PRIORITISED ACCORDING TO RISK, COMPLEXITY OF NEED, SELF EFFICACY & COMMUNITY CONNECTEDNESS						
WHEN	WHO	HOW	INTAKE PROCESSES	WHEN TO CONSULT THIS SERVICE	FV SERVICES	INTEGRATED SERVICE DELIVERY		
Families with Children who are experiencing Family Violence	Cultural Identity is Established	Police	Consent NOT required for referral	L17 referrals – DHS & Victoria Police Protocol	<ul style="list-style-type: none"> Assessment of Support Prioritisation & Risk Assessment What are family needs What info is missing or required Who else needs to be contact Undertake a Comprehensive Risk Assessment specific to FV Services As a crisis service will assess for immediate response Most consults occur in case management phase & occurs at point of intake to establish response 	When Family Violence is identified and there are concerns regarding parental capacity & impact on child’s safety, stability & development	<ul style="list-style-type: none"> Develop recommendations for IFV services (where FV impact is recent) e.g., FV case management Children’s Counselling (historical recovery service); refuge; Refer to other services e.g., Child FIRST 	Integrated Case Management Share information held about mutual clients to support Develop and implement joint Case Plan
		Child Protection IFS/CHILD FIRST Other Professionals Community e.g. Self; Family; School	Consent for Referral to Family Violence Services REQUIRED	Intake & Referral Women’s Health West Telephone, appointment and drop in Monday to Friday 9am to 4:30am Ph: 9689 9588 317-319 Barkly Street, Footscray				

Attachment 2

*Male Affected Family Members can be referred to Western Victim’s Assistance Program – Ph: 8398 4178 9.00 a.m. – 4.30 p.m. Monday – Friday

Referrals to CHILD FIRST where there is family violence

ACCESS POINT		PRIORITISED ACCORDING TO RISK, NEED, OR VULNERABILITY TO CHILD/REN & YOUNG PEOPLE					
WHEN	WHO	HOW	INTAKE PROCESSES	WHEN TO CONSULT THIS SERVICE	FAMILY SERVICES	INTEGRATED SERVICE DELIVERY	
Families with Children who are experiencing Family Violence	Cultural Identity is Established	Consent for Referral to Family Violence Services is preferred.	L17 referrals – DHS & Victoria Police Protocol	<p>Child FIRST</p> <p>Information, referral and advice service</p> <p>Assess/Screen referrals for Family Services</p> <p>Prioritisation & Risk Assessment</p> <p>What are family needs/what info is missing or required/ who else needs to be contacted</p> <p>Other Consultations:</p> <ul style="list-style-type: none"> ALW Consults InTouch (for CALD clients available on Tuesdays Ph: 1800 755 988) CP Consults (S38) Police Other Specialist Services 	<p>A parent or professional who wants to refer to Family Services</p> <p>When there are significant concerns for wellbeing of children</p> <p>When support may be needed to increase parent's capacity and reduce risk factors to children</p> <p>Information about community services available in the catchment area</p>	<p>Integrated Family Services</p> <ul style="list-style-type: none"> Determined by Risk Assessment & Best Interests of the Child Goal oriented outreach support Advocacy Active Engagement Counselling Care Team Approaches Referral to other community services Case management Group Work <p>Other Consultations:</p> <ul style="list-style-type: none"> ALW Consults InTouch (for CALD clients available on Tuesdays Ph: 1800 755 988) CP Consults (S38) Police Other Specialist Services 	<p>Share information held about mutual clients to support</p> <p>Integrated Case Management</p> <p>Develop and implement joint Case Plan</p> <p>Care team approaches</p>
			Police				
			Child Protection				
			Family Violence				
Other Professionals	<p>Brimbank Melton</p> <p>TEL pre-referral consultation</p> <p>Ph: 1300 138 180</p> <p>Complete E-referral</p>						
Community e.g. Self; Family;	<p>Western Melbourne (Melbourne, Moonee Valley, Maribyrnong, Hobsons Bay, Wyndham)</p> <p>Telephone referral</p> <p>Ph: 1300 775 160</p>						

Referrals for MEN who choose to use violence

ACCESS POINT			PRIORITISED ACCORDING TO RISK AND TREATMENT READINESS				
WHEN	WHO	HOW	Intake processes	WHEN TO CONSULT THIS SERVICE	Men's FV Services	INTEGRATED SERVICE DELIVERY	
Families with Children who are experiencing Family Violence	Cultural Identity is Established	Police	Consent NOT required for referral	L 17 referrals – DHS & VIC POLICE PROCOL to Men's Active Referral Service (MARS)	<p>Men's FV Service will provide information on:</p> <ul style="list-style-type: none"> How to engage men in a safe way without colluding(eg fathers) Clarify eligibility Information about services for Men that are available Information about waiting lists and service availability Secondary consultation regarding progress with mutual clients/practice advice 	<p>Facilitate Men's Behaviour Change program</p> <p>Parallel support for respective family members and provide information</p> <ul style="list-style-type: none"> Individual counselling Refer to other services for further assessment and intervention e.g., Child FIRST, CP, AOD, MH, psychological services, Victoria Police, extreme risk strategy Not suitable Unable to contact/engage 	<p>Sharing information with CF/IFS,CP, VP to support parental capacity and promote the safety of children</p>
		Courts	Mandated	Dept of Justice - Corrections			
		Child Protection	Consent for Referral REQUIRED	Telephone Supported Self Referral			
		IFS/CHILD FIRST		Djerriwarrh CHC Ph: 8746 1100			
		Other Professionals & Internal professionals		LifeWorks Ph: 9974 3200 (Wyndham) Ph: 8650 6200 (Melbourne city)			
		Community e.g. Self; Family; School		Relationships Australia Ph: 8311 9222			
			<ul style="list-style-type: none"> Assessment of Eligibility for the program Undertake a Comprehensive Risk Assessment specific to FV Services including assessment of risk to women and children Consult FV, CF,CP and VP services Assessing for Man's readiness to change and 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 				
			<p>Most consults occur at point of intake to establish most appropriate service response</p>				
			<p>Victoria Police</p> <ul style="list-style-type: none"> Information gathering Safety Planning/ Safety checks 				
			<p>Other FV Services:</p> <ul style="list-style-type: none"> Safety Planning Resource Availability 				

Specific Referral Pathway

Attachment 3

Attachment 2