



Support & Safety Hub

# Support and Safety Hubs

Interim integrated practice framework

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# Support and Safety Hubs

**Interim integrated practice framework**

## **Aboriginal acknowledgement**

The Victorian Government proudly acknowledges Victorian Aboriginal people as the First Peoples and Traditional Owners and custodians of the land and water on which we rely. We acknowledge and respect that Aboriginal communities are steeped in traditions and customs built on an incredibly disciplined social and cultural order. This social and cultural order has sustained up to 50,000 years of existence. We acknowledge the ongoing leadership role of the Aboriginal community in addressing and preventing family violence and join with our First Peoples to eliminate family violence from all communities.

## **The Orange Door**

The public branding of the Support and Safety Hubs is The Orange Door. 'The Orange Door' and 'Support and Safety Hub' terms are used interchangeably across policy and communication materials.

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# Context

## Introduction

The Victorian Government has committed to implementing all 227 recommendations of the Royal Commission into Family Violence and to delivering on the vision described in *Roadmap for reform: strong families, safe children*.

A key recommendation of the royal commission and the *Roadmap for reform* was to establish a network of Support and Safety Hubs ('Hubs') across Victoria to provide a new way for women, children and young people experiencing family violence, and families in need of support with the care, development and wellbeing of children and young people, to access coordinated support from community, health and justice services.

Hubs will be accessible, safe and welcoming to people, providing quick and simple access to the support and safety they need. The Hubs will also focus on perpetrators of family violence and to connect them to services that assist in holding them accountable for their actions and changing their behaviour.

*Ending family violence: Victoria's plan for change*, released in November 2016, sets out the Victorian Government's commitment to establish a network of Support and Safety Hubs across all 17 Department of Health and Human Services ('the department') areas by 2021. The Hubs will be central to Victoria's approach to addressing family violence and to ensuring child safety and wellbeing. The Hubs will also form a critical part of the broader service system response.

The *Support and Safety Hubs: statewide concept* ('the statewide concept'), released in July 2017, describes the intent, scope, key functions and roles of the Hubs and how the Hubs will contribute to the vision and aspirations of *Victoria's plan for change* and the *Roadmap for reform*. It outlines what the Hubs will deliver across the state as part of the future service system, the approach government is taking, and a number of principles for the Hubs' design.

Family Safety Victoria (FSV) will oversee the establishment of the Hub network and provide local leadership, facilitation, oversight and infrastructure management in collaboration with Local Hub Establishment Groups and Hub Leadership Groups, who will lead the implementation and management of the Hubs in each area.

The Victorian Government has committed to the initial establishment of five launch sites in the department areas of Mallee, Barwon, Bayside Peninsula, Inner Gippsland and North East Melbourne from early 2018, with Hubs in all 17 department areas by the end of 2021.

## Purpose of this document

The *Support and Safety Hubs: interim integrated practice framework* ('the interim practice framework') has been developed as a resource to guide consistent integrated practice in Victoria's first five Support and Safety Hub launch sites. It builds on the vision and aspirations for the Hubs articulated in the Support and Safety Hubs: statewide concept and the Support and Safety Hubs: service model.

*All people have a right to live free from violence and intimidation in any form and to grow up within a safe environment that prioritises their needs, stability, development and wellbeing.*

*Hubs will have a shared responsibility to promote safety for all individuals through assessing and helping to manage risk, and to provide support for families in meeting the needs of children and young people.*

Hubs will bring together practitioners from specialist family violence, men's family violence (perpetrator) Child FIRST and Aboriginal services, and senior child protection practitioners (formerly known as community-based child protection practitioners), to provide the foundation for integrating specialist knowledge into risk and needs assessment and decision making.

This interim practice framework recognises the skills and expertise each worker will bring to the Hub, along with their established knowledge of risk and needs assessment and management in their respective area of specialisation.

Practitioners will be required to maintain their specialisation *and* to adopt a multidisciplinary approach to service delivery. The Hubs environment will provide a real opportunity for practitioners to learn from each other and to access professional development aimed at supporting them to deliver an integrated service model. Over time, practitioners will develop additional skills and capability in addressing the safety and needs of women, children, families and men.

The interim practice framework is not intended to replace existing specialist practice guidance. Rather, it is intended to support practitioners' professional judgement by providing them with a clear understanding of their requirements as practitioners within a Hub as they create a new way of providing integrated support for:

- victim-survivors of family violence, including children
- perpetrators of family violence
- families in need of support with the care, development and wellbeing of children.

The purpose of the interim practice framework is to support practitioners to:

- identify, assess, respond to and manage family violence risk for children, young people, individuals and families
- identify, assess and respond to the risks posed by perpetrators
- identify, assess and respond to the safety and needs of children, young people and families where there are concerns for their safety, stability, wellbeing and development.

The framework aims to foster integrated practice within the Hubs through:

- providing guidance to support consistent, strong, integrated practice across each Hub launch area from the first day of operation
- providing the foundation to support Hub practitioners to understand their role within a multiagency Hub team
- supporting the delivery of coordinated and integrated responses to:
  - victim-survivors in need of support, and to assess and respond to the risk posed by perpetrators of all forms of family violence
  - families in need of support for the safety, development and wellbeing of their children, and to assess and respond to risks posed to children and young people
  - perpetrators of family violence to manage the risk they pose, establish accountability and connection to programs and interventions to address their use of violence



- outlining the expectations for Hub practitioners to engage in collaborative processes to integrate their specialist knowledge and practice approaches into assessment, planning and decision making
- outlining the components of the Hub service model that will most effectively engage and support the diversity of people accessing the Hubs.

Practitioners will be required to work with anyone affected by family violence and anyone in need of support with the care, development and wellbeing of children who directly accesses or is referred to a Hub. Practitioners are expected to engage with each person in a way that supports positive engagement with the Hub.

Measures will be in place to ensure that family violence risk, and risk to children and young people, is assessed and managed in the Hubs. At commencement, specialist family violence workers in the Hubs will play the key role in assessing and managing the risk to victim-survivors who directly access, or are referred to, a Hub.

Hubs will also engage, manage and monitor perpetrators across each function of the service model. A range of timely responses will manage perpetrator risk, informed by specialist expertise available at the Hubs and focused on keeping victims and families safe. Specialist men's family violence (perpetrator) workers will take the lead on these activities.

Similarly, specialist child and family practitioners will use their expertise to lead activities related to the safety, wellbeing and development of children and families in need of support.

Practitioners are expected to work closely with colleagues from across agencies to consolidate and broaden their practice capabilities and to support others with respective areas of specialisation and expertise.

The interim practice framework has been developed in line with the following objectives:

- supporting women, children and families to have a better experience of the service system and improving the way their risk and safety is managed
- increasing opportunities for early intervention
- responding to families where there is a concern for the wellbeing of children and acting in the best interests of children to protect their right to safety, stability and development
- utilising the experienced and specialist workforces of local community sector organisations to deliver Hub functions, provide expert advice and build workforce capability and capacity
- supporting the practice and cultural change required to deliver an integrated service model
- having a delivery model that gives government, community service organisations (CSOs) and Aboriginal services a stake in the success of the Hubs, supporting collaboration, shared responsibility and mutual accountability
- providing guidance to support statewide consistency in delivering services to people experiencing family violence and families in need of support with the care, development and wellbeing of children and young people
- working in partnership to ensure accessibility, responsiveness to diversity and consideration of human rights
- delivering services that meet people's needs, responding to the issues raised by the Royal Commission into Family Violence and the *Roadmap for reform*, and delivering on the vision outlined in *Ending family violence: Victoria's plan for change*.

## Scope

The interim practice framework will support practitioners' professional judgement by providing practice guidance to undertake activities within each of the core components of the Hub service model listed below.

## Access

- Providing safe, accessible and convenient ways for people (including individuals, families and professionals) to access the Hubs

- Delivering an equitable service response regardless of the location, method or mode of access
- Active engagement to increase opportunities for early intervention and to prevent concerns from escalating

### **Screening, identification and triage**

- Identifying the presenting risks and needs with accurate and consistent determination of suitability for Hub services
- Providing assistance to those for whom Hub services are not deemed suitable or where Hub services are unable to be provided
- Rapidly prioritising requirements for further Hub actions and responses

### **Assessment and planning**

- Gathering and analysing relevant information to help identify key risks, needs, high-level goals and preferences of individuals (in the context of their family and community)
- Assessing the level of risk and the extent and impact of needs to determine the type, priority and urgency of the response

### **Connecting to the right services**

- Coordinating the required responses to incorporate the preferences and requirements of the individual or family, their capacity and capability, the service delivery context (including availability and timeliness) and opportunity for effective intervention
- Seamless transitions from assessment and planning to specialist service responses in family violence, family services and perpetrator/men's services
- Connecting community, health and justice services
- Providing information and advice to inform the next steps
- Facilitating responses to meet immediate risks and needs and to reduce harm
- Providing direct interventions to meet emerging needs or risks and to maintain engagement with the service system to address more complex issues

### **Review and monitoring**

- Discovering the impact and effectiveness of the intended service response(s) on the person's or family's risks and needs with modification of the response(s) where limited effectiveness is identified.

## **Who the Hubs are for and what they will do**

The Hubs are for women and children experiencing family violence and families in need of support with the care, development and wellbeing of children. They will provide quick and simple access to the support and safety they need.

The Hubs will also focus on perpetrators of family violence, to keep them in view and to connect them with services that can assist in holding them accountable for their actions.

Hubs will:

- connect people and families to the broader range of health, justice and community supports and services they need
- help individuals and professionals to navigate the broader range of social and justice services
- bring together the access points for family violence services, family services and perpetrator/men's services – the core services working within the Hubs
- provide safe and inclusive services that are tailored to the needs of Victoria's diverse community including Aboriginal people, culturally and linguistically diverse (CALD) communities, people with disabilities, people who identify as lesbian, gay, bisexual, trans and gender diverse and/or intersex (LGBTI), older people, children and young people.

In complying with the *Charter of Human Rights and Responsibilities Act 2006* and the *Equal Opportunity Act 2010*, Hub practitioners will need to deliver a service to individuals or families irrespective of:

- age (including referrals on the basis of prenatal concerns, with no upper age limit)
- relationship status (including clients who are single, partnered, married, separated or divorced)
- sexual orientation
- gender identity
- cultural or linguistic diversity
- Aboriginality
- disability
- faith community.

## Hubs' system management function

The statewide concept describes a vision for the Hubs to monitor people's engagement and outcomes with services to increase accountability of the system for individual cases. Described as a 'system management' function, there is a role for the Hubs in ensuring that services delivered are effective and that people are supported to be safe and well.

Through this oversight function, the Hubs will also see circumstances where people cycle through the system, creating opportunities to improve the system's ability to intervene effectively. The Hubs will provide a feedback loop on systemic issues to FSV because of the unique perspective they will have on community needs and service capacity, capability and responsiveness.

FSV is developing a range of ongoing monitoring and review tools and processes that will enable this system management function, including a performance management framework and mechanisms to support client-level outcomes data collection and client experience.

## Performance measurement and monitoring

Hubs service providers (Hub practitioners' employing agencies) will be required to meet the accountability and reporting requirements set out in a new performance monitoring framework. This framework will be developed in 2018 in consultation with stakeholders. Key elements of the regime will be tested and validated with Hub providers.

Although Hub providers will have individual accountabilities under the regime, they will also be required to report on the collective responsibility for performance related to the integrated service model, consistent with the aims of the partnership agreement.

Emerging needs and evidence will inform Hub practice, and they will be firmly embedded with the principle of continuous improvement – a systematic, ongoing effort to improve the quality of service delivery based on evidence. Information collected for the performance management framework will inform this ongoing monitoring and review of Hub efficiency, effectiveness, safety and quality. This process will also allow for statewide comparisons of activity and performance, as well as highlighting emerging challenges and learnings from the five Hub launch areas to refine the service model and inform full implementation.

## Outcomes

FSV is committed to a robust and multidimensional approach to outcomes measurement and monitoring and evaluation that aligns with the *Family violence outcomes framework* and the outcomes frameworks of relevant departments, including the Department of Health and Human Services and the Department of Justice and Regulation, Victoria Police, the courts and education providers.

Work is underway to develop a client outcomes measurement and monitoring approach for the Hubs. This work will include articulating the outcomes, indicators and measures that capture the impact of the Hubs.

Client outcomes measurement and monitoring within the Hubs will complement whole-of-government reporting against the *Family violence outcomes framework* and will help inform understandings of service

impact. See the government's [family violence reform webpage](http://www.vic.gov.au/familyviolence.html) <<http://www.vic.gov.au/familyviolence.html>> for further detail on the *Family violence outcomes framework*.

## Client Experience Project

The Client Experience Project is underway to develop methods to systematically collect feedback from clients about their experience while receiving services through the Hubs. This data will inform further service development and service improvements, and complement other forms of evaluation and performance measurement.

The Hubs Client Experience Project aims to embed the perspectives of clients throughout the foundational Hubs model and the way it evolves.

From design and testing sessions with 26 clients from diverse groups across three launch areas, the project has so far delivered the *Hubs client experience toolkit* – a training resource for staff. The toolkit includes:

- emotional journey maps for the client cohorts and diverse groups accessing the Hubs
- practice tips and tools for staff to work with different client cohorts and diverse groups
- worker behaviours and qualities that are essential for a positive and safe client experience (these are included in this interim practice framework, see 'Practice principles and behaviours').

Soon after the Hubs launch, the project will deliver the Client Experience Feedback and Response process, again involving clients and Hub practitioners. This will ensure that the voice of clients is heard and valued as a key input into the ongoing development of the Hub model.

## Terminology

### All forms of family violence

The Hub design uses the broad definition of family violence in the *Family Violence Protection Act 2008* (Vic) (FVPA). Family violence includes physical, sexual, emotional, psychological and economic abuse, as well as coercion and control or domination that causes the family member to feel fear for the safety or wellbeing of themselves or another person, and the exposure of these behaviours, or the effects of them, to a child.

The design of the Hubs also recognises the many relationships in which family violence can occur. These include between spouses or domestic partners and in other intimate personal relationships such as parent–child relationships, child–parent relationships, relationships with elders, siblings and other relatives, and between extended families, kinship networks and in family-like or carer relationships.

### The department

Refers to the Department of Health and Human Services.

### The gendered nature of family violence

The use of gendered language is deliberate. It recognises that most victims of family violence are women, most perpetrators are men, and that violence perpetrated by a man is the most prevalent form of family violence. It recognises that the causes of family violence are complex and include gender inequality and community attitudes towards the roles of women and men in society.

Throughout this document, references are made to 'women, children and young people' in relation to people who are victim-survivors of, or at risk of, family violence, and to 'men' in relation to people perpetrating violence.

The design of the Hubs recognises that a gendered understanding of family violence is critical to providing effective services and systems. The design of the Hubs, and this document, also recognises that victims are not always women or children, that perpetrators are not always men, and that family violence occurs in relationships other than male–female intimate partner relationships. Victims of these

forms of family violence face additional barriers to getting help because these other forms of violence are often not recognised or understood. A design principle for the Hubs specifically emphasises that Hubs will respond to, and link effectively with, services that respond to family violence in all its forms.

References in this document to support for women, children and young people experiencing or at risk of family violence should be understood (unless otherwise specified) to relate also to victims of all forms of family violence. For clarity, specific issues relating to family violence that do not occur in a male–female intimate partner relationship are noted throughout the document.

## **The Hubs are for families in need of support**

The Hubs will be central to Victoria’s approach to addressing both family violence and child vulnerability (which may or may not be related to family violence) and form a critical part of the broader service system response. The design of the Hubs recognises that family violence and child vulnerability are major social challenges for Victoria and core priorities for the Hubs.

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 who are at high risk of long-term involvement in specialist secondary services
- 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 short-term or episodic assistance to prevent or minimise the escalation of risk.

Throughout this document, reference is made to ‘women, children and young people experiencing family violence, and families in need of support with the care, wellbeing and development of children and young people’. In these references, the ordering of different cohorts of people is for simplicity and convenience in a written document only and does not imply a priority or emphasis on either group.

## **Best Interests Principles**

The *Children, Youth and Families Act 2005* states that the best interests of a child must always be paramount when making a decision or taking action. When determining whether a decision or action is in a child’s best interests, there are a number of needs that must always be considered:

- the need to protect the child from harm
- the need to protect the child’s rights
- the need to promote the child’s development (taking into account his or her age, stage of development, culture and gender).

The Best Interests Principles described in s. 10 of the Children Youth and Families Act provide a unifying framework for practice. The Children’s Court, Child Protection and the family services sector must comply with them in taking any action or making a decision about a child.

## **Perpetrator**

This is the term used in state and national policy to describe people who use violence. The aim in using this term is to ensure safety and accountability and to end the individual’s use of violence. This term is not limited to people who have been accused or convicted of criminal offences. This term is not meant to define the perpetrator for life; the aim is to end the individual’s use of violence.

## **Aboriginal**

The term ‘Aboriginal’ is inclusive of all Aboriginal and Torres Strait Islander people living in Victoria.

## **CALD**

Culturally and linguistically diverse or 'CALD' is used to reflect the fact that the Victorian population is ethnically diverse. The Victorian Government is committed to delivering services that meet the needs of people from multicultural communities, including people with refugee or asylum-seeking backgrounds.

## **Hub practitioners**

Refers to specialist hub practitioners including:

- specialist family violence workers
- men's family violence workers
- Child FIRST service workers
- Aboriginal services practitioners
- senior child protection practitioners
- integrated practice leaders.

## **Home agency**

Refers to a staff member's employer (either the department, FSV or a CSO).

A detailed glossary of key terms and definitions used in this document is provided at Appendix 3.

# Legislation, frameworks and systems – enablers of integrative practice

Multiagency and multidisciplinary practice requires strong leadership and commitment from host agency practitioners and that they adopt an integrated practice approach to address the safety and support needs of people within their local community.

Hub practitioners will need to work in accordance with the range of existing legislative, policy and practice guidance required in child and family services and family violence services for victim-survivors and perpetrators. This includes specifically working within information-sharing requirements and frameworks for risk assessment and management and applying the best interests of the child.

## Family Violence Information Sharing Scheme

Information sharing is a key enabler for the Hubs and is essential to helping the Hubs and their workers to support the agency of women, children and families to ensure that the services people receive meet their needs and goals.

The new Family Violence Information Sharing Scheme (FVISS) was created under Part 5A of the FVPA. The scheme will authorise a select group of information sharing entities (ISEs) to request and share information between themselves for family violence assessment and risk management purposes. Hub practitioners engaged to undertake family violence risk assessment and management are prescribed ISEs and are therefore authorised to share certain information, including information about perpetrators without their consent.

On 11 April 2018 the new Part 5B of the FVPA commenced to facilitate information sharing in the Hubs. Part 5B will simplify and streamline the sharing of confidential information within the Hubs as if the Hubs were one organisation. This legislation does not interfere with existing privacy, child protection and wellbeing legislative provisions that permit information to be shared in various circumstances.

Part 5B of the FVPA enables authorised Hub entities (and their officers, employees or contractors) to collect, use and disclose confidential information to other authorised Hub entities, if it is for a purpose related to providing Hub services.

The FVPA also enables the Hub Central Information Point (CIP) to be an effective and timely conduit of information sharing for Hubs.

The Act also removes the requirement that a serious threat to an individual must be imminent before information can be legally shared without consent. This applies generally – not only in relation to family violence risk and management.

View the [Family violence information sharing guidelines: guidance for information sharing entities](https://www.vic.gov.au/familyviolence/family-safety-victoria/information-sharing-and-risk-management.html) <<https://www.vic.gov.au/familyviolence/family-safety-victoria/information-sharing-and-risk-management.html>>.

## Family violence risk assessment and risk management framework

The Royal Commission into Family Violence recommended that the *Family violence risk assessment and risk management framework*, commonly referred to as the ‘common risk assessment framework’ or ‘CRAF’, be redeveloped to deliver a comprehensive framework that sets minimum standards and roles and responsibilities for screening and identification, risk assessment, risk management, information sharing and referral throughout Victorian agencies. The framework redevelopment is underway and will provide operational practice guidance tiered to a broad range of workforces to ensure all workers have the skills to undertake risk assessment and management at the level appropriate to their agency and role. The revised risk management framework will also include a suite of tools to support workers with family violence risk identification, screening and assessment.

## Interim comprehensive risk assessment tool

While being redeveloped, an interim family violence risk assessment tool has been developed and will be trialled at Hub launch sites. The interim tool ('the ICRAT') contains components of the risk management framework, with additional questions for diverse communities and at-risk age cohorts, including children. This trial will be monitored, with required modifications and feedback providing input into the broader risk management framework redevelopment work.

Hubs will be the entry point for accessing the service system for women and children experiencing family violence, helping to connect them directly to services and providing a coordinated, whole-of-family response to address a range of different needs, as required.

The ICRAT will be the tool used by all Hub practitioners when it is suspected, or has been established, that a woman, individual, child or young person is experiencing or has experienced family violence, or when it has been established or suspected that an individual is perpetrating or has perpetrated family violence.

## Central Information Point

The Central Information Point (CIP) will deliver one of the key recommendations made by the royal commission. It will initially offer Hub practitioners access to information about the perpetrator contained in Victoria Police, Court Services, Corrections Victoria and the department's databases to inform family violence risk assessments.

The information will be incorporated into a report and provided to practitioners. Practitioners will have all the critical information they require about the perpetrator to develop safety plans and risk management strategies on the basis of their assessment of the risk posed. This will improve the quality of measures designed to keep victim-survivors safe and hold perpetrators to account.

The CIP will be accessed initially with limited functionality and will only be available to Hub practitioners via a designated role within the Hub. As the development of the CIP continues post launch of the Hubs, functionality and system capability will improve. Access to information about perpetrators will be expanded and made available to a number of other services.

More information can be viewed at the government's [family violence reform webpage](https://www.vic.gov.au/familyviolence/sector-and-partners.html#C) <<https://www.vic.gov.au/familyviolence/sector-and-partners.html#C>>.

## Client record management

The Hubs Client Record Management (CRM) system is being implemented as the main business IT system. The CRM system will assist with gathering client information and with record management and will facilitate sharing of client information between Hub practitioners. The CRM system will contribute significantly to the daily operations of the Hubs, promote quality and performance, and support accurate and timely client record keeping and support decision making.

The CRM system will enable the Hubs to deliver against their core functions including:

- providing consistent and continuous information gathering on a Hub's client service experience
- information gathering from multiple sources, initial contact and intake
- storing detailed and sensitive client and practitioner information, and recording relationships between family members securely
- recording activities including assessment, planning and service responses
- case management, with functionality to support and document the activities of practitioners' interactions with clients
- reporting on service performance, quality and service outcomes.

The initial CRM system launched in early 2018 will facilitate basic activities with the aim of progressively enhancing the service offering in alignment with the Hubs' expansion. This evolution will be informed by feedback from users and learnings from the project team.



## Screening for child and family vulnerability

### Common assessment approach

The department is currently developing a common approach to the initial identification and assessment of child and family vulnerability. The tool will be used by professionals when working with vulnerable children to identify early intervention opportunities to support child development and wellbeing. There will be an opportunity for Hubs to be part of consultations on the development of the tool.

The approach in developing the tool will involve drafting identification and screening questions for families with children, focusing on determining whether there are family functioning concerns or concerns for the child's wellbeing and development. It will ensure screening responds to the age and developmental stage of the child or young person and does not compound the impact of the vulnerability, neglect or violence with the parental or perpetrator narratives.

### Child wellbeing and safety information sharing

The Children, Youth and Families Act authorises certain professionals to share information with Child Protection and family services (including Child FIRST intake teams) about vulnerable children, young people and families. The Act provides the legislative basis for the system of services that provide support to vulnerable children and young people and their families and, where necessary, to protect children and young people from significant harm.

The service system includes a range of prevention and early intervention services that help to ensure vulnerable children, young people and their families receive the assistance they need so that children and young people can develop in a healthy way, ensuring that situations do not deteriorate to the point where a child or young person is harmed.

All children, young people and families rely on community support including relatives, friends, neighbours and informal networks. They also rely on services such as maternal and child health services, childcare services, medical services, dental services and school education services.

Some children, young people and families need services that are specifically provided for the most vulnerable in our community, such as foster care, family violence support or a parenting skills service. It is these children, young people and families who ISEs are authorised to share information about.

Practitioners have a key role to play in ensuring that vulnerable children and young people are protected and supported. This involves sharing information about children and young people's safety and development where legally authorised to do so.

View the [information sharing practice guidance](https://providers.dhhs.vic.gov.au/sharing-information-guidelines) <https://providers.dhhs.vic.gov.au/sharing-information-guidelines>.

### Best interests case practice model

The 'Best interests case practice model' (BICPM) provides a foundation for working with children, including unborn children, young people and families. It aims to reflect the case practice directions arising from the Children, Youth and Families Act and the *Child Wellbeing and Safety Act 2005*.

Designed to inform and support professional practice in family services, Child Protection and placement and support services, the model aims to achieve successful outcomes for children, young people and their families.

Effective practice requires good working relationships between services, working in partnership with the family wherever possible – where the child's best interests are at the centre. The BICPM is based on sound professional judgement and a culture that is committed to reflective practice and respectful partnerships with families and other service providers.

The case practice model is described in:

- [Best interests case practice model: summary guide](http://www.cpmanual.vic.gov.au/sites/default/files/Best%20interests%20case%20practice%20model%20summary%20guide%202012%203002.pdf) <http://www.cpmanual.vic.gov.au/sites/default/files/Best%20interests%20case%20practice%20model%20summary%20guide%202012%203002.pdf>.
- [BICPM specialist practice resources](http://www.cpmanual.vic.gov.au/our-approach/best-interests-case-practice-model) <http://www.cpmanual.vic.gov.au/our-approach/best-interests-case-practice-model>.

# Development of the interim practice framework

## Who we have spoken to

The interim practice framework is the first iteration of practice requirements and guidance for practitioners delivering services in Victoria's first five Support and Safety Hubs being established in the Barwon, Bayside Peninsula, Inner Gippsland, Mallee and North East Melbourne department areas.

It has been developed by FSV and is endorsed by its executive as a framework for application to the first five Hubs.

FSV acknowledges the following stakeholders for their input into the development of the interim practice framework. They represent a range of government agencies and CSOs that have each provided feedback that will help to guide consistent practice in Victoria's first five Hub launch areas including:

- Hub Leadership Groups
- peak bodies and CSO partners
- subject matter experts and principal practitioners through practice development sessions and individual meetings
- other Victorian Government agencies
- Hub Working Group members
- Hub Steering Committee.

FSV has also undertaken work with service users across Victoria (as part of the Client Experience Project) to better understand how practitioners can:

- foster a sense of safety, comfort for people who access the Hub
- work to reduce anxiety, fear, escalation and cognitive overload
- reaffirm a person's decision to access the Hub
- support strong engagement with clients.

This feedback is captured and incorporated into this framework, along with a list of essential behaviours and qualities for effective client engagement (see the 'Practice principles and behaviours' section). These give specific insights into what is helpful and what gets in the way when engaging and working with service users.

The voices of service users serve to remind practitioners of the critical importance of considering the impact they, and their decisions, have on the people seeking their assistance and support.

## Policy and service context

This interim practice framework does not replace the standards, codes and protocols or legislative requirements that will underpin and guide practice within the Hubs and the framework has been designed to be read in conjunction with the:

- *Support and Safety Hub: interim operational guidelines*
- *Support and Safety Hub: service model*
- *Support and Safety Hub: service specifications.*
- *Support and Safety Hubs: perpetrator service model*

A range of policies and frameworks also support this interim practice framework:

- *Aboriginal 10-year family violence plan – strategic overview* (currently under development)
- *Building from strength: 10-year industry plan for family violence prevention and response*
- *Diversity and intersectionality framework*
- *Ending family violence: Victoria's plan for change*
- *Enhanced service intake model*
- *Family violence outcomes framework*

- *Family violence risk assessment and risk management framework*<sup>1</sup>
- *Preventing family violence and violence against women capability framework*
- *Responding to family violence capability framework*
- *Roadmap for reform: strong families, safe children*
- *Support and Safety Hub: statewide concept*
- *The best interests case practice model, principles and framework for vulnerable children and youth.*

## Assessment tools and guidance

A suite of screening and assessment tools are currently under development for testing and use in the Hubs.

Current tools that support evidence-based practice and guide the management of family violence risk and child and family functioning will underpin service delivery in the Hubs. These include:

- *Common risk assessment framework (CRAF)*
- *Interim comprehensive risk assessment tool (ICRAT).*

## Legislation, guidelines and codes of practice

- *Child Wellbeing and Safety Act 2005*
- *Children Youth and Families Act 2005*
- *Children, Youth and Families Act 2005: a guide to information sharing*
- *Client Relationship Management (CRM) system guidelines*
- *Code of practice for specialist family violence services for women and children* (noting this is under review and will be updated in 2018–19)
- *Enhancing access to men's behaviour change programs: service intake model and practice guide*
- *Family violence information sharing guidelines*
- *Family Violence Protection Act 2008*
- *Guideline: family violence services and accommodation*
  - *Men's behaviour change group work minimum standards and quality practice* (noting the new standards to come into effect 1<sup>st</sup> July 2018)
- *Procedural guidelines for referral and consultation: Child Protection, Child FIRST and Integrated Family Services* (under review)
- *Victoria Police's Code of practice for the investigation of family violence*
- *Victorian Equal Opportunity and Human Rights Commission's Complying with the Equal Opportunity Act 2010*
- *Victorian Risk Assessment and Management Panel program (RAMP) operational guidelines.*

## Further development of the practice framework

Practitioners in launch sites and across the state will have a role in working together to develop the final integrated practice framework for the Hubs.

Developing this will involve intensive work with practice leaders and practitioners statewide and will be informed by the learnings from the launch sites over the initial months of service delivery. This process will draw on expertise from peak bodies, governance groups, CSOs, Aboriginal services and government departments.

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<sup>1</sup> The redeveloped practice framework is expected to be delivered in late 2018, and select organisations will be prescribed under Part 11 of the Family Violence Protection Act to align with its redevelopment.

# Practice principles and behaviours

## Practice principles

### Objective

*All people have a right to live free from violence and intimidation in any form and to grow up within a safe environment that prioritises their needs, stability, development and wellbeing.*

Hubs have a shared responsibility to promote safety for all individuals and to provide support for families in meeting the needs of children and young people.

People accessing services from a Hub will experience ethical and integrated practices underpinned by the following practice principles.

### Ensure safety and wellbeing is paramount

*Promote safety and wellbeing by understanding family violence as a gendered social justice issue and that children need to be protected from harm.*

In practice this means:

- The safety and wellbeing of children and victim-survivors of family violence (including children) is our first priority.
- Responses to violence, including risk assessments and support for victim-survivors, must consider the gendered nature of family violence and other social contexts in which family violence manifests.
- We are proactive and vigilant in keeping perpetrators of family violence in view and managing risk to women and children so it is no longer their responsibility to keep themselves safe.
- We recognise the safety of children and young people is an inalienable right distinct from their parents and/or guardians. Each child has unique needs that will be assessed individually.
- We will protect children and promote their safety, stability and development.
- The interests of non-offending parents, children and young people are in alignment. Where possible, children or young people should remain with the victim-survivor parent to support safety, stability and healing from the trauma of family violence.
- Intervention will be provided as early as possible to reduce risk and mitigate the impact of cumulative harm for victim-survivors.
- Prevention efforts will be supported, given the prevalence of violence is affected by gender inequality and community attitudes towards gender roles and norms within society.
- We will work with victim-survivors to tailor their safety plans and broader supports (including for children) based on their individual need.
- We will provide rapid integrated responses to manage risk posed by perpetrators' use of violence.
- We will support children or young people to remain with the protective victim-survivor parent to support safety, stability and healing from the trauma of family violence.

### Support agency and empowerment

*Believe victim-survivors, support their agency (including as parents) and respect their needs and decisions including with children and young people as appropriate to their age and circumstances.*

In practice this means:

- We will believe victim-survivors, work at their pace and support their agency so they have choice and control and be transparent with decisions when there is misalignment with their child's best interests.
- We will partner with victim-survivors to assess risk and understand the dynamics of family violence in their circumstances.
- We will partner with victim-survivors to develop tailored safety plans and broader supports (including for children) based on individual need.
- We will support the agency of victim-survivors (including as parents), children, young people and families and respect their needs, decisions and choices from the first contact and across the continuum of service delivery.
- We will engage with children and young people as appropriate to their age and circumstances to understand their experiences, identify their goals and respond to their concerns and priorities.
- We will provide age-appropriate information to children and young people about their situation and the possibilities of what will occur in future.
- We will update victim-survivors about any systemic responses to their cases such as outcomes from police interventions and court hearings and work to obtain services and address support needs.
- We will keep victim-survivors informed about known changes to their risk, and provide age-appropriate information to children and young people about their situation and the possibilities of what will occur in future.
- We will support decision making through providing information, time, advocacy and emotional and practical support.
- We will strengthen, preserve and promote positive relationships between the child and protective parent and support the child's relationship with the perpetrator where it's safe to do so.

### **Keep perpetrators accountable to violent and abusive behaviour**

*Family violence is a crime that will not be tolerated, with perpetrators held accountable for their use of violence in any form.*

In practice this means:

- Family violence is a violation of human rights and will not be tolerated. Perpetrators will be held accountable for their use of violence in any form.
- We will increase the safety of women and children by supporting men to stop their violent and abusive behaviours.
- We will uphold non-collusive practices and hold perpetrators responsible for their use of violence.
- We will challenge the attitudes, values and behaviour that underpins either the expression or narrative of violence within families.
- We will send clear messages to perpetrators of all forms of family violence that their use of violence is a choice and is unacceptable.
- We will participate in multiagency integrated practice to provide timely responses to perpetrators' use of violence to include coordination of justice-based and social service interventions.
- We will facilitate perpetrator engagement and provide opportunities for change, including assessing perpetrators' preparedness for change and connect them to programs to stop or reduce their use of violence and improve parenting.
- We will be part of a system-wide approach that collectively creates opportunities for perpetrators' accountability including as partners and as a parents.
- We will support prevention and education to promote respectful relationships and gender equality within the community.

- We will consider and discuss the impact of the perpetrator’s violence on family functioning and dynamics in all our assessments, planning and referrals beyond the Hubs and we will recognise the strength and resilience of victim-survivors in managing this impact.

### **Promote self-determination among Aboriginal people**

In practice this means:

- We respect Aboriginal self-determination and the sovereignty of Aboriginal people.
- We recognise and embrace the inherent strength and diversity of Aboriginal people, families and communities across Victoria, and support family, community and cultural connections.<sup>2</sup>
- We will meet the needs of Aboriginal people as described in the following section.

### **Be accessible and responsive to risk and needs<sup>3</sup>**

In practice this means:

- We will demonstrate value and respect for the diversity of children, women, men and families accessing our services.
- We will draw on our professional understanding of diverse and intersectional needs to provide accessible and responsive services for everyone.
- We will meet the needs of Victoria’s diverse communities as described later in this section.

## **Meeting the needs of Aboriginal people**

### **Unique experiences of Aboriginal people**

Aboriginal culture is founded on a strong social and cultural order that has sustained up to 50,000 years of existence and strong kinship systems and families.

Abuse and family violence is not and has never been a part of Aboriginal culture. Rather, the impact of white settlement, colonisation and the violent dispossession of land, culture and children has displaced traditional Aboriginal roles, led to the breakdown of kinship systems, family relationships and Aboriginal Law, and resulted in an accumulation of trauma across generations. In particular, the separation of Aboriginal children from their families over generations, and practices of moving groups of people off their traditional lands, has had a profound effect on Aboriginal people and culture.

Aboriginal people experience child removal and violence, both as victim-survivors and perpetrators, at a much higher rate than the non-Aboriginal population of Australia. The causes are complex and need to be understood in the context of a long history of racism, dispossession, marginalisation and poverty.

Historical experiences of systemic and structural discrimination continue to reverberate across Aboriginal communities today. This is the result of deeply rooted structural inequalities including poverty and social exclusion, unequal power distribution and relations, low rates of economic participation, high rates of criminalisation and incarceration, and institutionalisation. These inequalities affect the daily lives of Aboriginal people, with detrimental impacts on self-determination, health and wellbeing, self-identity and self-esteem, sense of belonging and connectedness, and the ability to seek support and assistance. The cumulative effects of individual, institutional and societal violence

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<sup>2</sup> This principle will be further developed in partnership with Aboriginal organisations and services, Indigenous Family Violence Regional Action Groups, the Indigenous Family Violence Partnership Forum and the Aboriginal Children’s Forum.

<sup>3</sup> Practice principles to be developed in partnership with the Diverse Communities and Intersectionality Working Group and the LGBTI Family Violence Working Group, in alignment with the *Diversity and intersectionality framework*.

and racism over the generations have contributed to the pervasiveness of family violence and the severity of its impact on Aboriginal people today.

In shifting the societal attitudes that give rise to family violence against Aboriginal people, Aboriginal leaders have emphasised the critical importance of government, schools, workplaces and communities, strengthening their understanding of Aboriginal history and embracing Aboriginal culture as a source of pride for all Victorians. They have also emphasised the need to challenge racism and negative perceptions or stereotypes about Aboriginal communities. This includes recognising and respecting the inherent strength and diversity of Aboriginal people, families and communities across Victoria.

## **Principles governing culturally safe, responsive and inclusive practice for Aboriginal people**

Within the Hubs, practitioners will recognise and embrace the inherent strength and diversity of Aboriginal people, families and communities across Victoria, and support family, community and cultural connections.

The Hubs will support the choice and self-determination of Aboriginal people as the First Peoples of Australia and will work closely with Aboriginal communities and services to ensure they receive culturally safe and appropriate services that meet their needs.

Aboriginal health and wellbeing will be viewed in a holistic context that recognises that Aboriginal people do better when they remain connected to culture, community and Country.

### **Self-determination**

Aboriginal self-determination is the foundation for better outcomes for Aboriginal people.

In practice this means:

- Aboriginal people are part of the Hub governance arrangements from the beginning.
- Practitioners will recognise the inherent strength of Aboriginal culture and that a healing and whole-of-family approach is the longstanding attribute of Aboriginal communities that Hubs will learn from.
- Aboriginal practitioners will help to shape the design and implementation of the Hubs from the start and build relationships and partnerships with community organisations to support culturally appropriate and safe pathways and choices.
- Mechanisms will be established for Aboriginal people to provide feedback on services and to provide input into service design, evaluation and improvements.
- Principles of Aboriginal self-determination will be written into all Hub operational guidelines, agreements and position descriptions.

### **Choice**

The agency and choices of Aboriginal people must be recognised and respected.

In practice, choice means:

- Aboriginal people who contact a Hub directly, or who are referred directly to a Hub, will be given the choice to be supported by the Hub (Aboriginal or non-Aboriginal worker) or referred to an Aboriginal service.
- Aboriginal services can continue to intake clients into their own services, maintaining relationships and bringing culturally informed expertise to bear in supporting clients.
- Where appropriate, Aboriginal workers will be involved in planning for and risk management of Aboriginal and non-Aboriginal perpetrators of violence against Aboriginal people.



- Building partnerships with local Aboriginal services and community leaders to facilitate access to culturally safe and effective services that focus on more holistic approaches including self-determination and connectedness with culture, family and community.

## **Cultural safety**

In practice, cultural safety means:

- A minimum of two Aboriginal practitioners will be part of each team.
- Aboriginal services and practitioners will provide expert practice advice in delivering culturally safe and appropriate triage, assessment and support responses.
- Site-specific Aboriginal cultural safety plans will be developed for each Hub.
- Practice approaches must consider spirituality and connectedness to culture, kin and community as essential parameters of effective interventions.
- Cultural safety will be treated as an ongoing commitment, working in close partnership with Aboriginal services and communities to build a deeper and more nuanced understanding in the Hubs of cultural perspectives, holistic and healing approaches, and the strengths and opportunities within the local Aboriginal community.
- Local Aboriginal communities or services will deliver training to Hub practitioners to build their understanding and respect for the inherent strength and expertise of Aboriginal people, as well as the accumulation of intergenerational trauma associated with white settlement, colonisation and the violent dispossession of land, culture and children.
- For clients who identify as Aboriginal or families where a member identifies as Aboriginal, practitioners will ensure that:
  - the Aboriginal practice leader and/or worker will either lead, or be consulted (with client consent as appropriate) about, formulating the person or family's initial assessment and plan
  - clients are offered the choice to work with Aboriginal services (for relevant services where available).
- Hubs will have frameworks, policies and procedures in place to identify Aboriginal clients and work with them in a culturally safe way, informed by an understanding of intergenerational trauma and discrimination, collective grief and loss.
- Agreed referral pathways and working and employment arrangements between Hubs and Aboriginal services in each launch area will be established at the local level to ensure Aboriginal people can benefit from the specialisation of Aboriginal services and Hub functionality regardless of whether they access Hub functions directly from the Hub or from an Aboriginal service.
- The Hub integrated practice framework will include a focus on the health, wellbeing, safety and retention of Aboriginal workers to build Aboriginal workforce capabilities.
- All Aboriginal clients at the Hubs will be offered an opportunity to connect with an Aboriginal legal service.
- Hub practitioners will be trained and experienced in Aboriginal cultural safety and understanding and implement mandatory cultural safety requirements and action plans.

## **Practice considerations**

### **Healing and whole-of-family approaches**

When working with Aboriginal people, Hub practitioners should:

- premise their practice on the principle of self-determination, the sovereignty of Aboriginal people and respect for Aboriginal culture
- recognise the inherent strength of Aboriginal culture and that a healing and whole-of-family approach is the longstanding attribute of Aboriginal communities

- view Aboriginal health and wellbeing in a holistic context that recognises that Aboriginal people do better when they remain connected to culture, community and Country
- whenever possible, engage men, women and children in programs and support the integrity of the family or kinship unit
- acknowledge different understandings of the gendered nature of family violence, including support to men to continue relationships with their family, where this is the preference of other family members and is considered safe and viable
- recognise the complex history of trauma, increase opportunities for healing for victim-survivors and perpetrators, including counselling and the use of narrative therapy sessions (this may include examining intergenerational family history and cultural experience as a healing element)
- develop strategies to ensure the Hub's services for both men and women are linked with appropriate Aboriginal services wherever possible including Healing and Time Out Services
- link people with support services as needed, including services for alcohol and other drugs, gambling, mental health and other issues.

### **Working with Aboriginal children and young people**

For Aboriginal children and young people, connection to family, community, culture and Country are integral to developing their sense of identity. Connection to these elements will significantly affect the children's social and emotional development and shape who they become as they progress through childhood and adolescence and into adulthood.

Identifying Aboriginal children who are involved with Hub services is critical to ensure their connections to community and culture are promoted.

### **Working with Aboriginal perpetrators of family violence**

Work with Aboriginal perpetrators of family violence needs to take a holistic healing approach that recognises and seeks to address past trauma and cultural issues, which may be underlying factors to abusive behaviours, while ensuring the safety of Aboriginal women, children and families.

Aboriginal perpetrators should be asked about their preferences for services and given the choice to access appropriate Aboriginal-specific services where possible, including Aboriginal legal services, housing, behaviour change programs, alcohol and other drugs services, gambling services, Healing and Time Out services and support for court attendances.

Services should aim to support all family members where family reunification is sought by the victim-survivors.

Services should collaborate in their work with perpetrators, who are not isolated individuals but part of a family and the local community.

### **Undertaking risk assessments**

Hub practitioners should demonstrate respect and sensitivity in undertaking risk and needs assessments, noting that individuals in Aboriginal families may have particular vulnerability factors, concerns, additional issues or extenuating circumstances including:

- past experiences of racism or discrimination
- anxiety about the consequences of identifying as Aboriginal
- fear that the offender will be at risk of self-harm or suicide if arrested or placed in a police cell
- fear that a victim-survivor will be condemned by other family members for reporting family violence
- fear that reporting family violence or wellbeing concerns may lead to fear of children being removed

- fear that other police or legal matters will be brought up and used against the family in the course of investigating
- anxiety about being referred to a mainstream service
- objection to being referred to an Aboriginal-specific service due to being known by a worker
- history of family violence
- involvement in the child protection or family service system
- family violence between extended family members (for example, other than intimate partners).

*Hub practitioners will undertake multiagency assessment that improves the identification and understanding of presenting risk and needs.*

*This will contribute to reshaping the intervention system to better respond to the safety and wellbeing needs of women, unborn children, children, young people, perpetrators and families.*

## Meeting the needs of Victoria's diverse communities

### Accessible and responsive practice

Hubs will offer accessible, responsive and non-discriminatory supports tailored to individual needs and experiences.

'Intersectionality' describes how people can experience discrimination, systemic barriers or family violence related to their characteristics and identities. This can interact on multiple levels to create overlapping forms of discrimination and power imbalance.

Practitioners will be aware that some people will need additional support or assistance to experience inclusion, access and full participation including but not limited to eliminating barriers and discrimination, and understanding family violence in the context of a person's religion, ethnicity, gender identity, sex, sexual orientation, culture, language/communication requirements, socioeconomic status, disability, age, geographic location or visa status.

As part of holding perpetrators to account, practitioners will ensure that Hubs engage with perpetrators in an inclusive way.

A number of principles will underpin the Hubs' commitment to welcoming and responding to diverse communities.

### Access and equity

Hub practitioners will actively and systematically work to ensure everyone has equal access and opportunity to utilise the Hub's services and to feel safe doing so.

Examples:

- Hub websites, resources and communications are available in multiple languages and an accessible format.
- Hub access points are culturally safe and welcoming and responsive to all clients.
- All Hub practitioners understand how to access and work with interpreters.
- Hubs will offer secondary phone consultations and outreach to clients where it is their preference.
- Hub practitioners will be trained and experienced in Aboriginal cultural safety and understanding and implement mandatory cultural safety requirements and action plans.

### Inclusiveness

Hub services and practice approaches are underpinned by human rights and empathy to ensure everyone is included. Hub attitudes, behaviours, policies and systems enable full and equal participation for everyone.

People and communities with diverse lived experiences will be actively included and encouraged to participate in governance structures and processes that concern and affect them as clients.

Examples:

- When a transgender person is referred to a Hub practitioner, a clear record already exists of their preferences (for example, pronouns and desired outcomes as a client).
- People working in the sex industry will feel safe and welcomed and receive unbiased, non-judgemental responses.

### **Responsiveness**

Practitioners will be aware of and adaptive to the diverse and intersecting needs of all individuals and communities and will not be rigid or tailored to a single population group.

Practitioners will build relationships and pathways with local services and networks to support clients (for example, Aboriginal services, elder and disability support, LGBTI networks, housing, drug and alcohol, ethno-specific organisations and migrant resource centres).

Hubs will be accountable and periodically review the effectiveness of their services for their local communities while also demonstrating awareness and openness to the experiences and preferences of individual clients in service delivery, including how these may change over time.

For example:

- An LGBTI Muslim client is given the option of referral to a different support network rather than a faith-based service that may not be supportive of their sex, gender or sexuality.
- Young males who may be both a victim and a perpetrator of family violence are able to access Hubs.

### **Empowerment and self-determination**

Hub services will recognise the strengths and the lived experiences of clients and enable them to make decisions about how they engage with services.

Hub workforce and governance structures reflect the diversity of the community.

For example:

- Clients can determine how they access Hubs, either through a core agency providing Hub services, via a phone consultation or through outreach.
- Screening and triage processes (where appropriate) will be tailored to be accessible to individuals, and they will have choice and control regarding how they use the Hubs.
- All cultures and faiths will be treated as strengths-based and integral to identity.

### **Families with multiple and complex needs**

Each individual or family with multiple and complex needs has unique concerns, tied closely to the interaction with their social, economic and healthcare needs. It's also important to be mindful, however, that individuals or families presenting with multiple and complex needs are not assumed as being forever in that state. The multidimensional nature of their problems highlights the need for individualised, flexible and integrated approaches to better assist and support them.

Families with multiple and complex needs are likely to have additional difficulties in parenting effectively and meeting the needs of their children. The additional burden of having to navigate a complex and imperfect service system can result in siloed responses at best and missed opportunities for providing the coordinated responses required for meaningful and sustained change.

Individuals and/or families will present to Hubs with risk and needs issues that will vary in nature and complexity. Prioritisation will always be given to ensuring safety and will include a comprehensive understanding of needs, both in breadth and depth.

The presentation of multiple and complex needs should signal to practitioners the necessity to appreciate the array of problems being confronted and serve as a framework for comprehensive understanding and for informing responses. Risk may not always be a presenting issue and will need to be confirmed by the Hub practitioner's questioning, assisted by the use of risk assessment tools and professional judgement to identify the possible underlying causes of the presenting issues. In the absence of risk, many individuals and families can present with 'multiple and complex needs'. The term 'multiple and complex' should not be used to characterise an individual or family, rather it should be viewed as a characterisation of their circumstances.

*The presentation of intersectional and complex needs should signal to practitioners the necessity to appreciate the array of problems being confronted and serve as a framework for comprehensive risk assessment and planning.*

*Risk may not always be a presenting issue that will need to be confirmed by the Hub practitioner's curiosity about possible underlying causes of the presenting issues.*

### **Intersectional approach**

Consistent with the Hub's commitment to all clients, practitioners will take an intersectional approach that holds multiple lenses to assessment and response that:

- views a person as a whole
- recognises the many layers that make up a person's needs, experiences and identity
- recognises that each individual or family with multiple and complex needs has unique concerns, tied closely to the interaction with their social, economic and healthcare needs
- is mindful that individuals or families who present with multiple and complex needs are not assumed as forever being in that state
- recognises the overlapping, intersecting forms of discrimination and stigma that they may be exposed to within our society and service system
- recognises that a person's identity will affect the way they experience family violence, how willing they are to report it or to seek help and what kind of support they require from a Hub
- recognises different forms and manifestations of family violence
- understands that the multidimensional nature of situations highlights the need for individualised, flexible and integrated approaches to better assist and support them.

For practitioners this means being aware that some people, because of their characteristics and identities, will need additional support or assistance to access and fully participate in Hub services. For families and/or perpetrators with multiple and complex needs, this includes recognising that they may have additional difficulties in parenting effectively and meeting the needs of their children.

The presentation of intersectional and complex needs should signal to practitioners the necessity to appreciate the array of problems being confronted and serve as a framework for comprehensive risk assessment and planning. Risk may not always be a presenting issue that will need to be confirmed by the Hub practitioner's curiosity about possible underlying causes of the presenting issues.

### **Modifications and adjustments**

Hubs will meet universal accessibility requirements and ensure that modifications or adjustments are made for people to ensure they can fully participate and access services and support, and to remove any barriers or discrimination.

This includes supporting appropriate and sensitive:

- engagement, including:
  - to respect and acknowledge the inherent strengths and importance of a person’s background or identities including, for example, Aboriginality, culture, faith or the sex or gender a person identifies with
  - *not* requiring proof of sex or gender identity, or asking about medical history or treatment
  - to engage with the person and not talk about the person to the carer or support worker
  - allow for privacy, including the opportunity for the person to disclose information without a carer or support worker present
  - communication access, including professional interpreters, Auslan interpreters and, over time, communication or memory aids such as picture boards, tablets or communication books
  - information access – translating information into other languages, producing information in Easy English or producing Auslan videos
  - physical access, including attendant carers
- levels and types of support, including:
  - contacting Independent Third Persons and advocates to provide communication support between a person with a cognitive disability or mental health disability and Hub practitioners
  - seeking the client’s views on appropriate services and supporting appropriate referrals or secondary consultations including, for example, to culturally-specific services, LGBTI services, elder abuse services and men’s or women’s support services.

### **People from culturally and linguistically diverse backgrounds**

People from CALD backgrounds may have additional and unique considerations when understanding their needs, risk and choices, including:

- uncertainty about ongoing living arrangements and their visa or residential status
- physical and mental health issues exacerbated by displacement and exposure to violence and trauma in their country of origin, including civil wars
- distrust of government or services
- language barriers and the need for an interpreter to ensure that consent to share information is informed and that the reason for sharing the information is clearly understood
- declining the assistance of an interpreter so as not to cause unnecessary trouble for the Hub or because of concerns for their privacy
- a lack of familiarity with the service system and limited access to government-funded services
- a change in family power dynamics and gender roles that may challenge the pre-existing family dynamics
- faith-based beliefs and practices that may affect family power dynamics, gender roles and the role of the community in an individual’s and family’s lives
- feeling the need to protect the reputation of the family and community
- racism and discrimination
- cultural and social expectations regarding the roles of men and women in relationships.

For some families these challenges are also risk factors and, particularly in instances where families have little access to support, may increase the likelihood of family violence occurring and/or increased risks to children and young people.

### **Lesbian, gay, bisexual, trans and gender diverse and/or intersex people**

Individuals and children who identify as LGBTI may have additional and unique considerations when understanding their needs, risk and choices, including:

- Experiences of lesbians, gay men, bisexual people, trans and gender diverse people and/or people with intersex variations differ largely and LGBTI people should not be responded to as one homogenous group.
- Histories of homophobic, transphobic or biphobic experiences or intersex discrimination, or previous experiences of a lack of understanding and awareness, may result in people from LGBTI communities lacking trust in the service system and an unwillingness to access Hubs or to report family violence.
- People from LGBTI communities may prefer to interact with LGBTI-specific, rather than mainstream, services.
- The sex or gender that an individual identifies with, or the pronouns they use, may differ from that on written records.<sup>4</sup>
- People identifying as gender diverse may choose to receive support through either women's or men's services (note that a person's preference may change in subsequent interactions with the service system, where they should again be empowered and supported to make this choice).
- Gender diversity may add complexity for engagement with services such as shared women's accommodation and group-based programs.

Practitioners should recognise that family violence is not unique to heterosexual relationships. Power dynamics and behaviours of coercion, control and violence also exist in same-sex relationships. Family violence in same-sex relationships, however, can be under-reported due to the prevailing characterisation of family violence as intimate partner violence, typically involving a female victim-survivor and male perpetrator.

Engagement with perpetrators who have used violence against a same-sex partner should occur in the same way as with a perpetrator in a heterosexual relationship. Hubs will provide a response to female perpetrators, and special consideration will be given in assessing risk and service provision in these instances.

It is important for practitioners to be informed about how heteronormative views of family violence may affect the way risk is assessed by professionals and others connected to the perpetrator. In some circumstances perpetrators in same-sex relationships may seek to use dominant and misinformed beliefs about lower prevalence or risk posed by violence in same-sex relationships to hide, minimise or avoid taking responsibility for their behaviour.

## People with disabilities

Gender-based and disability-based discrimination increase the risk of violence for women and girls with disabilities. Women and girls with a disability are twice as likely as women and girls without a disability to experience violence throughout their lives.<sup>5</sup>

People who have a disability may have additional and unique considerations that practitioners need to understand to identify and understand their needs, choices and the risk they are experiencing including:

- ensuring information is being communicated in an appropriate format, for example, a preference for verbal or written information or an Auslan interpreter

<sup>4</sup> In line with the guideline *Family violence services and accommodation: complying with the Equal Opportunity Act 2010*, organisations should not ask for proof of sex or gender identity, or about medical history or treatment (for example, if a trans person had undergone hormone therapy). Requests for this information should only be made if an organisation has serious concerns based on more than mere suspicion that a particular person is not genuine or bona fide in their gender identification and is trying to fraudulently access the service or accommodation. In such situations one example of proof should suffice.

<sup>5</sup> See [Stop the violence: improving service delivery for women and girls with disabilities](http://www.wdv.org.au/documents/Fact%20Sheet%203%20Violence.pdf) <<http://www.wdv.org.au/documents/Fact%20Sheet%203%20Violence.pdf>>.

- allowing for privacy, including the opportunity for the person to disclose information without a carer or support worker present (this may be due to privacy reasons or the role of the carer in perpetrating family violence)
- recognising the family-like or interdependent relationships a victim-survivor may have with carers and other support people
- the impact of disability on parenting and child development.

## **Adolescents and young people engaging in violent and abusive behaviours**

Adolescent violence in the home is a distinct form of family violence. This distinction arises from the adolescent's status as a child requiring care and protection according to their developmental needs. The most effective practice responses will be different from those used to respond to adults who use violence and will address the range of complex causal factors associated with adolescent violence.

Many adolescents who use violence in the home have themselves witnessed or experienced family violence, or experienced maltreatment. Other drivers include adverse childhood experiences, mental health problems, learning difficulties and substance abuse, as well as poor attachment, parenting styles or family management. Responses should therefore focus on therapeutic individual and family work to improve family relationships, address underlying issues such as trauma and support the adolescent's developmental needs, skill development and self-awareness.

As with adult responses to family violence, emphasis on accountability and taking responsibility are paramount but must be addressed sensitively in the context of the adolescent's unique circumstances. Criminal justice involvement and removal of the adolescent from the home should be a last resort. A high-quality, integrated service response is needed that addresses the violence and its impacts on family members at the same time as supporting the safety, rights and developmental wellbeing of the young person.

## **Older people**

Older people accessing Hubs for family violence support may have additional and unique considerations when understanding their needs, risk and choices, including:

- holding norms that see family violence as a private matter or that don't recognise particular behaviour as violence
- ageist attitudes that undermine the agency and experiences of older people engaged in the family violence system
- dependency on the perpetrator and related concerns about the consequences of reporting family violence, such as isolation and a loss of everyday dignity and freedom
- older people as carers of children.

## **Male victim-survivors**

Adult males experiencing family violence who self-refer to a Hub may have additional and unique considerations when understanding their needs, risk and choices, including:

- fearing that they will not be believed, or that their experiences of violence and abuse will be seen as less important and less urgent than those of women and children
- being the primary carers who may require support for their children.

Along with the small number of heterosexual, cis-gendered (where a person's gender identity aligns with the social expectations of their sex assigned at birth) men experiencing intimate partner violence in relationships with heterosexual, cis-gendered women, male victim-survivors may also include:

- gay, bisexual, trans, gender diverse and intersex men



- older men
- men with disabilities.

Where the client is a male victim of family violence, Hubs will support them to access the appropriate service response, or redirect the referral. In these instances the client will be offered the support to contact the Victims Support Agency.

## Essential behaviours and qualities for effective client engagement

Work undertaken by FSV with service users across Victoria to inform practice in the Hubs included targeted, individual conversations and small group workshops with diverse representation from people in metropolitan and regional Victoria including with:

- victim-survivors
- men who have used violence
- parents needing support for the care, wellbeing and development of children and young people
- Aboriginal people (both women and men)
- age groups ranging from 20 to 65 years.

The feedback from service users is captured and incorporated into this interim practice framework along with a list of essential behaviours and qualities for effective client engagement. These give specific insights into what is helpful and what gets in the way when engaging and working with service users and are enablers for fostering a positive client experience and ensuring effective client engagement. They have been validated and refined with clients and staff. When these qualities are practised well, they can be critical for promoting, encouraging and maintaining engagement of Hubs clients; when they are neglected it can result in people not getting the support they need and want. Staff told us they were passionate about these qualities and behaviours in their current work and are hopeful that the Hubs will create an environment that prioritises and creates space for these to fully come to life. The behaviours and qualities include the following eight elements.

### 1. Building trust through authenticity

*‘Eye contact is very important; you can tell if people are genuine in their eyes.’*

People are more inclined to make change and stick with a difficult process when supported by someone they trust. Many clients have had negative past service experiences, which means they can approach new services with little faith and trust that the service will ‘get’ them and that offerings will be helpful. Clients value and trust practitioners who they feel are being ‘honest’, ‘real’ and ‘authentic’, and offer ‘empathy not sympathy’. They quickly look for evidence of trustworthiness in a practitioner’s tone of voice and body language, and their ability to follow through and deliver on the helpful acts (even small ones) they promise. When staff make genuine efforts to be authentic, present and patient when faced with resistance, clients are more likely to open up to a relationship of mutual trust.

### 2. Reducing uncertainty and cognitive fatigue

*‘You’ve already made the huge decision to pick up the phone; there’s no room for anything else, no room to make any more big decisions.’*

People who use the Hubs are likely to be facing a number of simultaneous compounding stressful and complex factors such as financial stress and trauma. The decision to engage with a Hub is an additional stress factor weighing on the cognitive load. Whether an individual has sought help or been referred, clients have explained that too many decisions, additional uncertainty about what to expect and too much information can be overwhelming and a trigger to dissociate and disengage from the service. It’s important for staff to find a balance between reducing stressful choice-making and maintaining choice, control and self-determination. Hub staff should provide explanations about what

is likely to occur or what can be expected whenever possible. The less energy focused on worrying about what's going to happen, the more space is available for clients to participate in the service system.

### **3. Listening, understanding and taking action**

*'I told my story, you trust me, I know you're going to help me, you're very patient.'*

People are more inclined to honestly share the details of difficult stories when the person they're sharing with demonstrates a genuine interest in understanding *and* helping. Clients are attuned to people who don't 'hold a story carefully' – body language and affirmative verbal cues are indicators to clients that staff are actively listening. Beyond attentiveness, people link 'good listening' to the actions that follow: taking action in response to comments made, remembering the tiny – but important – details (like how to pronounce their name) and accurately relaying the story to other professionals when needed. These actions demonstrate to clients that their story has been heard and cared about, which encourages them to further engage. Clients also value staff who practise polite and patient persistence, allowing them to tell their story and take action at their own pace.

### **4. Modelling positive relationships**

*'It reassures you that you're dealing with a human person ... they have empathy in dealing with others in general.'*

When people experience and observe healthy interactions and constructive communication, they're more inclined to practise similar behaviours themselves. The Hubs present a unique opportunity to model and mirror healthy behaviour across organisational levels and interaction points: from leadership to staff, from staff to staff, from staff to clients and ultimately from clients within their families and communities. Staff and clients both expressed an interest in being in an environment where the organisational culture fosters 'walking the talk'.

### **5. Instilling hope and possibility**

*'[I valued] the resolve they gave me.'*

Clients experience overwhelming self-doubt and frustration throughout the experience of seeking and receiving services and support. Clients with positive experiences and results pointed to individuals who reminded them that change and something better is not only possible but, most importantly, it's possible for them. Throughout each interaction with a client there's an opportunity for staff to instil realistic hope for what's possible to maintain engagement and motivation.

### **6. Validating initiative and commending positive progress**

*'Remind me that I'm brave.'*

Most clients referenced the phenomenal amount of courage it takes to access support and services. They expressed an oppressive feeling of self-doubt that can easily be triggered and result in instantaneous disengagement. It helps to feel reassured and reminded that they've made the right decision, that they're safe and that the practitioner is there to help. When fostering behaviour change, people respond better to active and positive reinforcement than passive encouragement or generic praise.

### **7. Respectful and non-judgemental attitudes**

*'You can't go in there with preconceived attitudes.'*

Although it sounds obvious, clients reminded us of the importance of respectful and non-judgemental attitudes from professionals because they still have experiences where they feel staff are being dismissive and disrespectful in their tone, language and facial expressions. For Aboriginal clients, racial discrimination is a primary deterrent for using mainstream services. For men who have used violence and parents of vulnerable children it's particularly important that professionals approach clients with respect and maintain a sense of shared humanity, despite the behaviours and life choices of some clients.

## **8. Welcoming**

*'When I was leaving [the relationship], I craved that sense of home. If a Hub can create that sense of home and security that would be wonderful.'*

When people feel welcome they're more likely to engage or to seek help and are more likely to return. The first impression a professional and a service makes will set the tone for how a client feels over the course of their service experience. For clients, a welcoming service is one that feels more like a grandparent's house and less 'like Centrelink' – one that values them as people and treats them as equals. Clients have acknowledged that warm welcomes helped reduce anxiety and increase their willingness to engage with a service.

# The Hub team

## Integrated practice and service delivery

The needs of children, individuals and families are multidimensional and interlinked and often require a multiagency, and integrated service response.

Hubs will bring together specialist family violence services, perpetrator services, child and family services, Aboriginal services and child protection practitioners to form the Hub practice team.

Practitioners will be required to maintain their specialisation *and* adopt a multiagency approach to service delivery. They will be supported to develop additional skills and capability to address the safety and needs of women, children, families and men.

While challenges will be encountered by Hub teams implementing these expectations, they will also be afforded the opportunity to be a part of an innovative service system that will fundamentally change the way we work with women, children, young people, families and men.

Integrated practice and service delivery approaches take time to develop, but cooperation, collaboration and coordination across child- and adult-focused services will be vital to enable improved understanding, assessment and responses to vulnerable children and their families, to victim-survivors of family violence including children, and to perpetrators.

Integration will be at the heart of practice and service delivery in the Hubs, where partnerships develop through each practitioner's willingness to enhance the capability of others to improve service system responses to clients.

*Integrated practice* refers to the integration of theoretical frameworks, philosophical underpinnings and perspectives, and practice skills and approaches that guide a practitioner's work.

*Integrated service* refers to a number of services working together, collaborating and coordinating their support, services and interventions to people seeking, or referred for, help.

## Hub workforce

Hubs will bring together different practices to create a Hub team and a consolidated intake point in each Hub area to create a new way of engaging and supporting:

- women, children, young people and families experiencing family violence
- perpetrators of family violence
- families in need of support with the care, development and wellbeing of children.

This will be achieved by drawing on the expertise of CSOs by bringing together workers from organisations that currently:

- receive police referrals for women who are victims of family violence
- receive police referrals for perpetrators of family violence (known as 'enhanced intake services')
- provide the Child FIRST service
- deliver other relevant services such as those delivered by Aboriginal services.

## The Hub team

- **Hub team – employed by CSOs:** will assess the risk and needs of women and children, families, and perpetrators. This will draw on the expertise of different practitioners in a multidisciplinary team with specialists in family violence, child and family services and perpetrator/men's services.

## Practice leadership

- **Integrated practice leader – employed by CSOs:** to promote and support integrated clinical practice and decision making.
- **Advanced family violence leader – employed by CSOs:** to support practice in the Hub and provide secondary consultation in relation to complex family violence cases.
- **Aboriginal practice leader – employed by CSOs:** to provide practice leadership and support the Hub team to ensure cultural safety and choice for Aboriginal people.
- **Service system navigator – employed by FSV:** to establish and maintain practice interface agreements with key services across the local service network and to resolve system access and navigation issues, including to strengthen access and responsiveness to diverse communities.
- **Senior child protection practitioner<sup>6</sup> – employed by the department:** to provide expert advice regarding the safety and wellbeing of children, support referral and engagement of families with the Hubs and services, and provide access to information about current or previous assessments and interventions by Child Protection.

## Operational leadership

- **Hub manager – employed by FSV:** to provide strategic and operational management and oversight for their primary Hub and network. The Hub manager and locally-based support staff employed by FSV will facilitate operations, partnerships and connection to government and the broader service system.
- **Hub team leader(s) – employed by CSOs:** to provide operational management of the Hub team, including managing performance and workload and to provide oversight and guidance to team members.
- **Child protection team manager – employed by the department:** to provide line management, supervision and support to senior child protection practitioners based at the Hub.

The Hubs will not replace specialist services providing casework, support and accommodation; however, some workers from these and other services may choose to collocate or meet with clients at a Hub. This may include specialist women's family violence services, family services, perpetrator/men's services, legal services, drug and alcohol services, mental health services, sexual assault services or other services.

## Roles and responsibilities

A summary of roles and responsibilities for respective Hub practitioners is summarised in Tables 1–3.

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<sup>6</sup> Previously known as community-based child protection practitioner, as based with Child FIRST.

## Practitioner expertise

Each practitioner coming into a Hub will bring expertise in their delivery of services. In summary this includes the following.

### Victim-survivors of family violence

- Family violence risk assessment and management
- Effective engagement with women and other victims of family violence
- Recognising and responding to all forms of family violence and understanding causes and reinforcing factors
- Actively focusing on planning that centres on safety and giving victims choice and control
- Appropriate support including connection to tailored services

### Perpetrators

- Effective engagement with perpetrators of family violence, with a focus on male perpetrators
- Keeping perpetrators in view to enhance safety for victim-survivors
- Facilitating access to services to support perpetrators to stop their violence and change their behaviour
- Working with perpetrators without colluding
- Working with other services to support effective interventions including within the justice system

### Children, young people and families

- Actively focusing on the best interests of children and young people at all times
- Assessments that include parents/carers and the whole family
- Working with men as fathers/parents
- Interventions that consider children and young people as individuals in their own right, and take into consideration their opinions and wishes
- Early help for children, parents and families to support wellbeing, stability, development and safety.

**Table 1: Hub operational leadership**

Hubs' role	Shared accountabilities	Key Hub responsibilities	
<p><b>Hub Manager</b></p> <p>Employed by FSV, based at the Hub.</p> <p>Reporting to the Director, Hubs Operations.</p>	<p><b>All Hub staff</b></p> <ul style="list-style-type: none"> <li>Administration and data</li> <li>Support integrated approaches</li> <li>Ensure cultural safety</li> <li>Ensure accessibility and respond to diversity</li> <li>Align work with the Hub interim integrated practice framework, interim operational and procedural guidelines, and service specifications</li> </ul>	<ul style="list-style-type: none"> <li>Drive strong/positive connection between Hub and agencies within the Hub network and broader system interface</li> <li>Strategic development of Hubs</li> <li>Build local and system partnerships</li> <li>Participate on Hub Leadership Group</li> <li>Liaise with FSV</li> <li>Strategic monitoring and management of Hub performance and demand</li> <li>Monitor and analyse client outcomes data, including client experience/satisfaction at the service level</li> <li>Identify and resolve systemic issues that may affect service delivery</li> <li>Oversee the day to day supervision and performance of FSV staff in the Hubs</li> </ul>	<ul style="list-style-type: none"> <li>Planning and coordination of day-to-day Hub operations including oversight of facilities management, information technology, car parks, security, occupational safety, risk management, contract management and procurement</li> <li>Complaints and critical incidents</li> <li>Facilities budget and brokerage budget management</li> <li>Liaise with DHHS regarding legislative and regulatory facility compliance</li> <li>Develop and monitor of Hub systems and processes, including for staff induction, data collection, record keeping</li> <li>Manage Hub reception and administrative support staff and oversee external services collocating or using the Hub's facilities</li> </ul>
<p><b>Operational Support Officer</b></p> <p>Employed by FSV and based at the Hub.</p> <p>Reporting to the Hub Manager.</p>	<p><b>Operational leadership</b></p> <ul style="list-style-type: none"> <li>Leadership</li> <li>Operational management</li> <li>Day-to-day staff supervision</li> <li>Staff performance supervision</li> </ul>	<ul style="list-style-type: none"> <li>Provide support to the Hub Manager</li> <li>Responsible for the day to day supervision of the Administrative Officer</li> <li>Provide support and supervision to the Client Support Officer and the Administration Officer</li> <li>Maintain partnership and interface with DHHS Corporate Support at a local level.</li> <li>Provide professional leadership and guidance to all Hub staff as required</li> <li>Support the Hub Manager and Practice Leaders identify and resolve complex operational issues as they arise</li> <li>Manage stakeholders through effective negotiation and influence</li> <li>Operate within a level of autonomy and accountability in delivering within broad strategic directions</li> </ul>	<ul style="list-style-type: none"> <li>Provide authoritative advice and prepare reports and briefings to senior management, the Hub Leadership and Operational Groups, and external stakeholders</li> <li>Provide a point of liaison between CSO's and FSV/DHHS Human Resources, to support vacancy management and recruitment processes</li> <li>Maintain financial systems, processes and compliance activities</li> <li>Contribute to the day-to-day operations of the Hub, to include oversight of facilities management, information technology and fleet management</li> </ul>
<p><b>Strategic Planning and Reporting Officer</b></p> <p>Employed by FSV, based in</p>		<ul style="list-style-type: none"> <li>Provide direct support to the Hub Manager</li> <li>Provide authoritative and strategic advice and prepare reports and briefings to the</li> </ul>	<ul style="list-style-type: none"> <li>Collate and maintain information from community service organisations to keep accurate and timely records of service capacity and availability</li> </ul>

<p>the Hub. Reporting to the Hub Manager.</p>	<p>Hub Manager, Hub Leadership and Operations Groups</p> <ul style="list-style-type: none"> <li>• Monitor and evaluate the actions and impact of the Hub against the strategic goals and plans of FSV to include: <ul style="list-style-type: none"> <li>– Client experience/outcome data</li> <li>– Monitoring and reporting on key performance indicators</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Identify systemic issues which may impact on service delivery and provide authoritative advice, recommendations and innovative solutions</li> <li>• Review, evaluate and recommend process and system improvements, including risk management procedures and critical incident reporting</li> </ul>
<p><b>Hub Team Leader(s)</b> Employed by a CSO and based with the Hub workforce, except in agreed circumstances. Reporting to the employing CSO.</p>	<p>Operational management of Hub team including:</p> <ul style="list-style-type: none"> <li>• developing staff rosters</li> <li>• monitoring Hub team performance</li> <li>• assigning cases to Hub team members</li> <li>• approving allocations to core services</li> <li>• providing leadership, guidance and oversight</li> <li>• identifying and mitigating issues that may adversely affect client outcomes</li> <li>• monitoring delivery of navigation support</li> <li>• aligning work with the Hub interim integrated practice framework, interim operational and procedural guidelines, and service specifications</li> </ul>	<ul style="list-style-type: none"> <li>• Clinical practice and jointly manage cases</li> <li>• Practice supervision: <ul style="list-style-type: none"> <li>– case supervision and support</li> <li>– clinical support and advice</li> <li>– monitor alignment with relevant practice standards and frameworks</li> <li>– identify capability gaps and provide access to professional development</li> </ul> </li> <li>• Management and support of staff employed by their CSO. <ul style="list-style-type: none"> <li>– performance management</li> <li>– Hubs workload management</li> <li>– professional development and training related to Hub operations</li> </ul> </li> </ul>
<p><b>Child Protection Team Manager</b> Employed by DHHS, based at a Hub. Reporting to the Deputy Area Operations Manager.</p>	<ul style="list-style-type: none"> <li>• Provide leadership, supervision and clinical practice supervision to the Senior Child Protection Practitioners in the Hubs</li> <li>• Participate in and represent Child Protection in appropriate levels of governance arrangements for the Hub</li> <li>• Support operational management of and work in partnership with the Hubs and Integrated Family Services (IFS) and participate in triage of complex referrals to Hubs involving vulnerable children and families, promoting coordinated response and effective interventions</li> </ul>	<ul style="list-style-type: none"> <li>• Be responsible for effective service delivery within the community based space, including the interface between the Senior Child Protection Practitioners and the Hub, as well as with Integrated Family Services</li> <li>• Provide specialist secondary consultation support to all Hub practitioners across specialist family violence, child and family services, perpetrator services and Aboriginal services</li> <li>• Where required, participate in dispute resolution processes, where disputes arise between Child Protection, Hubs and IFS</li> <li>• Monitor client outcomes and oversee and contribute to accurate data reporting systems, which will assist, in part, in tracking demand for future area based planning</li> </ul>



**Table 2: Hub practice leadership**

Hubs' role	Shared accountabilities	Key Hub responsibilities	
<p><b>Integrated Practice Leader</b></p> <p>Employed by a CSO, based at a Hub.</p> <p>Reporting to the employing CSO.</p>	<p><b>All Hub staff</b></p> <ul style="list-style-type: none"> <li>Administration and data</li> <li>Support integrated approaches</li> <li>Ensure cultural safety</li> <li>Ensure accessibility and respond to diversity</li> <li>Align work with the Hub interim integrated practice framework, interim operational and procedural guidelines, and service specifications</li> </ul>	<ul style="list-style-type: none"> <li>Support integrated practice approaches within the Hub</li> <li>Provide secondary consultation and advice on complex matters</li> <li>Lead clinical decision making to resolve practice issues, including where there are different views within the Hub's team</li> <li>Coordinate learning and development of the workforce through communities of practice and other professional development</li> </ul>	<ul style="list-style-type: none"> <li>Lead clinical practice and jointly manage cases</li> <li>Manage the Hub's brokerage approvals</li> <li>Build the baseline understanding of targeted case management workforces to support more integrated service responses to Hub clients</li> <li>Work closely with the Hub Team and Practice Leader(s) to support a cohesive and integrated Hub team</li> <li>Contribute to case reviews, practice reflection and learning and development of the Hub workforce beyond their own specialty to strengthen worker expertise in the areas of Family Violence, perpetrator services, Child and Family Services, Child Protection, Aboriginal Services, diversity and disability</li> </ul>
<p><b>Advanced Family Violence Practice Leader</b></p> <p>Employed by a CSO, based at a Hub.</p> <p>Reporting to the employing CSO.</p>	<p>(Continued from above)</p>	<ul style="list-style-type: none"> <li>Lead clinical practice and jointly manage cases</li> <li>Oversee referrals to risk assessment and management panels</li> <li>Prioritise and approve CIP requests</li> <li>Clinical advice and decision making on allocations in family violence cases where there are different views within the Hubs team</li> </ul>	<ul style="list-style-type: none"> <li>Deliver practice leadership and secondary consultation to service providers on family violence beyond the Hubs</li> <li>Contribute to case reviews, practice reflection and learning and development to build Hub workforce capacity in family violence</li> <li>Build baseline family violence navigation capability</li> </ul>
<p><b>Aboriginal Practice Leader</b></p> <p>Employed by Aboriginal service(s)</p> <p>May be based at a Hub or Aboriginal service (subject to agreement at the local level).</p> <p>Reporting to the employing Aboriginal Service.</p>	<p><b>Practice leadership</b></p> <ul style="list-style-type: none"> <li>Leadership</li> <li>Clinical supervision and advice</li> <li>Specialist or secondary consultation within and beyond Hubs</li> <li>Support Hub workforce development</li> <li>Support collaboration and communities of practice</li> </ul>	<ul style="list-style-type: none"> <li>Lead clinical practice and small caseload</li> <li>Work directly with a cohort of Aboriginal Hub clients, as negotiated at the area level</li> <li>Facilitate and navigate pathways to local Aboriginal services and interventions on behalf of Hub clients and Hub practitioners</li> <li>Work in close partnership with local Aboriginal services and organisations</li> </ul>	<ul style="list-style-type: none"> <li>Align activities with the commitment to self-determination</li> <li>Consider the dynamics, connections and relationships at play in the local community and service environment</li> <li>Contribute a cultural lens to workforce development at Hubs</li> <li>Contribute to recruitment of Aboriginal employees</li> </ul>
<p><b>Senior Child Protection Practitioner(s)</b></p> <p>Employed by DHHS, based at a Hub.</p> <p>Reporting to the Child Protection</p>	<p>(Continued from above)</p>	<ul style="list-style-type: none"> <li>Provide expert advice regarding the safety and wellbeing of children to Hub staff</li> <li>Provide access to information about previous assessments and interventions by Child Protection participate in Hub</li> </ul>	<ul style="list-style-type: none"> <li>Support Hub staff and broader integrated family services colleagues to focus on the safety and wellbeing of children in all aspects of their work across the continuum of service delivery</li> <li>Contribute to the development and</li> </ul>

<p>Team Manager.</p>	<p>multidisciplinary activities concerning children identifies with significant concerns for their wellbeing</p> <ul style="list-style-type: none"> <li>• Be a point of consultation to Hub staff regarding children and young people where risk is assessed as escalating or a report to Child Protection is being considered</li> <li>• Participate in joint visits, case conferencing and meetings with Hub practitioners to support assessment, planning and decision making</li> </ul>	<p>delivery of community education to agencies regarding child protection statutory processes and responsibilities</p> <ul style="list-style-type: none"> <li>• Utilise child protection knowledge and skills to assist Hub staff to build capacity and confidence in identifying and managing cases where there is additional complexity and or risk for children</li> <li>• Manage unborn reports for matters where Child Protection intervention is likely post birth</li> </ul>
<p><b>Service System Navigator</b></p> <p>Employed by FSV, based at a Hub.</p> <p>Reporting to the Hub Manager.</p>	<ul style="list-style-type: none"> <li>• Establish and maintain service interface agreements, local arrangements and operating protocols with key services across the local area and broader service network</li> <li>• Partner with local service sector to identify opportunities to address local areas service gaps that improves service delivery</li> <li>• Resolve system access and navigation issues</li> </ul>	<ul style="list-style-type: none"> <li>• Monitor progress of service engagement, connections and service capacity, identifying actual and potential barriers and finding effective ways to deal with them</li> <li>• Provide authoritative advice and or secondary consultation to internal and external stakeholders regarding service interfaces and access between the Hub and local service system</li> <li>• Work with governance structures to effect change</li> <li>• No caseload responsibilities</li> </ul>

**Table 3: Hub team**

Hubs' role	Shared accountabilities	Key Hub responsibilities	
<p><b>Hub team</b></p> <p>Specialist Family Violence services, perpetrator services and Child and Family Services workers.</p> <p>Employed by CSOs, based at a Hub or Hub access point.</p> <p>Reporting to the employing CSO.</p>	<p><b>All Hub staff</b></p> <ul style="list-style-type: none"> <li>• Administration and data</li> <li>• Support integrated approaches</li> <li>• Ensure cultural safety</li> <li>• Ensure accessibility and respond to diversity</li> <li>• Align work with Hubs interim integrated practice framework, interim operational and procedural guidelines, and service specifications</li> </ul>	<ul style="list-style-type: none"> <li>• Clinical practice and caseload</li> <li>• Receive and process all referrals to Hubs</li> <li>• Deliver: <ul style="list-style-type: none"> <li>– screening and triage</li> <li>– assessment</li> <li>– crisis responses</li> <li>– service planning</li> <li>– targeted interventions</li> <li>– allocation and coordinated referrals</li> </ul> </li> <li>• Provide information and advice about service options and pathways</li> <li>• Advocate for clients and service access</li> <li>• Navigate the service system for clients</li> <li>• Identify when a CIP request may be required and refer to the advanced family violence practice leader</li> <li>• Provide a clear description of the services provided by the Hub, and provide timely and up to date information, in</li> </ul>	<ul style="list-style-type: none"> <li>• Approve brokerage within delegations</li> <li>• Liaise with Hub Practice Leaders to support risk assessment and planning including with the: Aboriginal Services Practice Leader, Advanced Family Violence Practice Leader, Integrated Practice Leader and Senior Child Protection Practitioner.</li> <li>• Liaise with non-Hub professionals</li> <li>• Provide mentoring and support to Hub team members, as appropriate</li> <li>• Share integrated approaches and learnings with CSO employer</li> <li>• Actively develop and maintain effective working relationships with all Hub staff</li> <li>• Respond effectively to clients from diverse communities to ensure an inclusive and responsive approach</li> </ul>

**Client Support Officer(s)**

Employed by FSV, based in the Hub and

Reporting to the Hub Manager.

response to phone, e-mail and face to face enquiries

- Identify client pathways within the internal Hub environment, and support client access to the relevant services and team members
- Support the Hub Manager and broader Hub workforce deliver client focused objectives as
- Prioritise tasks to be able to provide optimal service delivery to clients
- Provide administration support, including ascertaining and maintaining client information, stakeholder and community service organisation communication, and general clerical duties.

- Exercise advanced interpersonal communication skills in response to diverse presentations of client needs, including in behavioural presentation
- Respond effectively to ensure that Aboriginal people receive culturally appropriate services that meet their needs

**Administrative Officer**

Employed by FSV, based in the Hub.

Reporting to the Operational Support Officer.

- Provide assistance with administrative processes and information systems such as the Client Records Management database, fleet administration, room bookings and logistical planning.
- Keep accurate reports and records of financial information and assets management, and perform financial administration duties under approval.

- As a Hub team member, provide timely and effective customer service to clients of the Hubs.
- Assist with administrative process in relation to stakeholder correspondence with FSV, DHHS, CSO staff and stakeholders, providing timely information and advice as required

## Transformative change

The Hubs will be welcoming and accessible community locations closely connected to support services. Consistent risk assessment and triage processes will assist in keeping people safer, tailoring support and connecting people to the professionals and services within the broader system that can best meet their individual and family needs. Better integration and accountability within the broader service system will also be underpinned by strong client management systems and improvements in information sharing.

Information sharing is a key enabler for the Hubs. To work with people, practitioners will rely on information from clients themselves, other professionals including police, and other referrers. To undertake the Hub's functions, such as triage and risk and needs assessments in a way that best supports clients, the Hubs will need information from external sources such as the CIP, and workers will need to share information with their Hub colleagues from other organisations as part of a multidisciplinary process. The CRM system will also facilitate information flow between Hub practitioners. In connecting people to services, practitioners will need to share information with external organisations.

People's confidential information needs to be handled with care and only shared in appropriate and lawful circumstances.

The Hubs will deliver a fundamental change to the way we work with people affected by family violence or safety and wellbeing issues by providing:

- a more visible contact point so people know where to go for support
- help for people to identify family violence and child and family safety and wellbeing issues
- advice based on the latest risk assessment tools and best available information
- specialist support and tailored advice
- a strong focus on perpetrator accountability
- an approach across the spectrum of prevention, early intervention and response
- connection and coordination of access to support
- coordinated responses to family violence risk and child vulnerability
- a system-wide view of service capacity, client experiences and outcomes.

Hubs will support the agency of women, children and young people, and families, to ensure that the services they receive meet their needs and their goals. Hubs will play a critical role in shifting the service system's focus to children and young people, victim-survivors of family violence, vulnerable families in need of support and perpetrators of all forms of family violence.

Hub practitioners will reshape the intervention system to better respond to the safety and wellbeing needs of women, unborn children, children, young people, perpetrators and families through the way in which they:

- undertake multiagency assessment that improves the identification and understanding of presenting risk and needs
- take a whole-of-family approach to assessment and intervention
- deliver coordinated responses that promote meaningful engagement with services that result in sustainable outcomes
- develop their practice, within the Hub's context, and create a values-driven practice team that models respectful, inclusive, non-discriminatory, gender-equitable and culturally safe behaviours and practices.

## What this will look like in the Hubs

Hub practitioners are expected to use the multiple practice frameworks, principles and legislation in place to support the best interests, safety, stability and wellbeing of everyone accessing the Hub including:

- children (including unborn children), young people and families

- women and children experiencing family violence, recognising that male victims may also seek to access Hub services and will need to be supported to access the appropriate service response or to contact the Victims Support Agency
- perpetrators of family violence, by increasing the effectiveness of risk identification, management and response to perpetrators of family violence.

Hub practitioners will be able to:

- apply their specialist knowledge and expertise into their practice with all people who access the Hub
- collaborate with and draw on the strengths of their specialist colleagues as part of a multiagency approach to practice
- share relevant information and specialist knowledge with their Hub colleagues to better identify and understand the breadth and depth of presenting risk and need
- collaborate with their colleagues in developing integrated risk and needs assessments and planning as part of a multiagency approach, ensuring all individual risks and needs have been analysed and considered in decision making
- access support and advice from Hub colleagues that develops their capacity and capability to engage in multidisciplinary practices over time
- bring a whole-of-family approach to assessment and decision making, accessing specialist knowledge, advice and support from their colleagues, as required
- deliver coordinated responses with their colleagues that promote meaningful engagement with services that result in sustainable outcomes
- reshape the intervention system to better respond to safety and wellbeing needs by influencing and equipping core services to respond holistically to individuals and families.

Together with strong practice leadership and integrated practice, Hub practitioners will improve their collective understanding of risk and their responses to the safety and support needs of women, children, young people and families.

The shared commitment of practitioners to enhance outcomes for women, children, young people and families will act as the foundational element in establishing a practice culture that is effective in supporting them to recognise their own strengths and potential.

## Enablers of an integrated approach

The skills and specialisation of each practitioner in the Hub will be one of the key enablers to a successful integrated approach. Multiagency and multidisciplinary practice requires strong leadership and commitment from practitioners to adopt an integrated practice approach to address the safety and support needs of people within their local community. In addition, legislative and system reforms will underpin and support the commitment and efforts of practitioners. A description of these can be found at Appendix 1.

# Integrated practice framework and guidance

*Risk is dynamic and will need to be assessed throughout the whole process of service delivery in the Hubs.*

## Responding to risk

### Broader service system response to risk

The Hub practice model describes the processes and functions of the Hubs in stages. However, because experiences of family violence and child and family vulnerability are not linear, and risk is dynamic, people accessing the Hubs will experience the service in different ways that may not represent a linear, step-by-step process and they may connect with or leave the Hub at different points.

Similarly, assessing risk is a dynamic process that practitioners will need to consider throughout each stage of a person or family's involvement with the Hub.

Hubs will form one part of Victoria's service system and will play a critical role in working with existing emergency, specialist and universal services to:

- identify and understand risk and need thresholds and apply earlier intervention and risk management strategies and supports
- work with colleagues who specialise in identifying and managing risk, particularly where there is escalation or a rapid change in circumstances.

Emergency services, including Victoria Police, will continue to be responsible for responding to emergencies; all people requiring an emergency service should be immediately redirected to their services by contacting triple zero (000).

Child Protection will continue to be responsible for children in need of protection. Where Hub practitioners identify significant wellbeing concerns for a child or young person, or when a report to Child Protection is being considered, practitioners may consult with the senior child protection practitioner after consulting with their practice leaders.

### Hubs as part of a network of broader universal services

The success of the Hubs will both depend on and enhance broader reforms across health, justice and social services. Reforms currently underway are working to establish a strong, comprehensive and joined-up network of services. Once operational, the Hubs will contribute to enhancing this network.

Hubs will operate within the context of broader universal services that work with women and children. These include hospitals and health services, early childhood and education, housing and homelessness services, legal services, financial counselling and local government services. Hubs will also build on the strong networks and relationships that exist between statutory agencies and services.

All services will be able to seek advice and secondary consultation from Hubs, however, will continue to directly contact emergency services and/or Child Protection where they have an identified issue requiring one of these responses.

### Identifying risk and intervening early

Identifying family violence risk and risks to a child's safety, wellbeing and development are the core functions of the Hubs.

Family violence services, perpetrator services and Child FIRST practitioners collectively bring established expertise in identifying and responding to high-risk cases and applying risk management strategies including:

- identifying family violence risk where women and children are at risk of being injured or killed due to family violence
- identifying risk of serious injury, harm or death to children due to child abuse or neglect

- undertaking integrated risk management, secondary consultations and responding to escalating risk or needs.

They also bring expertise in high-risk management approaches including developing plans to manage safety.

Consistent and safe management of family violence risk and child safety concerns, building on the strengths of existing local arrangements and the established expertise and specialisation of practitioners, will help deliver clear and consistent practice to:

- identify high-risk cases
- respond to high-risk cases early to address the risk posed by perpetrators
- respond to high-risk cases early to address parenting capability related to child safety, wellbeing and development concerns
- ensure the integrated practice offered by the Hubs maintains a risk management and early intervention approach to respond to family violence risk and the safety, wellbeing and development of children
- support flexible, responsive and decisive action and intervention.

Practice within the Hubs will recognise the complexity and dynamic nature of family violence and child safety risk and ensure a time-critical and priority focus is given to responding to high-risk cases, including drawing on relevant multiagency responses sitting outside the Hubs, particularly where there is risk of serious harm, such as police and other justice system responses.

## Risk management

The Hubs will be responsible for monitoring risk during active engagement and support. For practitioners in launch sites, this will involve:

- maintaining regular contact with individuals and families
- regular contact with support services and key partners
- asking the Hub's practice leaders for guidance on appropriate actions and methods of engagement
- consulting with a senior child protection practitioner in Hubs where there are significant concerns for the wellbeing of children, young people and unborn children.

## Access

### Summary

People must be able to access Hub services in ways that are safe, accessible and convenient. Active, positive engagement by Hub practitioners will increase opportunities for early intervention and preventing concerns from escalating. People's positive experiences when they first access or contact a Hub will also be critical for promoting, encouraging and maintaining their engagement in Hub services and beyond, including connecting them to professionals who are well placed to provide support and guidance.

A range of people will make contact with the Hubs including:

- people who need help for themselves and their family
- professionals who have concerns for people they are working with
- people seeking advice on how to help their friends, family members, colleagues or members of the community.

Regardless of how contact is made, people must be able to access Hub services in ways that:

- are safe, accessible and convenient for them
- respects their agency
- are responsive and sensitive to their situation and needs.

*Risk assessment must be conducted for all Hub clients who progress through screening, and practitioners must consult the advanced family violence leader in high-risk cases.*

## What this will look like in the Hubs

The Hubs are for:

- women, children, young people and older people who have experienced, are experiencing or are at risk of family violence
- families in need of support with the care, wellbeing or development of children or where there are concerns for a child's wellbeing
- perpetrators of family violence.

Hub access networks have been developed in the relevant area. This means people can access the Hubs directly through:

- telephone and online access
- a primary physical community-based Hub
- outreach or mobile Hub practitioners, who can engage with people where they feel comfortable
- referrals from other professionals and community organisations, including police referrals (L17s).

The Client Experience Journey work with victim-survivors of family violence highlighted the need for practitioners to be sensitive to people's readiness to act and mindful that they may have been dismissed in previous attempts to seek help, which will affect their engagement. They may also be fearful of seeking help. Families needing support with the wellbeing of their children and young people said it was important for practitioners to explain the system and possible outcomes as quickly as possible to reduce anxiety and stress. Making the experience safe and comfortable will help people who may be hesitant to share information, or unaware of how serious the situation is, to engage.

Men who have used violence appreciate practitioners using a calm tone and attitude, speaking conversationally and avoiding directives.

### Catchment

Hubs will:

- provide services for people and families who live within the Hub's (the department's) catchment area (this includes people and families who are temporarily living in the area or who demonstrate a strong connection to the area)
- undertake screening for people and families who do not live within the area (or have no residential location), who seek support from a Hub for family violence and/or child safety, development and wellbeing issues, to determine whether they have any immediate risks and needs that require an emergency or crisis response and provide, or facilitate provision of, this response.

In the interests of practicality, reducing uncertainty, building trust and authenticity, and helping people who need it, the Hub will provide a minimum standard of service as appropriate in the circumstances. For example, if the situation is high risk, or requires a crisis response (for example, a family requiring a crisis housing response) and there is no other service or agency that would be responsible and/or it would be highly impractical to respond, the Hub will provide a crisis response. In other circumstances, the Hub will conduct screening, identification and triage, and then help the person or family identify a suitable service in their local area.



## Summary of key activities

Hub function	Summary of Hub response
Access	<p>Hubs practitioners will:</p> <ul style="list-style-type: none"> <li>• facilitate continuous access to the Hub from Monday to Friday, 9.00 am to 5.00 pm for community members via:               <ul style="list-style-type: none"> <li>– telephone, through the area-based toll-free number provided by FSV</li> <li>– email, through the area Hub email provided by FSV</li> <li>– physical ('walk-in') contact through the primary physical Hub provided by FSV</li> <li>– outreach services to individuals or families where it is determined that their capability to travel to a Hub is limited, where travelling to a Hub would put their safety at risk and when other attempts to engage the person or family have been unsuccessful</li> </ul> </li> <li>• facilitate continuous access to the Hub from Monday to Friday, 9.00 am to 5.00 pm for professionals for information, advice and to make referrals via:               <ul style="list-style-type: none"> <li>– telephone, through the area-based toll-free number provided by FSV</li> <li>– email, through the area Hub email provided by FSV</li> <li>– the L17 portal for police family violence referrals only</li> </ul> </li> <li>• seek to identify clients' Aboriginal status, cultural and linguistic preference, gender identity and any needs or adjustments required in relation to a disability to be able to facilitate:               <ul style="list-style-type: none"> <li>– choice to access a specialist service</li> <li>– access to specific supports through the Hub such as expertise or access to interpreters, advocates or specialist workers</li> <li>– tailored or translated information</li> <li>– progression into screening and triage in the Hub, ensuring it takes account of the impact of the interaction of these characteristics on the person or family's experience and needs</li> </ul> </li> <li>• follow operational policies and procedures for maintaining worker safety and managing the safety of clients and community members including compliance with:               <ul style="list-style-type: none"> <li>– critical incident management and reporting instructions (the department)</li> <li>– operational guidelines (FSV) for building access, security and emergency procedures and preventing and responding to difficult or aggressive behaviour</li> <li>– occupational health and safety legislation</li> </ul> </li> <li>• ensure all information obtained or provided while undertaking access activities is captured within the CRM system, including:               <ul style="list-style-type: none"> <li>– access methods (for example, telephone, email and physical presentation)</li> <li>– referral sources by type (for example, self, professional, L17)</li> <li>– critical issues and/or incidents related to access or safety within the Hub.</li> </ul> </li> </ul>

## Screening, identification and triage

### Summary

The integration of services within the Hub creates a new opportunity to start gathering rich information from a range of sources to ensure risks and needs for an individual or all members of a family are identified and well understood.

This information will be used to inform urgency, priority and the type of response required, including in relation to managing risks posed by perpetrators.

Screening and triage is provided for all people who are referred to or make contact with a Hub and is the first step in assessing risk and need, and in working out the most appropriate type of response for the person or family accessing the Hub.

Practitioners will work together to identify people's and family's needs when they are referred to the Hub. This will enable responses to be prioritised through quickly identifying:

- women and children at high risk from family violence
- children at high risk of harm due to neglect or abuse
- families and children who are likely to experience greater challenges because the child or young person's safety, wellbeing and/or development has been affected by their experience of harm and there is a risk of harm escalating
- perpetrators who pose a high risk.

### Purpose

The purpose of screening, identification and triage is to *quickly* determine any immediate safety issues, wellbeing issues or risks that need to be addressed, and the priority or urgency of the action required either by the Hub or another service. Screening activities include determining whether:

- an emergency response is needed and making sure emergency services are activated via triple zero (000) or Child Protection is notified
- there are family violence warning signs and risk indicators, including specific indicators for children and young people
- there are concerns for a child or young person's wellbeing, stability or development or parent/carer capability
- the Hub is the most appropriate service to work with the woman, individual, child or young person and their family, or whether another service is better placed to support them.

Careful attention needs to be paid to balancing the need to undertake screening, identification and triage activities *and* building trust and rapport – engaging – with all individuals or people in the family. This can be challenging when you are working to quickly identify risk as well as when working with people you don't usually work with (such as children, perpetrators or whole families) or issues (such as family violence, child safety or wellbeing) outside your usual practice experience.

Practitioners will need to draw on the strengths and specialisation of colleagues in the Hub to gain confidence and capability to work across the range of issues people accessing the Hub need support with.

#### Determine urgency, priority and type of response

- What have they come or been referred to the Hub for?
- Is the person or family in crisis?
- Is there an immediate risk to safety for any family member?
- Is there or has there been family violence?
- Are there concerns about a child's safety, wellbeing or development? How urgent are these?
- Is the person or family in crisis? Are there issues that threaten their ability to manage self-care, access shelter or maintain their safety?
- Are there factors that may affect client engagement, risk, urgency or complexity?
- Are any other services involved? What are they providing?

#### Is the Hub the right service?

- If not, provide information, advice and/or a referral.

#### **Scope of screening and triage will vary based on the nature of the referral (for example, Child Protection referrals may go straight to assessment).**

- Are there any other affected adults or children connected to this case?
- Who has made this referral? Does the person's family know they've been referred?

## What this will look like in the Hubs

Screening and identification activities will bring together the specialist family violence and child and family specialist practitioners within the Hub to identify and respond to risk and needs. They will draw on their professional expertise and judgement to work out the most appropriate type of response for the person or family accessing the Hub through identifying:

- the risks and needs of all people in the family, including children, individually and in the context of their family
- any possible underlying issues behind the 'presenting need'
- whether there are any other affected adults or children connected to the initial referral or client to enable the early identification of risk and needs to any associated people (in such situations screening questions in relation to their individual needs will need to be applied)
- how to hold an identified perpetrator of family violence to account and integrate responses to address safety concerns
- the immediate risk, signs of cumulative harm, critical development needs for children and behaviours of concern
- where the matter concerns a mandatory report or it is believed that a child has suffered or is suffering significant harm where a report to Child Protection is required
- intersectional factors that increase the level of risk and need or increase the complexity, mental health, disability, age, trauma or physical needs of young clients
- the person's family, environment, supports and capabilities, including key relationships and context, the nature of the attachment and the stability in the person's living circumstances
- cultural and community factors including identifying as Aboriginal or Torres Strait Islander, a particular cultural background or LGBTI status.

### Practice approach

- ✓ Keep each child, individual and/or family member in view at the individual and whole-of-family levels, including when screening for risks posed by perpetrators and being aware of increased risks to victim-survivors of family violence:
  - when they access support or legal services
  - when services engage with perpetrators about their use of violence.
- ✓ Consider the risk and needs of all people in the family, including children, individually and in the context of their family.
- ✓ All decisions are informed by the capacity and capability of the person and each person in a family.
- ✓ Consider barriers as well as willingness to engage at each interaction or decision, including whether failure by the Hub/service to engage the person or family will increase their level of risk or vulnerability.

Practitioners will also:

- make sure people and families who are referred to another service are well informed and supported to the extent necessary for them to make contact with the new service
- seize the opportunity to engage a person or family by making sure their contact with the Hub is a safe and comfortable experience
- ensure people have choice and control throughout the process (unless this is not possible or appropriate).

Hub practitioners will be required to undertake screening activities for children, women and men who access or who are referred to the Hubs. They should do this consistently and with a focus on family violence risk and risk management, as well as on child safety, development and wellbeing, family functioning and vulnerability through:

- using consistent screening tools and practices to identify the risk and/or needs of the woman, child and young person, family and/or perpetrator
- proactively gathering information to ensure risks and needs for an individual or all members of a family are well understood and that the primary aggressor, family functioning or child vulnerability need has been identified accurately
- gathering initial demographic information and identifying diversity and intersectionality needs
- identifying, accessing and recording any history of child and family services assistance and/or use of violence to understand past and present needs and/or risk to the child and family, victim-survivor and perpetrator
- identifying and recording what services individuals or family members are currently involved with and have been involved with in the past, including relevant criminal history of the perpetrator.

The approach to screening, identification and triage may vary slightly depending on the client context and access pathway of each individual case; however, when done well, screening, identification and triage activities support good engagement and lead to timely, responsive and informed service delivery that addresses needs and risks. The process will always include at least one of the following:

- information, advice or support
- referral to another service
- integrated assessment and planning.

Triage activities are a critical function of the Hubs. They will help to determine the priority and urgency of a response to the person or family and will inform decisions about whether an integrated response is required, such as in cases where a response is required to address both family violence and child wellbeing and development needs. This will require practitioners to proactively work as part of the integrated team, communicate throughout the process, and collaborate at key decision points to ensure responses are coordinated.

### Timing and duration

Screening and triage is the highest priority function in the Hubs. This will ensure that high-risk cases do not go unnoticed, and will give the Hub team visibility of the relative priority for cases to plan and shift resources to respond.

Screening and triage can range from just a few minutes up to several hours and will be delivered on the same day the referral is received. For direct contacts, this will begin immediately.

The screening stage concludes when a Hub practitioner takes action based on the outcome of the screening and triage activities and:

*The Hubs have a critical role to play in collecting and analysing information from different sources to better understand the risks and needs for an individual or all members of a family.*

- progresses the individual or family for a comprehensive risk and needs assessment, considering any specific skills and knowledge needed to undertake the assessment to best support allocation to the most appropriate worker within the Hub
- responds through an emergency or crisis referral, or
- provides advice, information or a referral to the required service or support.

### Information gathering

Gathering further information is a critical step to inform prioritisation and help to clarify or verify critical information. This will assist with identifying, recognising and understanding:

- family violence risk (including assessing for the misidentification of the primary aggressor)
- cumulative harm and the impacts of risk factors on children's development
- the impacts of previous service involvement and strategies or opportunities to support engagement.

Information gathering must be undertaken in line with the requirements of the relevant privacy and information-sharing legislative requirements and guidelines.

Information may be gathered through:

- direct enquiries with the individual/affected family members (with consent where appropriate)
- information provided through a referral (L17 or professional referral)
- accessing the CRM system for history of previous contact with the Hubs contact with other practitioners or professionals, both within and external to the Hub (this type of information will help to create a holistic view of the situation, including risks and needs and identify what services individuals or family members are currently involved with and/or have been involved with in the past; this should include any relevant criminal history of the perpetrator where there is or has been family violence)
- the CIP report if there are serious concerns in relation to the risk posed by a perpetrator, noting access to this report is limited within the CRM system.

*Practitioners will work with colleagues as part of the integrated team, drawing on each other's specialisation to ensure every person and family group referred into the Hub has a coordinated and integrated service response where risk and needs are clearly identified*

### Providing information to people and families

Hub practitioners have a critical role to play in providing information to people and families eligible for Hub services to ensure they have a clear understanding of the decisions made regarding themselves and their family including:

- the role and function of the Hubs, their purpose and what they can (and can't) provide and any relevant obligations in using the service
- how to contact the Hub in future, or other relevant services including crisis, after-hours and emergency services
- how their personal information will be collected, stored and shared and how their privacy will be maintained and protected from perpetrator access
- how they can provide feedback on the services they have received
- if it is determined the person does not have any needs or risks that warrant involvement from the Hubs and how to make contact again if something changes
- if it was determined that the Hub will provide a response, the process and next steps, including whether the Hub worker will gather information from other sources (with the person's consent where appropriate), whether there will be further assessment undertaken by the Hub or a core service and when this will take place, as well as information about what to do if a crisis situation emerges or the person or family's needs or risk changes.

The Client Experience Journey work highlighted that practitioners reduce uncertainty and stress when they:

- determine cultural and communication needs and offer assistance based on this, including offering for them to see, for example, an Aboriginal worker or interpreter
- explain simply what the Hub does and if it's the right place for the person and their family
- validate the person's choice to seek help and remind them that the Hub is there to help
- help to set expectations about the options available to them, what happens next based on safety and risk management decisions
- explain what they will do and what things the person should do
- let the person know if there will be a gap before the next step and how long they can expect to wait
- use easy-going conversational questions that don't feel rapid or like interrogation.

Young people also highlighted that they like practitioners to smile and appear approachable, and have a calm and cheerful tone, but not be 'too bubbly'. This helps them to feel safe to share and sets practitioners apart from their past experience of workers.

### **Practice considerations**

Coordinated and integrated practice during screening and triage includes:

- keeping each child, individual and/or family member in view at the individual and whole-of-family levels, including when assessing risks posed by perpetrators (the latter will include working with practitioners experienced in working with perpetrators of family violence to better respond to immediate risks)
- quickly identifying the need for integrated assessment and planning when any form of family violence is suspected or established – either through referral information or direct victim-survivor disclosure
- working with practitioners experienced in working with parents and children to respond to immediate risks and needs where concerns for the safety, wellbeing and development of a child are identified when assessing parental capability and risk of harm, neglect and abuse
- assessing the vulnerability of the child and family by applying the BICPM to promote the safety, wellbeing and development of children and young people
- keeping the unique needs of adolescents at the forefront<sup>7</sup>
- identifying the need for an integrated assessment and planning phase when any significant concerns for the wellbeing of children are identified, including an emerging risk of neglect or emotional harm – either through direct referral from Child Protection, concerns of the referrer (schools or maternal and child health nurse) or through a child's self-disclosure
- adhering to relevant legislation in relation to information sharing, privacy and consent, specifically the Children, Youth and Families Act and the Family Violence Protection Act (which includes information sharing and the FVISS under Part 5A).

Practitioners should consult with:

- the integrated practice leader where the approach to integration requires secondary consultation or review to ensure a safe and effective response
- the Aboriginal practice leader where a person accessing the Hub has identified as Aboriginal or Torres Strait Islander to inform culturally safe and effective integrated practice approaches
- consult with the advanced family violence practice leader where family violence risk is high to inform urgent or crisis responses, including:
  - engagement with the RAMP
  - a request to CIP
  - the development of a safety plan
  - referral to a specialist family violence service and/or perpetrator service
- the senior child protection practitioner when significant wellbeing concerns are identified for a child or young person or unborn child, or when a report to Child Protection intake is being considered.

<sup>7</sup> Adolescents may present as both perpetrators and victims of family violence. An approach that both addresses a young person's behaviour but addresses the welfare is critical. Adolescents may present on their own for targeted intervention or for a crisis response or be referred to the Hub in a family.

If Child Protection is notified, all steps must be taken to inform the adult victim of the report. This provides an opportunity for victims and practitioners to discuss concerns or fears about child removal as well as working out ways to minimise any additional risks to the family.

These are the initial steps towards developing a common and shared approach among Hub practitioners when undertaking screening activities for children, women and men who access or who are referred to a Hub in a consistent and integrated way, with a focus on child development and wellbeing, family vulnerability and family violence.

- Hub providers are required to observe specific guidance regarding the **management of physical attendance at the Hubs by perpetrators** of family violence and the assessment and risk management of worker safety risks, particularly when undertaking outreach or performing Hub duties off site.
- Where there is a **concern for the wellbeing of children** and risk cannot be reliably assessed without seeing the family but there is a lack of engagement in response to Hub contact, providers will:
  - request information from other sources to help ascertain the risk
  - seek to undertake a home visit to the family.

### People accessing the Hub directly

Screening and triage will be undertaken over the telephone or in person for people who self-refer to a Hub in a way that is welcoming and respectful, and establishes trust and engagement. This includes asking about:

- cultural safety and support choices and preferences if a child or either parent identifies as Aboriginal or Torres Strait Islander, including support from community members and/or connection with local Aboriginal organisations or services
- preferred pronoun use (they/them/theirs, she/her/hers, he/him/his)
- interpreter requirement(s) and preference(s) for people who are Deaf/hearing impaired or if English is not their first language
- other communication requirements or supports
- support or physical attendant requirements
- privacy requirements, including the opportunity for a person to speak directly with a worker without a carer or family member present
- cultural or faith requirements or preferences including settlement, migration or visa issues
- past access with services or supports.

**A female worker should be assigned for women experiencing family violence in the first instance, unless the woman expresses an alternative preference.**

**Wherever possible, individuals or families will continue to be engaged and supported by the Hub practitioner they initially spoke with.**

**For perpetrators directly seeking assistance from a Hub, they will be connected with a Hub practitioner experienced in perpetrator assessment and engagement.**

Where screening identifies the need for a Hub assessment or further service response, workers will undertake supplementary information gathering to inform prioritisation. This may involve consulting with other members of the Hub team, including practice leaders, to inform and update the initial screening and prioritisation.

Other outcomes for individuals or families may include:

- advice and information as appropriate
- a referral to another service including a warm referral where the person or family would prefer the Hub practitioner to make contact with the service on their behalf

- outlining the next steps the practitioner will take as the lead Hub practitioner while continuing to work with the woman, child, young person or family to build a trusting and supportive relationship to promote successful engagement and outcomes
- checking if the woman, child, young person or family have specific needs or preferences that may warrant allocating a different lead Hub practitioner and/or referral to the relevant team leader so that these needs and preferences can be accommodated.

### People referred to the Hub

All referrals will be screened including checking existing information sources and details provided by the referrer, and confirming whether the person is aware of the referral and consented to it (as appropriate).

Where a referral is received and there is insufficient information to make screening and triage decisions, a Hub practitioner is required to contact the referrer to obtain further information.

Hub practitioners will consider who is best placed to make initial contact with the person. In many cases this will be the Hub worker; however, there may be instances where another agency or service makes initial contact with the person. This may be because:

- the service or professional has a pre-existing relationship with the person, or
- the screening and triage process identifies that a service or professional is likely to provide a service response, and by making initial contact a rapport can be developed from an early stage.

Making initial contact with a referred person is a priority. Multiple attempts should be made to contact people who are referred, using a range of methods including via telephone, text message, in writing and in person. Hub practitioners will determine which method is safe and likely to be most effective at encouraging engagement during screening and triage. This may be informed by previous or current contact with services or professionals.

### Victoria Police family violence referrals (L17 referrals)<sup>8</sup>

Hub practitioners will have access to the L17 portal to be able to view, track and redirect referrals, update client information and share information with other services.

These referrals will be screened daily to identify and prioritise the most urgent referrals that require further assessment and planning. These will include referrals for:

- women with and without children
- women, children and families who may already be clients of another service agency
- perpetrators of family violence
- adolescents who have engaged in violent or abusive behaviours.

### **Where police have assessed risk as high, the person or family will be assigned to a Hub practitioner for immediate risk assessment and management planning.**

Feedback to police regarding L17 referral outcomes will be directed through the L17 portal and should provide information about the outcome of the referral, identifying:

- if contact has been established
- whether the client has been provided a service by the Hub service, and/or
- whether the client has been connected to an external service and, if so
- which external service(s).

Hubs will receive referrals from:

- other individuals, professionals or services who have a concern about family violence such as maternal and child health services, Child Protection, schools and health professionals
- police, professionals, individuals or services who have a concern about the care, wellbeing and development of unborn children, children and young people.

<sup>8</sup> Detailed information on L17 referrals can be found in the service model.



Professional and other referrals received by the Hubs will be screened daily or on the next business day following weekends and public holidays to:

- review and initially assess the information provided
- ensure that eligibility requirements for a Hub response are met
- consider the urgency of response required
- determine if the child, individual or family is currently receiving services or is known to services and the case can be potentially redirected to that service agency
- review available CRM system and host agency database information
- consider the information gathered in the screening process and determine what, if any, further information is required to inform their assessment and decision making regarding the most appropriate Hubs response, including the need to consult.

### **Perpetrator engagement<sup>9</sup>**

The Hub team is required to safely attempt to engage with perpetrators of family violence as part of keeping women and children safe and assessing and managing dynamic risk. Practice leaders will establish minimum levels of engagement with perpetrators to keep them in view and to establish opportunities for their engagement. This will support efforts to hold perpetrators accountable.

For practitioners who do not have expertise working with perpetrators, the expectation is that they work closely with colleagues in the Hub who do have this expertise to ensure that engagement with perpetrators is safe and effective and led by a Hub practitioner with appropriate specialisation and expertise.

Considerations for engaging with perpetrator engagement and response in the context of screening, identification and triage include the following:

- Initial contact will typically be made by telephone or SMS.
- Face-to-face contact is less likely to occur at the initial contact and is more likely to be undertaken after initial contact has been made and risk has been assessed.
- Hub practitioners will clarify the perpetrator's willingness to engage with the Hub for further assessment immediately or in the future. This should be done in consultation with the victim-survivors Hub practitioner to minimise any risk, and consideration should be given to coordinating contact with police.
- Hub practitioners will share information about perpetrator risk with other Hub practitioners and professionals who are supporting the victim-survivor(s) and family.

Following initial contact, Hub practitioners will compile and record risk information in the CRM system (Hub practitioners will be responsible for collecting information from a range of sources). This information should reflect and consider the perpetrator's impact on family dynamics and functioning.

Practitioners will immediately respond to escalation of risk and changes in circumstance by altering the engagement plan (increased level of contact) as required.

This will involve working in partnership with men's services, corrections (where applicable), the justice system and police as required.

### **Parent/carer engagement**

Parents, including fathers, will access and receive services from Hubs. Engaging with parents/carers is an important part of creating opportunities for early intervention and building parenting capability.

Considerations for engaging with parents/carers in the context of screening, identification and triage include the following:

- Initial contact with parents/carers will typically be made by telephone or in person following referral from Child Protection or other professionals. Over time, however, as the Hubs become more widely recognised, this may change.

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<sup>9</sup> To be read in conjunction with the *Support and Safety Hubs: perpetrator practice guidance* paper.

- Face-to-face contact with children is essential as part of the risk and needs assessment to determine the extent of the risk and any family functioning concerns. However, face-to-face contact is less likely to occur at the initial contact and is more likely to be undertaken after initial contact has been made and the risk and needs have been screened and identified.
- Hub practitioners will clarify each parent or carer’s willingness to engage with the Hub for further assessment immediately or in the future.
- Hub practitioners will clarify each parent or carer’s capacity to progress the child or young person’s safety, wellbeing and development.
- Hub practitioners will share information, within the limits of their legal obligations, about risks to and the needs of the child, as well as the parent or carer’s capability, with other Hub practitioners and professionals who are supporting the child and family, including as part of a family violence response.
- A targeted intervention, including brokerage, may be an appropriate Hub response for some children, parents or carers at the time of initial contact. This may include referrals for counselling, legal advice, housing, information about court processes and a range of other interventions.

Where a Hub assessment is scheduled, worker continuity will be maintained where possible and appropriate.

Following initial contact, Hub practitioners will compile and record parental or carer capability in the CRM system. This needs to be balanced to include descriptions of strength and resilience as well as information pertaining to family violence and its impact on family dynamics and functioning, child abuse or neglect.

Hubs will receive a range of referrals where the client has not been informed of the referral. This may mean they do not want to engage with the Hub or the practitioner making initial contact. In these circumstances, Hub practitioners will work across specialisations to understand the drivers of engagement and disengagement, and work to identify safe and effective engagement approaches.

Hub practitioners must also consider the risks this may pose to the client directly, and other family members including children, and the need to escalate any concerns to their team leader or consider statutory agency involvement.

### What happens when someone is not eligible for Hub services?

Regardless of a person or family’s eligibility for Hub services, at a minimum, Hub practitioners must ensure they receive information and support to access a relevant service, where this is identified as appropriate (for example, sexual assault services, police, Victims Support Agency, disability services, housing and homelessness services or a Hub or other services in another area).

People who may be ineligible include:

- adults (or referrers) seeking assistance that is not related to:
  - past or present family violence, or family violence has not directly contributed to the presenting issue or need, or
  - the care, safety, development or wellbeing of children
- male victims of family violence who access or are referred to a Hub, noting that Hubs will support male victims to access the appropriate service response, or redirect the referral (in these instances the client will be offered support to contact the Victims Support Agency)
- victims of non-familiar sexual assault
- victims of other crime
- people or families who do not live within, or have a strong connection to, the area or a reason to require service in the catchment (see catchment section above).

### Summary key activities

Hub function	Summary of Hub response
Screening, identification	Within one business day of receiving a referral or initial contact practitioners will: <ul style="list-style-type: none"> <li>• screen all individuals and families who contact or are referred to a Hub for:</li> </ul>

Hub function	Summary of Hub response
and triage	<ul style="list-style-type: none"> <li>– current or past experience or risk of experiencing family violence</li> <li>– identification of current or past risk factors that impact on a child’s safety, wellbeing and development informed by the BICPM</li> <li>– eligibility for Hub services</li> <li>• activate an emergency service response where there is a direct threat of injury or harm</li> <li>• make a report to Child Protection if there are significant wellbeing concerns for children and ensure all steps are taken to inform the adult victim to minimise risk to the family</li> <li>• screen for perpetrator risk and immediate/crisis needs</li> <li>• screen for intersectional and complex needs</li> <li>• make initial contact with the perpetrator by outbound telephone call or SMS or refer the case to police and inform the victim and/or worker where a perpetrator presents a live risk</li> <li>• identify, manage and rectify misidentification of primary/predominant aggressors, including through liaison with the Victims Support Agency and other agencies as needed</li> <li>• identify critical dates that might escalate risk to a victim, such as court dates, and prioritise responses</li> <li>• share relevant risk information with the Hub team in a timely manner</li> <li>• determine the client/family’s willingness to engage in a Hub assessment</li> <li>• compile and record risk and needs information on the CRM system for <i>all</i> referrals including for people who refuse or decline a service, or cannot be contacted</li> <li>• make a CIP request, where appropriate</li> <li>• refer or directly allocate perpetrators for a service response where the type and intensity of response required is clear at screening</li> <li>• identify high-risk cases and, based on risk, coordinate with statutory services such as police, corrections, Child Protection</li> <li>• make more than one valid attempt to directly contact the person or family referred, or confirm that an appropriate response has been provided directly to the person by another agency or professional (such as where the person or family has a current service involvement)</li> <li>• undertake screening and triage activity by applying the relevant guidance contained within the redeveloped <i>Family violence risk assessment and management framework</i> and the BICPM</li> <li>• communicate screening and triage determinations to referrers (where appropriate) and clients (for L17 referrals this can be done through the L17 portal)</li> <li>• where appropriate, allocate clients to core services</li> <li>• apply the BICPM and any statutory obligations to promote the safety, stability, wellbeing and development of children and young people</li> <li>• provide people and families with information, resources and advice relevant to their circumstances</li> <li>• comply with the Charter of Human Rights and Responsibilities Act and the Equal Opportunity Act</li> <li>• record <i>all</i> information obtained through screening, identification and triage activities into the CRM system including: <ul style="list-style-type: none"> <li>– relevant information related to the case</li> <li>– the analysis of this information</li> <li>– the decisions made based on the analysis.</li> </ul> </li> </ul>

# Assessment and planning

## Summary

The Hubs will work with people to develop a deep and clear understanding of family violence risk for all family members and safety, wellbeing and development concerns for all children and young people.

Multiagency risk and needs assessment, risk management and planning and information sharing will contribute to a whole-of-family approach and bring greater visibility to the perpetrator.

Assessment and planning will also involve working with people to identify their strengths and capabilities to prioritise their support needs, both in relation to their risk and safety, but also their ongoing wellbeing, stability and recovery, based on:

- the outcomes the person wants to achieve (including the child's best interests)
- the services the person wants to help them achieve their outcomes
- how the person will access and engage with these services.

Hub practitioners will use consistent processes and tools, supported by the FVISS, the CIP and the ICRAAT tool as part of the redeveloped *Family violence risk assessment and risk management framework* and the BICPM.

## Purpose

The purpose of assessment and planning is to:

- actively gather, review and analyse information from all available sources, including from individuals and families themselves (this includes applying both a family violence and child safety and wellbeing lens to the information)
- assess the key risks, needs, protective factors and strengths, and identify high-level goals and preferences of individuals in the context of their family and community to determine the type, priority and urgency of response required
- provide planning for identified risks and safety issues
- identify and tailor the service response required, including whether a case manager is required, the type of service that should lead the response and the duration and intensity required (this might also include considering the type of interventions or practice elements required from more than one core service).

Integrated, multidisciplinary assessment and planning will lead to identifying more accurate and timely information to inform and enable integrated service responses.

## What this will look like in the Hubs

### Assessment

Hub practitioners who are responsible for assessment and planning will be assigned clients where they lead and undertake the assessment, safety planning and risk management actions, and form the initial service plan. They will use their specialist skills and tools to identify and respond to high-risk cases based on all the information available.

Integrated risk assessment and safety and planning:

- considers all members of the family
- uses best practice risk assessment tools drawing on all specialisations to identify and respond to high-risk cases based on all the information available
- includes client goals and strengths
- brings the perpetrator into view
- dynamically assesses risk
- includes safety planning (including for perpetrator)
- draws information together from internal and external sources to create a complete picture
- creates a safety and/or support plan for each person.

At initial screening, the extent of further risk assessment required and the focus of the Hub response will be identified. This may include one or multiple assessments for each person depending on the risk and needs identified.

Assessment will be built on the information gathered at screening and triage and further consider the risks and safety of the person or family, including the risks posed by a perpetrator of family violence. This should include:

- the need for integrated assessment and planning when any form of family violence is suspected or established – either through direct victim-survivor disclosure, L17 referral or as identified through applying the ICRAT
- the family and social context, which may include direct observation (for example, of children and families in the home environment)
- the holistic range of needs, such as housing, legal and financial, health and education, including those appropriate to a child's age and development and need for stability
- the person or family's strengths
- the goals and wishes of the person (where appropriate) or their motivation and readiness for change (for perpetrators)
- the services and supports that have been or are being provided across universal and specialist services outside of the Hub.

**Where risk is identified as high, the person or family will be assigned to a Hub practitioner for immediate risk assessment and management planning.**

Where multiple assessments are required, practitioners will work across specialisations to ensure there is a coordinated response to address identified risk and needs.

The process of assessment is likely to involve:

- direct engagement with the individual and family (where appropriate) to gather information about their strengths and needs, relevant protective factors, risks and concerns and the relevant context within which these occur
- information gathering, including from other agencies and professionals (with the client's consent where appropriate), as well as from the CIP where it is identified that information about an alleged perpetrator of family violence is required
- analysis and examination of the information gathered to:
  - formulate the initial assessment of the identified needs and risks to the extent required to determine any safety and risk management actions, and any service response needed
  - understand the person's strengths, capabilities, preferences and long-term goals.

If the practitioner is unable to make a judgement on aspects of the service response without undertaking more comprehensive assessment and planning, they can recommend that comprehensive assessment and case planning form part of the person or family's service response. This will ensure the person or family is working with a service with which they can develop a longer term relationship built on trust and rapport.

Where necessary, practitioners will undertake more comprehensive assessment and planning, for example, when a person or family is not ready or does not wish to be allocated to a service response or where their needs remain unclear.

Integrated, multidisciplinary assessment will mean that practitioners also:

- undertake a dynamic risk and needs assessment for all victim-survivors of family violence and vulnerable children and families and perpetrators of family violence to ensure that each person's risk and needs are identified through assessment
- collaborate with all victim-survivors, children, young people and families through a dynamic assessment process to identify their strengths, choices and the supports required to secure their safety and ongoing wellbeing and recovery

- work collaboratively within the Hub – for example, through secondary consultations, joint assessments and case discussions – to assess vulnerability, risk and needs from the range of specialist lenses and supporting each other by sharing specialist expertise
- use the ICRAF to conduct a family violence risk assessment when the screening process has established family violence risk, or it has been established that someone is perpetrating or has perpetrated family violence
- use the BICPM to undertake a child need, risk and safety assessment where there are concerns for the safety, wellbeing or development of a child, with or without identifying family violence
- consider the pattern and history of each person in the context of risk and need, balancing this with an assessment of the person or family's strengths and protective factors, to consider cumulative harm and adopt a whole-of-family view to understand the range of risks and needs present for individuals, families, parents or carers, children and perpetrators
- consider whether assertive outreach is required when individuals or families are difficult to engage and when it is safe to do so, using joint visits with Hub practitioners and Victoria Police where appropriate when working with perpetrators or parents posing a high risk<sup>11</sup>
- build trust and engage with children, individuals, families and victim-survivors over time (engagement will motivate individuals, families and children to seek support and promote trust in the present and any future service intervention)
- build trust and engage with perpetrators (giving due consideration to the safety of women and children) with a view to supporting them to engage in behavioural change processes and services
- identify the risk posed by the perpetrator, processes for escalating and managing their risk and any potential benefit of them attending appointments at the Hub, particularly when applying cultural considerations<sup>12</sup>
- provide consistent, coordinated and efficient interagency responses to women and children and perpetrators that maximises safety outcomes, minimises recidivism and identifies the breadth and depth of need, current supports and any gaps in support available
- understand the complexity and dynamics of working with young people who are using violence, their developmental age and application of the BICPM and specialist practice resources.

*Formulating a risk assessment requires critical thinking and the need to consider multiple competing needs, prioritising each person's safety and a child's development. Careful attention needs to be given to balancing risk and protective factors and balancing strengths and difficulties in the family.*

This is the first step towards developing a common and shared approach to delivering integrated assessment as well as a consistent and coordinated approach to assessments across practitioners.

Every assessment will be informed by the integrated approaches within the Hub. This means that Hub practitioners will apply their specialist skills and knowledge to assessment that is informed by an understanding of practice across family violence and perpetrator services, and children and family services.

Practitioners will tailor their assessment approaches to the needs of the clients and, where appropriate, use the skills and knowledge of their Hub colleagues and other professionals and agencies through:

- secondary consultations
- joint assessments (for example, through joint visits or appointments)
- coordinating information gathering (for example, including requesting and receiving a CIP report)
- multidisciplinary analysis and assessment (for example, through a case discussion or meeting).

This approach is useful for cases:

- that are particularly complex

<sup>10</sup> Adapted from Department of Health and Human Services, *Working with families where an adult is violent*, p. 80

<sup>11</sup> It may take many attempts to engage with an individual or family. Practitioners should refer to the *Support and Safety Hubs: operational guidelines* regarding safety during outreach.

<sup>12</sup> Careful planning and assessment is required when booking an appointment for a perpetrator at a Hub. Further information can be found in the *Support and Safety Hubs: perpetrator practice guidance*.

- where multiple or repeated referrals have been made
- that involve multiple family members
- where previous services or interventions have been unsuccessful in achieving intended outcomes
- where there are a broad range of issues and needs.

Information analysis is critical when determining risk and need. It involves the process of thinking about the information gathered to make sense of what is now known about the woman, child, young person or family's situation. Analysis and planning processes will assist practitioners to make decisions about the actions to take based on the person's needs and risks in relation to the family's strengths, capacity and capabilities.

### **Assessing child vulnerability**

The Best Interests Principles and the BICPM provide a common basis for professionals across the child and family service system to work together and with local communities and other services to meet the needs of vulnerable children and their families by encouraging a consistent focus on safety, stability and development.

Based on the BICPM, the child's experience needs to be viewed through the lens of the age and stage of the development, their culture and their gender. The child's best interests need to be considered holistically and in a culturally competent way at every point of contact with the service system.

Hub practitioners will draw on existing practice guidance and resources, including the [child development and trauma fact sheets in the BICPM](http://www.cpmanual.vic.gov.au/our-approach/best-interests-case-practice-model/child-development-and-trauma) <<http://www.cpmanual.vic.gov.au/our-approach/best-interests-case-practice-model/child-development-and-trauma>>.13

Best practice approaches often involve looking at issues in multiple ways and using professional judgement to develop several theories that help to build understanding of what is happening for the child, young person or family member, and exploring these with relevant family members and other practitioners or professionals.

The BICPM asks practitioners to consider decisions about need and risk based on significant historical and current information and shared analysis including consideration of:

- the severity of the harm to the child
- the vulnerability of the child
- strengths and protective factors within the family
- the likelihood of further harm.

### **Initial planning**

Initial planning in the Hubs will primarily focus on the identified key needs, issues and risks to be addressed through support or services and will focus on the presenting issue or key areas of need.

The planning process should incorporate the views and goals of the person (where appropriate) and, where relevant, be informed by or coordinated with any assessment or planning for other members of the family, including children.

The initial planning for clients will identify the following information that will be used to allocate, provide or refer a person or family to a service response:

- the presenting issue, risk or need identified through assessment
- the proposed type of service(s), support(s) or action(s) to be implemented to address the identified issue, risk or need, including the need for any case coordination/management
- the anticipated intensity of service response required to meet the need or address the issue
- the priority of the service response and identifying any critical risks if the response cannot be provided within an identified timeframe.

<sup>13</sup> Further guidance, tools and practice approaches will be developed to consistently apply the BICPM, and intersect with the ICRAAT tool.

In most instances, more detailed goal-directed case planning will be undertaken by the service, agency or case manager that the person is then connected to, building from the initial Hub's assessment and plan. However, in a small number of cases, the Hub may undertake more detailed assessment and planning. This will be because:

- the person or family is not willing to engage with a service outside of the Hub
- an appropriate service response cannot be identified without further assessment and planning
- the Hub will deliver the service response(s) (for example, targeted intervention).

As with assessment, planning will be informed by information gathered from a range of sources and the advice and expertise of other workers and practice leaders in the Hub team, as well as that from external services. Assessment and planning are important processes in which to engage individuals and families.

To undertake initial planning, practitioners will need to work with colleagues to develop an integrated plan that responds to risk, safety and needs, including considering:

- the information collected through screening and assessment (particularly relating to family violence risk, as well as safety, wellbeing and development risks for children) to inform the planning (risk management) process
- immediate safety planning and risk management that need to be undertaken
- the person's capabilities, preferences and high-level goals (for example, moving closer to family members, addressing mental health issues, getting financially secure)
- opportunities for early intervention and enhancing child wellbeing and development, family functioning and caring capability
- service responses needed
- a perpetrator's understanding of how their use of violence affects their partner, ex-partner, children and other family members, and managing risk.

The plan's development will be supported through:

- integrating all the relevant information that forms the basis of planning including that for each family member
- undertaking safety planning where there is a risk of further family violence
- planning interventions and engaging with perpetrators to encourage them to take responsibility for their violent and abusive behaviours
- obtaining any relevant consent from an adult or, if not applicable, the views and wishes of any adult or child
- implementing responses that attend to the emotional, psychological and physical safety of children and young people, including those in contact with perpetrators
- undertaking case management and coordinated multiagency responses to family violence and child and family vulnerability
- matching people to a service response that is likely to be most effective as quickly and as seamlessly as possible
- providing each person affected by family violence with clear and accurate information to support them to make decisions regarding their desired outcomes
- identifying the need for service coordination and the type of agency that should provide it
- providing advice and support to access and engage with those services, including warm referrals (warm referrals can include phoning the service for the person, passing on information to the service with the person's consent and, in some cases where people need more support, helping them to navigate the service system in accordance with a client's wishes or to support and promote engagement)
- outlining the need for and type of specific interventions required, including flexible support packages and estimating the intensity and duration of these services
- recording detailed case notes on the CRM system that clearly describe the analysis of the information assessed and the case decisions made based on this analysis such as targeted interventions and



agreed tasks/goals, which can then be provided to agencies/service providers with consent as required.

Integrated, multidisciplinary planning will mean that practitioners:

- where relevant, ensure each person has a support and safety plan developed to respond to their risk and needs and that gives consideration to their strengths, capability and goals
- undertake planning, engage with Hub practitioners and colleagues in the community to determine service eligibility and availability, and coordinate timely referrals to supports and services for all family members beyond the Hub.

This is the first step towards developing a common and shared approach to delivering an integrated, consistent and coordinated approach to planning across practitioners.

### Tools and resources

In addition to existing assessment tools and resources, to deliver the foundational service offer practitioners will also have access to the ICRAT<sup>14</sup> through each Hub's CRM system. The ICRAT will replace the current *Family violence risk assessment and risk management framework* aide memoire.

### Cohorts

Hub practitioners will undertake assessment and planning for all clients where, through screening and triage, it has been identified that:

- they potentially require a service response(s) that the Hub should provide or connect the person or family to
- assessment and planning is required to determine the most appropriate supports or service responses (the needs were not immediately apparent or discrete, multiple service responses are likely to be required or there is a need for more intense and coordinated initial engagement with the person or family).

Each individual within a family may require assessment and planning to be undertaken, and by different workers. In these instances, the team leader will allocate one practitioner will take a 'lead' role to ensure that these are coordinated and that contact with the family is streamlined.

For example, where a perpetrator of family violence has been identified, practitioners with the appropriate skillset and experience will undertake initial and ICRAT assessments and proactively coordinate the response to manage the future risk of harm to women and children.<sup>15</sup>

### Practice considerations

Practitioners will also need to be mindful of any intersectional needs for people accessing the Hubs. For example, when undertaking assessments and developing plans for parents or children with a disability, practitioners will need to consider their interface role with other services including the National Disability Insurance Scheme.

The Client Experience Journey work highlighted the need for practitioners to offer reminders that everyone goes through a tough time and they want practitioners to demonstrate they can help and are trustworthy by delivering on small tasks as quickly as possible. Children and young people want practitioners to explain how their information will be used. This helps them to feel supported and safe to share.

### Summary of key activities

Hub function	Summary of Hub response
Assessment and planning	Hub practitioners will: <ul style="list-style-type: none"><li>• undertake an assessment for each client individually, including children</li></ul>

<sup>14</sup> The ICRAT: *Guidance for Support and Safety Hub workers* document is included at Appendix 1.

Hub function	Summary of Hub response
	<ul style="list-style-type: none"> <li>• assess family violence risk using the ICRAT when it is suspected, or when it has been established, that: <ul style="list-style-type: none"> <li>– someone is experiencing or has experienced family violence, or</li> <li>– someone is perpetrating or has perpetrated family violence</li> </ul> </li> <li>• deliver an initial risk and needs assessment for all Hub clients who have undergone screening and triage and require an initial assessment and plan</li> <li>• prioritise the risk and needs assessment where there is a high risk to the health, safety and wellbeing of a person or their family member requiring timely support to prevent their situation from escalating</li> <li>• undertake risk assessment in relation to the risk posed by all perpetrators of family violence referred or identified through screening, including those who do not engage with the Hub and use the ICRAT for all clients including perpetrators where family violence is suspected or has been established</li> <li>• undertake an assessment of the safety and wellbeing of children in line with the BICPM for all cases involving children and young people, with a focus on the response to the whole family considering safety, stability, development and culture, age and stage of life and parental capability</li> <li>• consult with the senior child protection practitioner in formulating the child or family's initial assessment and plan for all children and families where there are serious concerns for the children's safety, development or wellbeing</li> <li>• for clients who identify as Aboriginal or families where a member identifies as Aboriginal, ensure that: <ul style="list-style-type: none"> <li>– the Aboriginal practice leader and/or worker will either lead, or be consulted (with client consent as appropriate), regarding the person or family's initial assessment and plan</li> <li>– clients are offered the choice to work with Aboriginal services (for relevant services where available)</li> </ul> </li> <li>• record <i>all</i> information obtained through screening, identification and triage activities into the CRM system including: <ul style="list-style-type: none"> <li>– relevant information related to the case</li> <li>– the analysis of this information</li> <li>– the decisions made based on the analysis.</li> </ul> </li> </ul>

## Connecting people to the right services

### Summary

The role of the Hubs in connecting people to the right services includes:

- making sure that supports are provided to meet people's immediate safety and wellbeing needs in crisis situations, which can include providing practical and emotional support and access to accommodation
- providing referrals to the broader service system according to the needs of the individual, child, parents or carers, or family – for example, to accommodation, early start kindergarten, alcohol and drug services or disability services (this will be supported by local partnerships, service interfaces and arrangements)
- referring the person or family to a core service response.

### Purpose

Hubs will prioritise and match services to meet the needs of people and families as identified through screening, initial assessment and planning.

Hubs will connect people to services by:

- delivering service responses to clients directly (immediate crisis responses, targeted interventions and brokerage)
- providing the entry point for family services, family violence services and perpetrator services ('core' services)
- linking people to broader services and supports they require based on risk and needs assessments and plans.

Connecting people to services and service responses will mean that practitioners:

- maintain a whole-of-family view when coordinating service responses – for example, making sure people are connected to services they can physically get to
- consider previous service involvement or any current core service involvement to assist in determining a coordinated response that is most likely to be effective in supporting the person or family and addressing their needs
- consider the intersectionality of needs for diverse groups and at-risk age cohorts, and provide them with a choice of specialist services that can support their particular needs where this is possible.

### **Crisis response**

At any time during an individual or family's involvement with the Hub, practitioners may assess that an immediate response is required to secure a person's and/or family's safety or wellbeing. This response can involve providing practical, emotional and financial support and safety planning through targeted brief interventions and warm referrals that support the person to connect to other services.

Hub practitioners will also identify at any stage where an emergency response is required (for example, where someone is, or is at direct threat of being, injured, or where a crime is in progress) and contact emergency services on triple zero (000) to provide a response.

In all matters where a report to Child Protection is being considered (where there are significant concerns for the wellbeing of a child or children and their risk may be escalating to a degree that a report to Child Protection is likely) Hub practitioners should consult with the Hub's senior child protection practitioner.

To ensure timely, appropriate and person-centred crisis support and response, practitioners will consider the following:

- Will the response reduce or eliminate risk?
- Are there any reasonable alternatives such as a person's natural supports that should be utilised in the first instance?
- Does the response support and encourage the person's or family's agency and self-management capability?
- Is the response a one-off intervention and is there a plan for future service provision?
- Is the response adequate to meet the immediate issue? What is the follow-up support required?
- Does this meet the needs of all family members, specifically the needs of any children and young people who are affected?
- Is the person (or their caregiver) unable to take reasonable actions to reduce that risk? (this could be due to the perpetrator's behaviour, lack of available resources, or limited capability or capacity due to a disability or their emotional or mental state).

To achieve this, Hub practitioners will:

- consult with relevant practice leaders
- provide flexible support funding to assist with providing crisis support
- uphold privacy requirements, including providing the opportunity for a person to speak directly with a worker without a carer or family member present
- follow cultural or faith requirements or preferences including in the context of settlement, migration or visa issues.

Hub practitioners are able to provide crisis responses to perpetrators where these responses help to keep victims safe. Examples of these activities include:

- assisting a perpetrator to locate alternative accommodation to reduce the risk of returning to the victim-survivor's home
- linking them to support services.

Immediate crisis responses will be guided by the following principles:

- The response can reasonably be expected to reduce or eliminate the risk.
- Where appropriate, the response supports and encourages the person or family's agency and self-management capability and, to the extent possible, discourages dependence on crisis responses.
- The response or support is not required indefinitely; that is, it is either a 'one-off' intervention (for example, locks changed) or there is a plan for future service provision (for example, motel accommodation pending an assessment or application for longer term housing).
- The response is not replacing an alternative support that should be available or used to address the risk (for example, funding medical services or supplies that are available through the publicly funded health system).
- The response is to the level required to address the immediate issue, with additional or more extensive responses and support considered as part of further assessment at follow-up.

Immediate crisis responses will be directly provided or arranged by Hub practitioners during business hours. This will be in response to direct contact by the person who requires the response (in person or by telephone), or where a request for immediate assistance is received (by telephone) from a professional or concerned family, friend or community member. In instances where the request is received from a third party, the Hub worker will need to confirm the person's agreement/consent for the Hub's involvement.

### **Family violence after hours**

Existing services will continue to deliver or coordinate family violence after-hours responses. The [Family violence after-hours crisis responses – operational guidelines](https://providers.dhhs.vic.gov.au/family-violence-after-hours-crisis-responses-operational-guidelines-word) <<https://providers.dhhs.vic.gov.au/family-violence-after-hours-crisis-responses-operational-guidelines-word>> provide an overview of this service response.

Hub practitioners will play a crucial role in handing over cases to after-hours services and to follow up with the individual or family and, where appropriate, the service provider.

When after-hours support is provided by an existing service, the Hub practitioner will:

- contact the person or family for follow-up the next business day, or
- if the person or family is already engaged with a support service, confirm that it is appropriate for this service to conduct the follow-up assessment.

Where practitioners are providing direct support, Hub practitioners will:

- when providing a business-hours crisis response to a victim-survivor who requires an after-hours response, contact the statewide after-hours service to complete a thorough handover
- contact the family the next business day to confirm their safety and wellbeing and determine follow-up activities.

### **Targeted interventions**

Targeted interventions are service responses that are delivered directly by Hub practitioners to meet a client's needs. They are part of the Hub approach and can be provided to all Hub clients (women, children, young people, families and perpetrators).

Targeted interventions can be used at any point of a client's engagement with a Hub, and will often occur alongside assessment and service planning. Targeted interventions are delivered and can be accessed via the primary physical Hub, other Hub locations or as part of outreach.

Targeted interventions can be used to help families self-manage, to stabilise a situation and to support and engage people while they wait for a longer term response. The type of intervention offered will be tailored to each circumstance and the desired objective of the intervention. These objectives can include early intervention and early help, meeting immediate practical needs, supporting safety, active holding until service capacity is available, or supporting transitions for access to other services.

Practitioners will work with their client to plan the most appropriate targeted intervention. The support plan will help practitioners to determine what targeted interventions to use to assist women, children, young people and families.

The following activities are examples of targeted interventions that Hub practitioners may use to provide timely and practical intervention:

- information and advice
- goal-directed, discrete interventions that support behaviour change and/or harm minimisation (for example, a basic safety plan)
- facilitating connections to legal services, financial counselling and housing support
- access to brokerage
- coordinating services for people who are generally able to self-support (for example, navigating the legal system, linking people to the universal service system, providing advice on local services)
- joint visits and assertive outreach from a combination of Hub practitioners or partner services to reflect the expertise required to respond to the presenting risk and needs and safety planning
- material aid and supplies (SIM cards, toiletries, repairs).

Hubs will also deliver targeted interventions to perpetrators. These will be time-limited and targeted to the perpetrator's stage of change. They will be delivered via telephone and/or planned appointments at the Hub or alternative sites.

## What this looks like in the Hubs

Targeted interventions can be provided to all Hub clients (women, children, perpetrators of family violence, and families). The type of intervention offered will be tailored to each circumstance and the desired objective of the intervention. Receiving a targeted intervention does not make clients ineligible for a longer term response from core services or the broader service system.

Before providing a targeted intervention, practitioners are required to consult a practice leader, seeking their advice on the appropriate targeted interventions to meet a person or family's different needs.

Targeted interventions may be provided for the following reasons:

- To meet an identified need without requiring more extensive or specialised support (diversion away from the service system). Where safe and appropriate, targeted interventions will be used to help people who can self-manage and navigate the service system themselves or whose needs are able to be met through a direct task or intervention (for example, applying for a concession). This may mean providing information and options about or supporting people to access universal or community services (for example, playgroups or community health care).
- To engage a client or family in the service system. This could include providing information and advice focused on goals or needs to encourage or provide an opportunity to develop further trust in the worker and the service system to address other issues, or by providing a regular contact point for someone who is contemplating seeking help.
- To provide support and engage clients in place of other services. This could mean providing regular follow-up or monitoring of risk and needs while a client or family is waiting for a more intensive response to begin. For perpetrators, this might include telephone counselling focused on readiness to engage in services using motivational interviewing techniques.

Targeted interventions will support women, children, young people and families experiencing family violence and provide early help in addressing child safety and wellbeing issues. This could include peer support activities, additional support to access universal services and 'in reach family services intervention' that can support an early response to child vulnerability by building family capability.

## Cohort

The cohort for targeted interventions is broad and largely dependent on the objective of the intervention. They include:

- diversion – women, children and families who, with some support, could successfully self-manage and be prevented from requiring more intensive or specialist services (this may include families that require some additional and early help to prevent escalation of risk)
- stabilisation – all Hub cohorts, particularly women and children
- to promote engagement or to ‘actively hold’ people while they wait for a longer term response – all Hubs cohorts, including perpetrators of family violence.

## Timing and duration

Targeted interventions are designed to act as immediate ‘stop gaps’ to meet immediate needs. Targeted interventions may be all a client needs, but in many cases, they will be provided alongside holistic risk and needs assessments, which may lead into longer term service responses.

## Hubs brokerage

Hubs brokerage will provide service users with quick and flexible support. Brokerage may be used to divert people from entering the service system where it is safe and appropriate to do so, to quickly stabilise an individual or family’s situation, or to promote engagement with hard-to-reach women, children and families. It can also be used for crisis response activities as part of delivering targeted interventions.

Hub practitioners should consider the following when accessing brokerage for an individual or family:

- prioritising the safety and wellbeing of victim-survivors and children in the context of family violence, child abuse and neglect and family vulnerability
- tailoring to the individual or family, informed by their needs, preferences and specific cultural needs
- addressing and responding to children’s developmental needs in their own right
- planning with key partner agencies and the broader service system where relevant and appropriate (in cases of family violence a multiagency approach is required)
- applying accountability, informed by the brokerage guidelines and outcomes framework.

The Program requirements for Support and Safety Hubs brokerage provides further information and guidance regarding the use of brokerage.

## Allocation to core services

A key part of the Hub practitioner role is working with partner agencies to agree on allocation and service responses.

Allocation to services will be based on the initial assessment and plan that has been developed for the individual and, where appropriate, their family.

As a part of this process, practitioners will proactively work across the Hub team and partner agencies to:

- allocate urgent or priority cases within one day, with all other suitable cases allocated to services within one week
- make clear who is responsible for active engagement and risk monitoring (either the Hub practitioner or the service provider) while the referral is being enacted
- provide the identified service with the client’s assessment and plan and any other relevant information
- where multiple services are needed or where an appropriate lead agency is not readily identified, consult with Hub practice leaders to undertake collaborative decision making with core service providers to determine how the case is allocated.

## Referrals to other services

The following guidance will assist Hub practitioners to ensure individuals and families are connected with the broader range of services required to meet their needs.

- Seek client consent to share information as per the relevant legislative guidance.
- Use knowledge of local area services and referral pathways to connect people with the appropriate resources and services.
- Proactively engage and undertake secondary consultation to understand local service capacity and appropriate fit for each person or family.
- Provide as much information to the individual or family about available services to enable the person or family to make informed decisions.
- Facilitate warm and effective referrals to ensure there is continuity and coordination of services. This can include phoning the service for the person, passing on information to the service with the person's consent and, in some cases, attending the initial appointment with the person.
- Use experience of working with the individual or family to identify possible barriers that people may encounter in using another service.
- Consult with the Hub's service system navigator to assess the availability of local resources and problem-solve barriers to accessing the service.
- As much as possible look for opportunities for people to access universal services, including consideration of how the Hub practitioners can support universal services to work with the person or family.
- Consider convening a case conference where there are multiple services involved with a person or family.
- Consult with the integrated practice leader about external services that might best meet the needs of the person or family.

The Client Experience Journey work with victim-survivors highlighted the need for practitioners to ensure that information that is shared can be stored physically or digitally in a safe place for victim-survivors without fear of perpetrators finding out. Families needing support with the wellbeing and care of their children and young people want practitioners to understand what worked and what didn't in the past and being given choice about which actions to take. This helps further self-determination and agency and ensures services are tailored to their needs.

#### **Procedural requirements for referral and consultation: Child Protection, Child FIRST / integrated family services**

The *Procedural requirements for referral and consultation: Child Protection, Child FIRST / integrated family services* provides detailed guidance on:

- legislative requirements and operational principles
- the roles and responsibilities of Child Protection, Child FIRST and integrated family services
- the roles and responsibilities of Local Connections teams
- joint ways of working – the best outcomes for children, young people and families
- intake liaison meetings
- local consultative panels.

#### **Summary of key activities**

Hub function	Summary of Hub response
Connecting people to the right services	Hub practitioners will: <ul style="list-style-type: none"> <li>• allocate urgent or priority cases within one day and all other cases to core services within one week</li> <li>• ensure allocated services have access to the assessment, plan and other relevant information for all clients allocated</li> <li>• clearly identify lead responsibility for continued risk monitoring for each client between the Hub and core services</li> <li>• offer all Aboriginal clients service responses provided by an Aboriginal worker or by Aboriginal services (for relevant services where available)</li> <li>• consider the intersectionality of needs for diverse groups and at-risk age</li> </ul>

Hub function	Summary of Hub response
	<p>cohorts, and provide them with a choice of specialist services that can support their particular needs</p> <ul style="list-style-type: none"> <li>• follow cultural or faith requirements or preferences including in the context of settlement, migration or visa issues</li> <li>• conform with the funding guidelines for using flexible support packages or brokerage funding including when providing crisis support</li> <li>• provide targeted interventions (where relevant) after seeking advice from practice leaders on appropriate targeted interventions to meet different needs</li> <li>• coordinate service responses</li> <li>• maintain a whole-of-family view and approach to support safety and wellbeing</li> <li>• prioritise and match services to meet the needs of people and families as identified through intake, assessment and planning</li> <li>• consider previous service involvement or any current core service involvement to assist in determining a coordinated response</li> <li>• consider the relevant consent thresholds for sharing information and making referrals</li> <li>• consult with relevant practice leaders</li> <li>• uphold privacy requirements, including providing the opportunity for a person to speak directly with a worker without a carer or family member present</li> <li>• record <i>all</i> information obtained through this stage into the CRM system such as details relating to the connection to, and delivery of, services including targeted interventions and use of brokerage by the Hub.</li> </ul>



# Review and monitoring

## Summary

Hubs have a key role in monitoring risk and helping to ensure that services are effective and that positive outcomes for clients are maximised.

Hubs will support people to exit the Hub and service system at the appropriate time. They will monitor clients via feedback from core services and data systems that collect information about interventions provided to clients.

This will take a Hub's functions beyond being merely a 'front door to a siloed service system' and will help to drive integration and more effective service delivery, enhancing a person's or family's experience.

## Purpose

The Hubs plan for, and support, people to exit the Hub and service system. Hubs will help monitor case plans and client outcomes through strong feedback loops and improved data and information systems to collect information about the status of interventions provided to clients.

The purpose of review and monitoring activities is to assess and respond to changes in risk levels and review people's progress towards achieving their goals and outcomes.

## Scope

Review and monitoring of cases will be limited to the duration of a client's engagement with the Hub. Once a client has been allocated to a core service and/or referred to a service in the broader system, responsibility for 'monitoring' will shift to the relevant service.

## What this will look like in the Hubs

For the first five launch sites, review and monitoring will mean that practitioners:

- review cases where they directly provide interventions or remain involved with the person or family
- monitor and regularly review high-risk clients as a priority activity
- review cases at the end of a targeted intervention
- prioritise reviews of clients who have acute needs or present as high-risk cases
- maintain an appropriate level of contact and engagement with clients to ensure their safety and wellbeing and to maximise the opportunity for successful engagement
- hold the perpetrator in view and maintain safe contact to support the perpetrator's connection to services that address violence
- consider the whole-of-family view and the dynamic factors, risks and needs for individuals and family groups
- consider mechanisms for integrating review and monitoring activities to quickly identify escalating risk.

When monitoring and reviewing a case involving children, Hub practitioners may be required to:

- visit the family to look for evidence of improvement or deterioration in the children (this will require the practitioner to physically see the children), noting that, in most cases, reviews will be conducted by the core services or broader services that provided a response
- obtain feedback from the child or young person directly
- contact other services working with the child or young person to obtain information about the child's wellbeing and safety
- maintain an appropriate level of contact and engagement with clients to maximise the opportunity for successful engagement.

## Active engagement and support

There will be circumstances where a person cannot be connected to a service agency immediately. Hub practitioners may be able to provide targeted interventions as part of the Hub's service response and will

be required to identify who will provide engagement and support until a service is able to be provided (the Hub or the agency)

In these circumstances, Hub practitioners will:

- maintain a minimum level of contact and engagement with the client (this will be determined by the preferences and need of the client, their risk level and consultation with the Hub team and practice leaders)
- ensure the nature of contact with the individual or family is documented in the CRM system, including strategies and the agreed planned frequency of contact
- consider the need to review the support plan should there be a change in the person's or family's circumstances
- escalate concerns with the preferred agency to hasten the case allocation or to review and update the client's assessment
- consider crisis interventions as needed and appropriate.

Hub practitioners will deliver the engagement and support activities described above with varied intensity and duration, depending on the level of risk associated with a case, the level of engagement achieved through the assessment period and the willingness or readiness for the person or family to participate in the process.

Team leaders will prioritise cases for active engagement and support.

### **Perpetrators**

The priority areas for active engagement and support include engaging perpetrators where there is a delay in accessing a service.

Practice leaders will establish minimum levels of engagement with perpetrators to keep them accountable, in view, and to establish opportunities for their engagement with monitoring and review activities.

This will involve considering:

- how to ensure that Hubs engage with perpetrators and maintain opportunities for intervention
- the continuum of interventions– for example, whether assertive outreach is appropriate and safe
- the dynamic nature of the risk that perpetrators pose, factors, drivers and triggers
- tailoring interventions and approaches to target patterns and specific needs.

### **Parents and carers**

Hub managers and practice leaders will also establish minimum levels of proactive engagement with parents and carers, and establish opportunities for their engagement with monitoring and review activities.

For practitioners who do not have expertise working with parents or carers to address parenting capability, they will work closely with colleagues in the Hub who do have this expertise to ensure that engagement with parents is effective and led by a Hub practitioner with appropriate specialisation and expertise.

The Hub team is required to maintain engagement with parents as part of meeting the safety, wellbeing and development needs of children with a focus on each parent or carer's behaviour and process of change and risk management. As with engaging with perpetrators, this will involve considering:

- how to ensure that Hubs engage with parents and carers and maintain opportunities for intervention and capability building
- the continuum of interventions – for example, whether assertive outreach is appropriate and safe
- the dynamic nature of the risk, need and parenting capability including factors, drivers and triggers
- tailoring interventions and approaches to target patterns and specific needs.

Practitioners will immediately respond to any escalation of risk and any changes in circumstance – this will occur via alterations to the engagement plan (increased level of contact) as required, or referral to Child Protection via a consultation with the senior child protection practitioner.

The Hub service system navigator will provide support and advice to coordinate and manage these responses across agencies.

### **Monitoring risk**

The Hubs will be responsible for monitoring risk during active engagement and support.

Practitioners will apply existing frameworks to establish a safe and effective approach to monitoring risk within the Hubs including:

- maintaining regular contact with individuals (victim-survivors and male perpetrators) and families
- regular contact with support services and key partners
- asking the Hub's practice leaders for guidance on appropriate actions and methods of engagement
- consulting with the Hub's senior child protection practitioner where there are significant concerns for the wellbeing of children, young people and unborn children.

Practitioners will also be expected to apply their understanding of:

- risk management strategies for family violence and child and family wellbeing and safety
- collaborative risk management, secondary consultation and responding to escalating risk or needs
- consent requirements, particularly for high-risk cases.

### **When will Hubs cease involvement?**

A Hub's involvement with a client(s) can cease at any stage of service delivery. The Hub will close the case under the following circumstances:

- clients have been referred to, or are being managed by, core or broader services
- adult clients refuse services or indicate they no longer wish to engage with services and reasonable efforts to engage have been made
- where families refuse services or indicate they no longer wish to engage with services and reasonable efforts to engage have been made, and there are no significant concerns regarding the safety or wellbeing of children
- a client has received a service from the Hub and does not require any other services
- clients are deceased
- the client or family has moved to another area (outside of the Hub's catchment).

There will be a high number of referrals to Hubs where the person or family has not requested a service. These will include L17 referrals. In these circumstances, individuals may refuse to engage with the Hub worker about the reported risk and needs. Practitioners in this situation will proactively attempt to engage with the person or family, including trying more creative engagement strategies if necessary. In all cases, practitioners should:

- respect a person's decision to refuse the Hub's services, noting that if perpetrators refuse a service, information regarding their level of risk could be provided to police
- if possible, provide the person with information about other services that may be available to assist
- advise the person that they can seek assistance from the Hub or another service provider at any time in the future
- make individuals and families aware of how information will be shared and considered in light of any new incident or concern.

In family matters where there are significant concerns for the wellbeing of children or young people, the outcome of the referral may take a different pathway. In these matters, Hub practitioners can consider:

- convening a case conference, inviting a family services worker or the senior child protection practitioner
- seeking specialist advice from the senior child protection practitioner about the perceived risk posed to the child or young person via the provisions of s. 38 of the Children, Youth and Families Act
- other available interventions that may encourage engagement, including outreach responses with family services workers where a report to Child Protection is likely.

Hub practitioners should consult with the Hub’s senior child protection practitioner in all matters where a report to Child Protection is being considered. This applies to Hub practitioners where there are significant concerns for the wellbeing of children and their risk may be escalating to a degree that a report to Child Protection is likely.

**Considerations before closing**

Before closing a case, Hub practitioners should consider:

- revisiting the person’s or family’s level of risk and the need to undertake any further assessment including activating statutory responses
- advising the referrer of the decisions and actions taken by the Hub
- discussing the transition with the person or family, considering any strong relationships that may have formed with Hub practitioners
- checking that the client is connected with support services to determine whether there has been issues with service provision and/or potential barriers to access
- ensuring all administrative arrangements for the transition are in place, including the transfer of relevant information
- updating the CRM system accordingly.

At transition, Hub practitioners should ensure the client is provided with the relevant information and options to be able to continue to manage their risks and needs and that they are aware of how to re-access the Hub if required.

**Summary of key activities**

Hub function	Summary of Hub response
Review and monitoring	<p>Hub practitioners will:</p> <ul style="list-style-type: none"> <li>• monitor and regularly review high-risk clients as a priority activity</li> <li>• consider mechanisms for integrating review and monitoring activities to quickly identify escalating risk</li> <li>• collaborate with Hub management and practice leaders to determine a review schedule based on the client’s risk level and needs</li> <li>• consider the whole-of-family view and the dynamic factors, risks and needs for individuals and family groups</li> <li>• review an individual or family’s progress towards the goals identified as part of assessment and planning as documented in the case plan</li> <li>• where appropriate, contact other service providers to gather information on the client’s progress with support services and to update the risk and needs assessments</li> <li>• engage with practice leaders and (where required) the Hub manager to problem-solve barriers and review risk and needs assessments and the identified approach</li> <li>• seek the views, feelings and wishes of any children and young people who have received a Hub service</li> <li>• review cases where they directly provide interventions or remain involved with the person or family</li> <li>• review cases at the end of a targeted intervention</li> <li>• prioritise reviews of clients who have acute needs or present as high-risk cases</li> <li>• hold the perpetrator in view and maintain safe contact to support the perpetrator’s connection to services that address violence</li> <li>• maintain contact with clients to monitor their ongoing safety and wellbeing (where appropriate)</li> <li>• maintain responsibility for continued risk assessment and management for all clients who receive a Hub service, including where the client is waiting</li> </ul>

Hub function	Summary of Hub response
	<p>for a service response, and take steps to review and respond to changes in risk levels</p> <ul style="list-style-type: none"> <li>• consult with the Hub’s senior child protection practitioner in all matters where a report to Child Protection is being considered</li> <li>• record <i>all</i> information obtained through this stage into the CRM system such as details relating to monitoring and review activities.</li> </ul> <p>Providers will monitor the review function by capturing data regarding:</p> <ul style="list-style-type: none"> <li>• service use <ul style="list-style-type: none"> <li>– number and characteristics of clients exiting the service system and the reason for the exit</li> <li>– number of repeat presentations to Hubs</li> </ul> </li> <li>• the timeliness of communication of case closure information to relevant referrers and services.</li> </ul>

# Appendix 1: Interim comprehensive risk assessment tool: Guidance for Support and Safety Hub workers

## Introduction

This practice guidance will assist Support and Safety Hub (Hub) workers to undertake family violence risk assessment and risk management using the *Interim comprehensive risk assessment tool* (ICRAT). It will begin by outlining the *Family violence risk assessment and risk management framework* ('the framework') and the ICRAT, and then explain the sections of the ICRAT.

This guidance should be used when it is suspected, or has been established, that someone is experiencing or has experienced family violence, or when it has been established or suspected that someone is perpetrating or has perpetrated family violence.

The ICRAT will be initially tested online by workers in Hubs. This trial will be monitored and feedback will inform modifications to the tool and provide input into the broader redevelopment of the framework.

This guidance acknowledges the skills and expertise of Hub workers and their established knowledge of family violence risk assessment and management. For this reason, the guidance primarily focuses on the using the ICRAT in practice, without providing guidance on engaging with clients and exercising professional judgement. This guidance is supplementary to the broader practice guidance provided by the *Support and Safety Hubs: interim integrated practice framework*.

Hubs have been selected as trial sites for the ICRAT because:

- Hub workers already possess a high level of literacy and skill in family violence risk assessment and a level of experience exercising their professional judgement in assessing the seriousness of family violence risk.
- Hub workers will be undertaking intake, comprehensive risk and needs assessment, triage, service navigation and referral.
- Testing in the Hubs environment will support further refinement before broader rollout and integration of the framework.

## Redevelopment of the *Family violence risk assessment and risk management framework*

The current framework (also known as the common risk assessment framework, or CRAF) was launched in 2007 and helps practitioners from a wide range of fields understand and identify risk factors associated with family violence and respond consistently.

It consists of three key elements:

- the framework
- contextual information necessary to use the framework effectively
- practice guides 1–3.

The Royal Commission into Family Violence acknowledged the foundational strengths of the current framework. However, the royal commission made recommendations for its redevelopment to address gaps in risk assessment tools, risk management practice (including in multiagency environments), training and support to organisations to embed the revised risk management framework and support for practice change.

The royal commission recommended that the risk assessment tool, or 'aide memoire', be updated for current evidence-based best practice, and revised to reflect the needs of diverse communities and at-risk age groups including: children; adolescents; older people; Aboriginal communities; people with

disabilities; culturally and linguistically diverse communities; rural, regional and remote communities; and LGBTI communities.

Redevelopment of the risk management framework will facilitate more effective identification, assessment and management of family violence risk and needs from early intervention through to safety across family violence and the broader service system, including in multiagency environments. The redeveloped framework is expected to be delivered by mid-2018, and select organisations will be prescribed under Part 11 of the *Family Violence Protection Act 2008* to align with the redeveloped framework.

The ICRAT is one component of a suite of tools that are part of the risk management framework redevelopment process, anticipated to include self-assessment, screening (in antenatal and maternal child health settings), weighted risk and perpetrator dangerousness assessments. This broader suite of tools will be made available to workers prescribed under the framework and the scheme from mid-2018.

Because the ICRAT is being developed to support risk assessment for the broadest presentation and across the spectrum of family violence risk, non-gendered language has been used.

## What is the ICRAT?

While the process of redeveloping the current framework continues throughout 2018, an early version of some components of a tool designed for specialist workers will be trialled in the Hub launch sites. The ICRAT is the centrepiece of this trial.

The development of the ICRAT and its risk indicators has been informed by a review of literature, including literature relating to weighted risk assessment tools and an update to the current aide memoire, taking into account current evidence and recommendations from the royal commission and Monash University's Review of the Family Violence Risk Assessment and Risk Management Framework in Victoria.

**The ICRAT will replace the current framework aide memoire in the Hubs. The ICRAT must be used when:**

- **family violence risk is suspected, or it has been established, that someone is experiencing or has experienced family violence risk, or**
- **it is suspected, or it has been established, that someone is perpetrating or has perpetrated family violence.**

## Family Violence Protection Act

The *Family Violence Protection Amendment (Information Sharing) Act 2017* (the Act) amended the *Family Violence Protection Act 2008* to:

- create the purpose-built Family Violence Information Sharing Scheme (FVISS) under a new Part 5A, authorising a select group of prescribed 'information sharing entities' (ISEs) to share information with one another for family violence risk assessment and risk management purposes
- enable the Central Information Point (CIP), once established, to collate information relevant to family violence risk held by core agencies to support Hub risk assessment and management
- empower the relevant minister to approve the redeveloped risk management framework and require alignment by key organisations and funded agencies with it so they can better identify, assess and manage family violence, including in multiagency environments.

The new FVISS and the CIP began on 26 February 2018, operating for a prescribed set of ISEs. Hub workers will be authorised as 'risk assessment entities' (RAEs), a subset of ISEs with broader authorisation to request and share information for a 'risk assessment purpose' when undertaking family violence risk assessment and management, including information about alleged perpetrators and perpetrators without their consent.

The CIP will offer Hub practitioners access to information, primarily about perpetrators and alleged perpetrators, held across Victoria Police, courts, corrections and Child Protection. Through the CIP, Hub workers who are authorised ISEs can request information about a perpetrator or an alleged perpetrator for a family violence risk assessment purpose.

Regulations that require key organisations and funded agencies to align with the framework will be finalised in mid-2018 after the redeveloped framework is delivered. Hub workers will be provided with updated practice guidance to reflect the redeveloped framework when this occurs.

For more information on the FVISS, refer to the [Family violence information sharing guidelines: guidance for information sharing entities](https://www.vic.gov.au/familyviolence/family-safety-victoria/information-sharing-and-risk-management.html) <https://www.vic.gov.au/familyviolence/family-safety-victoria/information-sharing-and-risk-management.html>.

## Relationship to the Family Violence Information Sharing Scheme

Part 5A of the Family Violence Protection Act applies to all ISEs prescribed by regulations in the Family Violence Protection (Information Sharing) Regulations 2017. ISEs will be able to share information for a family violence protection purpose. Those ISEs that are further prescribed as RAEs are also able to share information for a family violence assessment purpose.

Hub workers who are authorised as RAEs should seek information where appropriate to inform risk assessments under a risk assessment purpose or for ongoing risk assessment under a 'protection purpose', in line with their obligations under the FVISS and the guidelines. Hub workers may also be subject to other applicable privacy and information-sharing laws that may be used to share information.

Information received as a result of information sharing under the FVISS, or in accordance with the requirements of any other applicable law, can be used to inform risk assessment using the ICRAT.

## Structure of the ICRAT

The contents of the ICRAT have been tested in a series of targeted consultations with expert practitioners and were validated at a workshop with the expert users consulted and representatives from peak and lead advocacy services.

The ICRAT comprises four individual assessment templates:

- 1. Adult victim-survivor**
- 2. Child victim-survivor**
- 3. Perpetrator**
- 4. Adolescent who uses family violence**

Each of the four ICRAT assessment templates have a similar structure, with additional and/or targeted questions to the individual. It is important to ensure the client has been correctly identified in the intake/screening process because this will determine the ICRAT assessment being completed.

Consistent with the current framework aide memoire, the structure of a risk assessment using the ICRAT includes three elements to support the worker to make a determination on the seriousness of risk to an individual or family, comprising:

- the victim's own assessment of her level of risk
- evidence-based risk factors
- the practitioner's professional judgement.

Practitioners should also consider the cumulative effects of the experience of family violence risk in determining the level of risk, particularly for a child victim-survivor.

The ICRAT can be used when assessing information received directly from an individual, as well as information that is received from information shared by other parties or from other ISEs.

## Questions in the ICRAT

Risk assessment questions in each ICRAT template are accompanied by free-text boxes. Completing these free-text boxes is optional and left to the professional judgement of the practitioner for instances where the practitioner believes important information on context and risk factors is not being captured by



the ICRAT but will inform the practitioners risk assessment and may support multiagency risk assessment and information sharing. Free-text boxes should not be used for case notes and should only be used in relation to the risk being indicated in each section the worker is completing.

## How to access the ICRAT

The ICRAT will be available online, linked to the Hub Client Record Management (CRM) platform. Hub workers will need to log on to the CRM platform and click on the 'risk and needs assessment' tab, which will take them out of the CRM into a linked online environment where workers can complete the ICRAT.

The following sections will provide practice guidance on how to complete each of the four ICRAT templates.

## ICRAT assessment templates

### Adult victim-survivor

#### 'About' section

Each risk assessment should include information about the identity of the individual about whom the risk assessment is being undertaken, including whether they identify as being part of a diverse community, where they are comfortable to share this information, and/or are in an at-risk age cohort.

The aim of this first section is to establish whether family violence risk is present (to undertake screening) and to gain a picture of who the perpetrator is, as well as whether there are any children in the family (including extended family) or in the home who are at risk. These questions should be used when it is suspected that family violence is occurring. The questions in this section are not mandatory because they may have already been asked of the individual prior to being referred for a comprehensive assessment.

The first set of screening questions relates to the perpetrator and is designed to gather basic information about the perpetrator's behaviour:

- Has anyone in your family done something that made you feel unsafe or afraid?
- Who is making you feel unsafe or afraid?
- What is their name?
- What is their age?
- Has anyone in your family controlled your daily activities, isolated or humiliated you?
- Has anyone in your family threatened to hurt you in any way?
- Have you been physically hurt by them?

The second set of screening questions relates to whether the adult victim-survivor identifies with any of the diverse communities listed. It is important that the victim-survivor is asked all these questions and given the opportunity to identify as one or all groups. The answer to these questions will produce further risk indicator questions later in the assessment.

Note that if a worker does not correctly identify a victim-survivor as belonging to any of these groups, they will not be presented with the additional questions developed to identify additional risks.

- Which diverse communities does the client identify as belonging to?
  - Aboriginal and/or Torres Strait Islander
  - Culturally and linguistically diverse (CALD)
  - Lesbian, gay, bisexual, trans and gender diverse and/or intersex (LGBTI)
  - People with disabilities
  - Rural

The final set of screening questions involves identifying whether there are any children in the family or in the home, and some basic information about those children. If there are children in the family or home, a separate risk assessment **must be** conducted for each child identified in this section.

- Are there children in your family? (If so, please list below)
- Are there children in your home? (If so, please list below)
  - Gender
  - Age
  - Relationship to victim-survivor
  - Location

Note that a separate 'child victim-survivor' assessment must be completed for each child identified in this section.

### 'General' questions

The questions with an asterisk next to them are identified as **high-risk factors** because they relate to evidence-based risk indicators denoting increased likelihood of death or near death (lethality) of the victim-survivor from the actions of the perpetrator. It is therefore mandatory that those starred questions are answered. If the chosen response to the mandatory questions is 'not known', then a comment is mandatory next to the question. It is important that the comment clearly identifies the reason the response has been chosen as 'unknown'.

This section has five sub-sections and is designed to assess the seriousness of risk that the perpetrator poses to the adult victim-survivor.

The first set of questions is about the perpetrator's personal circumstances and behaviour in the past 12 months. There are high-risk questions indicated in this section.

- In the last 12 months, has the person:
  - Been unemployed?
  - Been diagnosed with a mental health condition?
  - Threatened or attempted suicide?
  - Had a problem with substance abuse such as alcohol or other drugs? (specify substance)
  - Controlled most or all your daily activities?\*
  - Stalked, constantly harassed or phoned/texted/emailed you?
  - Been obsessively jealous towards you?
- Has any violence increased in severity or frequency?\* (what and how)

The next set of questions asks further information about the perpetrator's violent behaviour. There are high-risk questions indicated in this section.

- Have they ever:
  - Seriously harmed you?\*
  - Assaulted you when you were pregnant?\*
  - Threatened to kill you?\*
  - Threatened or used a weapon against you? (including any object used as weapon)\*
  - Tried to choke or strangle you?\*
  - Forced you to have sex or participate in sexual acts when you did not wish to do so?\*
  - Been reported to police by you for family violence?
  - Broken the conditions of an intervention order or a court order?
  - Had a history of violent behaviour towards non-family members?
  - Harmed or threatened to harm a pet or animal?
  - Been arrested for violent or other related behaviour?
  - Been convicted a violent crime?

Next is a set of questions that support self-assessment and attempts to obtain the victim-survivor's own level of fear about the behaviour of the perpetrator. There are high-risk questions indicated in this section.

- Do you believe they are capable of killing or seriously harming you?\*
- Do you believe they are capable of killing or seriously harming children or other family members?\*
- From 1 (not afraid) to 5 (very afraid), how afraid of them are you now?
- Are you worried about the safety of your children or someone else in your family?
- Are you safe to go home when you leave here? [This answer to this question will feed into the summary report]

The next set of questions is about indicators of risk linked to imminence. The first two questions are specific to intimate partner violence and do not need to be asked for other forms of family violence. However, if practitioners find these questions are relevant beyond the scope of intimate partner violence, it is recommended this be captured both in the response and the free-text box provided. There is a high-risk question indicated in this section.

- [Only relevant to intimate partner violence] Have you recently separated from your partner?\*
- [Only relevant to intimate partner violence] Do you have pending family court matters?
- Are they about to be released from jail or another facility?

The final set of questions is about the perpetrator's behaviour towards children and attempts to assess the risk that the perpetrator poses to any children in the home or family. These questions **must** be asked if any children were identified in the 'About' section of the victim-survivor's assessment. There are high-risk questions indicated in this section.

- Have they ever threatened to harm the children?\*
- Have they ever harmed your children?\*
- Have children ever been present during or exposed to family violence incidents? [Remember to consider your possible legal or policy obligations to report concerns for children's safety and/or wellbeing.]

## **Inclusive practice when assessing risk**

### ***Risk indicators for adult victim-survivors from diverse communities and at-risk age cohorts***

The ICRAT assessment for adult victim-survivors lists additional questions specifically for diverse groups and at-risk cohorts. These should be asked by the Hub worker, depending on the answers to the demographic questions both within the ICRAT and in the CRM system.

The ICRAT includes specific questions aligned to particular risk indicators and dynamics of family violence for diverse communities. Examples of risk indicators and forms of family violence are as follows:

- If a person with a disability relies on someone for care and support, they may experience social isolation and/or be vulnerable to particular forms of violence.
- People from LGBTI communities may face unique forms of violence such as a person's refusal to acknowledge their sexual orientation or gender identity.
- Aboriginal communities may have particular concerns about their community or other family members finding out about violence being perpetrated by other family members or community members due to the small size of the community.
- Older people are particularly vulnerable to some forms of violence including financial abuse and being forced to live somewhere, or with someone, against their will.
- People from culturally and linguistically diverse communities may be at higher risk of control due to a temporary visa status, or may be denied opportunities to pursue their independence, such as by obtaining a driver's licence or attending language classes.
- People living in rural or isolated communities may find it harder to report, and therefore be at higher risk of violence and control because of more limited access to friends and support services.

The questions in the ICRAT for diverse groups attempt to identify these, and many other, risk factors. They can be tailored where necessary or additional questions can be asked to identify the risk factors if required. Additional risk factors not captured by the current ICRAT questions should be captured in the free-text box of each section.

### ***Accounting for intersectionality***

Many factors combine to create an individual's identity and experience, sometimes described as 'intersectionality'. Individuals may have overlapping attributes and experiences, further influencing how workers should consider the dynamics and risks of family violence. For example, a transgender person with a mobility impairment requiring support to meet their daily needs may experience violence or control resulting from the intersection of their physical dependence and gender identity – for example, having access to hormones restricted.

While the ICRAT includes questions specifically relating to risks for diverse community groups, workers should consider that multiple factors may contribute to an individual's experience.

### ***Tailoring your communication approach***

In addition to considering the particular risk indicators for diverse communities and at-risk age cohorts, workers should tailor their communication approach to account for particular experiences and needs. For example, workers may need to make adjustments for people with disabilities that affect their communication, such as using written communication or having a carer or support worker present to ensure they can understand and respond, including to give consent where required.

Workers should consider that potential past experiences of discrimination and barriers to accessing services might affect a person's manner and willingness to engage. For example, some people from Aboriginal communities may distrust services due to past experiences of racial discrimination, and this may affect how they respond to questions.

### Questions for people from LGBTI communities

- Have they outed you or threatened to do so?
- If transitioning – have they stopped you from accessing medication or surgery?
- Have they undermined or refused to accept your identity, including in public and with other family members?

### Questions for people with disabilities

- Are you dependent on them to meet your daily needs?
- Are you fearful they will stop giving you support?
- Do you have access to community support from services or other people with disabilities?
- Have they or any other family member stopped you from accessing therapy, aids, equipment, medication or surgery (if relevant?)

### Questions for people from culturally and linguistically diverse backgrounds

- If you are not a citizen or permanent resident, are on a dependent visa? (details of visa)
- [Only relevant to intimate partner violence] If you were thinking about separating from your partner, would your family or friends be supportive?
- Are you dependent on them for financial needs (consider ineligibility for Centrelink or work rights in Australia, access to own bank account)
- Are you restricted from having contact with your family and friends in Australia or overseas?
- [Only relevant to intimate partner violence] Did you have a choice about being married?

### Questions for Aboriginal people

- Are you concerned that other people in the community or other family members will find out what is happening?
- Are you concerned about further violence from other family members or the community?
- Are you able to get support from your family and community?
- Have you ever been forced to go or stay somewhere you didn't want to be?

### Questions for people over the age of 65

- Are you dependent on them to meet your daily needs?
- Are you dependent on them to meet your financial needs?
- Have they threatened to relocate you or make you stay somewhere you do not want to go?
- Are you socially isolated?

## Questions for people living in rural/isolated communities

- Do you have mobile reception where you live?
- Do you have people close by to help you should you need practical assistance?

### 'Further risk' questions

This section is about identifying further risk and the criminal aspects of the perpetrator's behaviour to help determine the seriousness of risk. It is also to identify protective factors that inform the risk assessment. Hub workers will use their professional judgement in this section to identify the seriousness of risk that has been identified as a result of the assessment and provide a clear rationale for their decision in the free-text box.

- Has a crime been committed?
- What are the protective factors?
- What is the risk level and rationale for it?

### Needs and safety

The final section in the adult victim-survivor assessment is a free-text box for a needs assessment. The needs assessment should be tailored to the specific individual, exploring a range of physical, emotional, economical and psychological needs.

There is space provided to upload the safety plan that has been developed for the victim-survivor. This plan should address the risk factors identified in the assessment and utilise the protective factors for the victim-survivor.

### Child victim-survivor

A separate risk assessment must be completed for each child identified as hearing, witnessing or in any way affected by family violence. The risk assessment will identify and assess the seriousness of risk that the perpetrator poses to the child.

This assessment can be completed by asking questions directly of the child, or of their non-offending parent. In determining if a child can be assessed directly, each child's capacity and maturity must be assessed in relation to their ability to answer questions. Factors to consider include the age and stage of the child as well whether it is safe, reasonable and appropriate to ask them direct questions. (Hub workers should ask the child direct questions where possible, recognising they are victim-survivors within their own right and have the ability to inform their own risk assessment.) If possible, a practitioner who is trained or experienced in working with child victim-survivors should complete any direct assessment with a child.

To assist with this assessment, the questions have been divided into two sections. The first section is tailored to asking the non-offending parent the questions, as they would require a level of capacity and maturity to be asked of the child. However, they can be asked of the child where safe, appropriate and reasonable to do so.

The second section of questions are tailored to the child and can be asked of children with lower levels of maturity or capacity.

### 'About' section

This section contains screening questions about the perpetrator's behaviour towards the child victim-survivor, as well as questions about whether the child victim-survivor identifies as belonging to any diverse communities. The aim of this first section is to establish whether the child is at risk of family violence and gain a picture of who the perpetrator is. These questions should be used when it is suspected that family violence is occurring, but they are not mandatory because they may have already

been asked prior to being referred for a comprehensive assessment (such as during the adult victim-survivors assessment).

The first set of screening questions relate to the perpetrator and are designed to gather basic information about the perpetrator's behaviour.

- Has anyone in your family done something that made you feel unsafe or afraid?
- Who is making you feel unsafe or afraid?
- What is their name?
- What is their age?
- Has anyone in your family controlled your daily activities, isolated or humiliated you?
- Has anyone in your family threatened to hurt you in any way?
- Have you been physically hurt by them?

The second set of screening questions relate to whether the child victim-survivor identifies with any of the diverse communities listed. It is important that the child victim-survivor or their representative is asked all these questions and given the opportunity to identify as one or all groups. The answer to these questions does not produce further risk assessment questions later in the assessment, as it does in the adult victim-survivor assessment. Therefore, workers should utilise the free-text box field at the end of each section to identify any risks present that are related to the child identifying as one of the diverse groups.

- Which diverse communities does the client identify as belonging to?
  - Aboriginal and/or Torres Strait Islander
  - Culturally and linguistically diverse
  - Lesbian, gay, bisexual, trans and gender diverse and/or intersex (LGBTI)
  - People with disabilities
  - Rural

### About children

This section has questions that are framed to the adult victim-survivor/non-offending parent, to assess the seriousness of risk to the child. These questions can be asked directly of a child, if it is appropriate to the child's maturity and capacity. Practitioners should use professional judgement when deciding whether to ask the child these questions and should tailor questions to be asked of the child directly in a way that the child may understand.

- Have you (Has your child) been exposed to or participated in violence in the home?
- Have you (Has your child) had to telephone for emergency assistance?
- Have you (Has your child) ever been removed from parental care against your (their) will?
- Have you (Has your child) witnessed either parent being arrested?
- Have you (Has your child) been asked to monitor the other parent?
- Have you (Has your child) had contact with the perpetrator post-separation and is it supervised?
- Has Child Protection ever been involved with your family or other children in the home?
- Have you (Has your child) ever accessed counselling or support services?
- Can you access the family's passports?

## Questions for children

The questions in this section are directed to children and are appropriate to ask younger children who may not be able to answer more detailed questions. These questions attempt to ascertain the child's self-assessment of their level of risk.

- Are you scared of either of your parents/caregivers or any other adult in the home?
- Have you ever been physically hurt by either of your parents/caregivers?
- Have you ever tried to stop your parents/caregivers from fighting?
- Has your parent said bad things to you about your other parent?
- Have you ever had to protect or be protected by a brother or sister or other child in the home?

## 'Further risk' questions

This section relates to further risk questions to help determine the seriousness of risk, including whether a crime has been committed, other criminal aspects of the perpetrator's behaviour and any protective factors that may inform the risk assessment.

Hub workers will use their professional judgement in this section to identify the seriousness of risk that has been identified as a result of the assessment and provide a clear rationale for their decision in the free-text box.

- Has a crime been committed?
- What are the protective factors?
- What is the risk level and rationale for it?

## Needs and safety

The final section in the child victim-survivor assessment is a free-text box for a needs assessment. The needs assessment should be tailored to the specific individual, exploring a range of physical, emotional, economic and psychological needs.

There is space provided to upload the safety plan developed for the child victim-survivor. This plan should address the risk factors identified in the assessment and utilise the protective factors for the child victim-survivor.

Note that the safety plan may be the same for all children and copied into this section, or they may form part of the non-offending parent's safety plan. Workers should use their professional judgement to determine whether separate safety plans are required for any of the children undertaking this assessment.

## Perpetrator

Perpetrators may come into a Hub via a variety of pathways including self-referral, L17s or if a practitioner suspects an individual is perpetrating family violence. In any of these circumstances, this assessment should be completed by a worker with appropriate skill and experience working with perpetrators, where possible.

## 'About' section

The set of screening questions relate to whether the perpetrator identifies with any of the diverse communities listed. The answer to these questions will be used for demographic data and may result in specific service referrals.



## 'General' questions

The questions with an asterisk next to them are identified as **high-risk factors** because relate to the increased likelihood of death or near death (lethality) to the victim from the actions of the perpetrator. It is therefore mandatory that starred questions are answered. If the chosen response to the mandatory questions is 'not known', then a comment is mandatory next to the question. It is important that the comment clearly identifies the reason the response has been chosen as 'unknown'.

This section has five sub-sections and is designed to assess the seriousness of risk that the perpetrator poses to the adult victim-survivor.

The first set of questions are about the perpetrator's personal circumstances and behaviour in the past 12 months. There are high-risk questions indicated in this section.

- Is there someone you're making feel unsafe or afraid?
- In the last 12 months have you:
  - Been unemployed?
  - Been diagnosed with a mental health condition?
  - Threatened or attempted suicide?
  - Had a problem with substance abuse such as alcohol or other drugs?
  - Controlled most or all of their daily activities? [for example, tries to keep the person from seeing friends or family, insists on knowing where they are at all times, stops them working or seeking health care or having access to money]\*
  - Stalked, constantly harassed or phoned/texted/emailed them?
  - Been obsessively jealous towards them? [for example, angry if they speak with another man, often suspicious that they are unfaithful when you haven't been]
- Has any physical violence increased in severity or frequency in the last year?\*

The next set of questions ask further information about the perpetrator's violent behaviour. There are high-risk questions indicated in this section.

- Have you ever:
  - Seriously harmed them?\*
  - [Only relevant if intimate partner violence] Assaulted them when they were pregnant?\*
  - Threatened to kill them?\*
  - Threatened or used a weapon against them? (including any object used as a weapon)\*
  - Tried to choke or strangle them?\*
  - [Only relevant if intimate partner violence] Forced them to have sex or participate in sexual acts when they did not wish to do so?\*
  - Been reported to police by them for family violence? (specify who the perpetrator has been reported to)
  - Broken the conditions of an intervention order or a court order?
  - Had a history of violent behaviour towards non-family members? (specify details)
  - Harmed or threatened to harm a pet or animal?
  - Been arrested for violent or other related behaviour? (specify details)
  - Been convicted of a violent crime?

The final set of questions is about the perpetrator's behaviour towards children and attempts to assess the risk the perpetrator poses to any children in the home or family. These questions **must** be asked if any children are identified in the assessment. There are high-risk questions indicated in this section.

- Are all the children in the house your biological children?
- Have your/your partner's children ever been present during family violence incidents? [Remember to consider your possible legal or policy obligations to report concerns for children's safety and/or wellbeing]
- Have you ever harmed or threatened to harm your/your partner's children?
- Do you believe you are capable of killing or seriously harming children or other family members?

## Adolescent who uses family violence

Family violence used by adolescents is a distinct form of family violence and requires a different response from family violence by adults. Many adolescents who use family violence may have been subject to violence themselves, and have other linked risk factors. Professional judgement should be used in determining whether a separate child victim-survivor assessment should also be completed (if they are both a victim and using violence).

This assessment identifies risk indicators as well as protective factors, given therapeutic and diversionary responses are recommended for adolescents using family violence.

### 'About' section

The set of screening questions relate to whether the adolescent who uses family violence identifies with any of the diverse communities listed. The answer to these questions will be used for demographic data and may result in specific service referrals.

### Questions for adolescents who use family violence

- Do you frequently miss days of school?
- Is there someone in your life that you respect and are connected to?
- Have you ever injured anyone in your home?
- Have you ever damaged a family member's property?
- Have you stalked, harassed or repeatedly phoned/texted/emailed any family members?
- Have you ever threatened to use a weapon against a family member? (including any object used as a weapon)
- Have you ever tried to choke or strangle any family members?
- Have you ever thought about killing or seriously harming a member of your family?
- Have you ever threatened to kill any family members?
- Have you ever threatened or attempted suicide?
- Do you have a diagnosed or undiagnosed mental health condition?
- Do you use alcohol or substances?

## Safety planning and referral

Consistent with the current framework, safety planning is the process of identifying and documenting (in case notes) the steps required to optimise a state of safety for all victim-survivors in a family.

At a minimum, the safety plan should:

- list the contact number for a family violence organisation
- list emergency contact numbers
- identify a safe place for the victim to go if they are in danger, and how to get there
- identify a friend, family member or neighbour who can assist in an emergency, and how to contact them
- identify a way for the victim to get access to money in an emergency
- identify a place to store valuables and important documents so that the victim can access them when needed

- specifically address any barriers to the victim implementing the safety plan (for example, leaving a pet behind, or having mobility or communication difficulties).

The Hub worker should refer to the FVISS guidelines about sharing information that is relevant to assessing and managing family violence risk, including for safety planning, risk management and referral purposes.

The Hub worker should obtain any relevant consent from the adult victim-survivor or, if not applicable, the views and wishes of any adult victim-survivor or child victim-survivor.

## Feedback

The questions asked in each ICRAAT template are based on risk indicators that have been determined by a review of literature and recommendations from the royal commission, the Monash review and a range of inquests, as mentioned above. As the ICRAAT is being trialled in Hub launch sites, Hub workers will be asked to provide feedback on the questions to inform iterative development of the ICRAAT and the broader suite of tools accompanying the redeveloped framework.

## Appendix 2: Privacy and information sharing

Information sharing is a key enabler for the Support and Safety Hubs and is essential in helping the Hubs and its workers support the agency of women, children and families to ensure that the services people receive meet their needs and goals.

When people access the Hubs, Hub workers will rely on information from a range of sources, including clients, police and other referrers. To undertake Hub functions such as screening, identification and triage, and assessment and planning in a way that best supports and responds to people's risks and needs, the Hubs will need information from external sources such as schools or the Central Information Point (CIP) for family violence matters. Workers will also need to share information with other Hub workers and other professionals. The Hub Client Relationship Management (CRM) system has been developed to enable Hub organisations to securely collect, use and disclose confidential information in the Hubs. The Hub service model gives precedence to safety and wellbeing over privacy.

Hubs will deal with people's confidential information (which includes health information and personal information), and it needs to be handled with care.

When operating within the Hubs, Part 5B of the *Family Violence Protection Act 2008 (Vic)* (FVPA) gives workers a broad allowance to get on with their jobs, including by using the CRM system to store all client records, and engaging in flexible, ongoing discussions with managers, practice leaders and other Hub workers as part of delivering Hub services to clients.

In summary:

- The key legislation applicable in the Hubs is the new Part 5B of the FVPA, which enables information sharing between Hub workers as part of delivering Hub services. Specifically, Hub workers may collect, use and disclose confidential information where relevant to delivering Hub services.
- Workers must store confidential information on the CRM system and may access existing information on the CRM if relevant to a Hub service.
- Hub workers must not collect, use or disclose confidential information without an appropriate reason for doing so.
- Hub workers need to adhere to other relevant privacy and information-sharing rules where confidential information is coming into or going out of the Hub (for example, to an external referral). This includes:
  - the *Privacy and Data Protection Act 2014 (Vic)* (including the Information Privacy Principles)
  - the Family Violence Information Sharing Scheme (FVISS) in Part 5A of the FVPA
  - the *Health Records Act 2001 (Vic)* (including the Health Privacy Principles)
  - the *Children, Youth and Families Act 2005 (Vic)* (CYFA)
  - the Children Information Sharing Scheme in the *Child Wellbeing and Safety Act 2005 (Vic)* (which will come into operation later in 2018)
  - the *Privacy Act 1988 (Cth)*.

When operating out of the Hubs context, such as when information comes into or goes out of the Hub, or at any time a Hub worker is not providing a Hub service, existing laws and frameworks about information sharing and privacy will apply.

Hub workers, in discussion with team leaders, should always make appropriate judgement about the extent of confidential information that needs to be collected, used and disclosed. It is important that people's privacy, wishes and needs are respected, where appropriate.

The following information includes a range of scenarios to help illustrate key points.

### Information sharing within the Hubs

#### Part 5A of the Family Violence Protection Act

On 26 February 2018 the FVISS was established in Part 5A of the FVPA to facilitate the effective sharing of crucial information between prescribed information sharing entities (ISEs). The FVISS provides

additional powers to ISEs to share and request information for the purposes of family violence assessment or family violence protection.

The [Family violence information sharing guidelines](https://www.vic.gov.au/system/user_files/Documents/fv/Family%20Violence%20Information%20Sharing%20Guidelines%20-%20Guidance%20for%20Information%20Sharing%20Entities.pdf)

<[https://www.vic.gov.au/system/user\\_files/Documents/fv/Family%20Violence%20Information%20Sharing%20Guidelines%20-%20Guidance%20for%20Information%20Sharing%20Entities.pdf](https://www.vic.gov.au/system/user_files/Documents/fv/Family%20Violence%20Information%20Sharing%20Guidelines%20-%20Guidance%20for%20Information%20Sharing%20Entities.pdf)> provide detailed guidance for ISEs regarding information sharing under the FVISS.

The FVISS also enables the CIP as an effective and timely conduit of information sharing for core agencies.

### Scenario

A Hub worker has undertaken a family violence risk assessment and assessed that their client is at risk of family violence from her partner. The client provides the Hub worker with details of a men's behaviour change program that her partner has been attending. The Hub worker calls the men's behaviour change program, which is prescribed as an ISE, to a request a copy of their risk assessment and any risk factors that have been indicated through the program so that the Hub worker can undertake ongoing risk assessment and put in place effective risk management strategies for their Hub client.

**Question:** Can the men's behaviour change program provide the Hub worker with the requested information regarding their client?

**Answer:** Yes. Part 5A of the FVPA requires the men's behaviour change program (the responding ISE) to provide relevant information about their client for a family violence protection purpose. As the information requested is relevant for a family violence protection purpose, it must be shared.

## Part 5B of the Family Violence Protection Act

On 11 April 2018, the new Part 5B of the FVPA commenced to facilitate information sharing in the Hubs.

Part 5B will simplify and streamline the sharing of confidential information within the Hubs as if the Hubs were one organisation. This legislation does not interfere with existing privacy, child protection and wellbeing legislative provisions that permit information to be shared in various circumstances.

Part 5B enables authorised Hub entities (and their officers, employees or contractors) to collect, use and disclose confidential information to other authorised Hub entities, if it is for a purpose related to the providing Hub services.

### What is an *authorised Hub entity*?

An authorised Hub entity is a person or entity declared by the Minister. The Minister has declared those community service organisations (CSOs) that are funded to provide Hub services to be authorised Hub entities. The department and Family Safety Victoria (FSV) are also authorised Hub entities. Officers, employees and contracted service providers of these entities are included.

### What is a *Hub service*?

A *Hub service* is defined as a service provided either by the Victorian Government or a CSO through a contract with the Victorian Government, in relation to or for the purposes of the Hubs.

### When can a Hub refuse to provide a person with access to their confidential information?

Part 5B also includes protections against releasing information held by the Hubs where doing so could create a safety risk – for example, where a perpetrator seeks access to their information that includes information about a victim-survivor or a child. These provide that:

- authorised Hub entities are provided with the right to refuse an individual access to their confidential information if the authorised Hub entity reasonably believes that providing the information would increase a risk to:
  - the safety of a child, or
  - a primary person’s safety from family violence (if the person requesting the confidential information is a person of concern or a person alleged to pose a risk of committing family violence)
- the personal affairs exemption under the *Freedom of Information Act 1982 (Vic)* is broadened so that if a request is made to an authorised Hub entity, regard must be had (when making a decision) to whether disclosure of the document would increase the risk to a person’s safety from family violence, or whether it would increase the risk to the safety of a child.

**What is a *primary person*?**

A person is a ‘primary person’ if an ISE reasonably believes that there is a risk that the person may be subjected to family violence.

**What is the personal affairs exemption under the Freedom of Information Act?**

The personal affairs exemption enables an agency to refuse to provide documents that would involve the unreasonable disclosure of information relating to the personal affairs of any person.

**Which legislative requirements do not apply under Part 5B?**

Part 5B of the FVPA overrides the following legislative requirements so they do not apply to authorised Hub entities providing Hub services:

- the requirement for authorised Hub entities to obtain consent to collect, use or disclose an individual’s confidential information for the provision of Hub services
- Information Privacy Principles and Health Privacy Principles 1.3, 1.4 and 1.5, which provide that:
  - organisations should take reasonable steps to ensure that individuals whose personal information has been collected are aware of a number of matters regarding the purpose for which the information which has been collected and to who it may be disclosed
  - where possible, personal information should only be collected about an individual from an individual
  - where personal information is collected about an individual from someone else, an organisation should take reasonable steps to ensure that the individual whose personal information has been collected is aware of a number of matters regarding the purpose for which the information which has been collected and to who it may be disclosed, unless this would pose a serious threat to the life or health of an individual.

**What will good practice look like?**

Good practice within the Hubs will be for Hub workers to, wherever possible, keep clients informed about how their information will be used and to aim to meet client’s requests around how their confidential information will be used. Clients may be directed to the [publicly available website](https://www.vic.gov.au/orangedoor/your-information-and-privacy.html) <<https://www.vic.gov.au/orangedoor/your-information-and-privacy.html>> for further information on privacy if it is required.

**What will the new Part 5B allow Hub workers to do?**

The new Part 5B will allow Hub workers to:

- save identifying details about a person into the CRM system on receiving a referral (for example, an L17 from Victoria Police)
- collect information about a person before there is an opportunity to engage with them, such as information collected through a referral
- collect information from a Hub client about another person (where relevant to providing a Hub service) without being required to tell the other person

- collect and use sensitive and health information about a client as part of providing a comprehensive service
- share information with a colleague in the Hub to draw from the expertise of a worker from a different specialisation (for example, a specialist family violence worker may consult with a Child FIRST worker)
- discuss a complex case in a multiagency risk assessment meeting in the Hub
- access a repeat client's previous CRM records to find information about their previous engagement with a Hub, including their risks and needs as identified at that time
- access the CRM records of other people that have a relationship with a client to find relevant information to inform risk and needs assessment, and coordination
- share information within the Hubs without being required to keep a record each time this is done.

The below scenarios illustrate how Part 5B may affect information sharing within the Hubs.

### Scenario<sup>16</sup>

The Hub receives an L17 referral from the police. The named party in the L17 is the victim-survivor, who is the mother of a two-year-old child. The child has not been identified by the police as a person who requires protection. However, the Hub worker identifies that the child was present during the latest incident and determines that there is a concern about the wellbeing of that child and that the child may require Hub services.

**Question:** Before contacting the child's mother, can the Hub worker:

- look up the CRM system to see if there are any previous records for the child?
- open any existing CRM records that reference the child to see if they contain relevant information?
- talk to another Hub worker for another perspective about the child's case?
- create a person and case record on the CRM system?

**Answer:** Yes to all of the above. Part 5B enables an authorised Hub entity (which includes the Hub worker) to collect, use and disclose an individual's confidential information to provide Hub services. Given that the collection, use and disclosure of the child's information is related to providing Hub services, the Hub worker is permitted to do these things under Part 5B of the FVPA.

### Scenario

A woman contacts the Hub asking for advice for her sister and two adolescent nieces. She provides personal details of each family member and says she believes their safety may be at risk if they don't get support to leave the situation.

**Question:** Would the Hub worker need to first contact the sister and the nieces before making use of their confidential information? Would the Hub Worker make contact with the sister and the nieces?

**Answer:** No. The Hub worker may collect, use and disclose to other Hub workers the clients' confidential information for a purpose related to providing Hub services. This would allow a Hub worker to create screening records and document the conversation on the CRM system. The screening records would remain on the CRM system and would be accessible to a worker in future if relevant to a Hub service

Due to increased risks associated with cold calling a potential victim, the Hub worker would not make direct contact with the sister or nieces. Hub workers should support the caller with their own concerns, providing information about Hub services and request this information be passed on to the person/s at risk so they can make contact on the basis of their own agency and decision making. In the event of serious risk to either the sister or the nieces, appropriate liaison with police and the Senior Child Protection Practitioner would be required. .

<sup>16</sup> The scenarios in this appendix have been included to illustrate specific circumstances where information may be collected, used and disclosed by Hub workers within the various legislative regimes; however, they do not constitute legal advice and should not be relied on as such.

### Scenario

A perpetrator makes a request to a Hub organisation for access to all confidential information about himself that is held by the Hub. The Hub organisation determines that the requested information includes information about a victim-survivor who previously left the perpetrator, including her current address.

**Question:** Does the Hub organisation have to provide the perpetrator with access to all confidential information about him?

**Answer:** No. Access to an individual's confidential information may be refused if there is a reasonable belief that:

- the information is the confidential information of a person of concern
- providing the individual with access to the information would increase the risk to a primary person's safety from family violence.

## Providing clients with details about information sharing and privacy

The *Support and Safety Hubs: service specifications* provide that during initial conversations or meetings with Hub clients, Hub organisations should, where possible, inform the individual of:

- the role and function of the Hubs, their purpose and what they can (and can't) provide and any relevant obligations in using the service
- how to contact the Hub in the future, or other relevant services including crisis, after-hours and emergency services
- how their confidential information will be collected, used and disclosed and how their privacy will be safeguarded
- how to provide feedback on services provided by the Hub.

In relation to providing information about confidential information, workers are encouraged to inform clients that the Hub:

- is committed to safeguarding privacy
- will collect, use and disclose confidential information in line with the law
- might seek relevant information from other places to help assess risk and provide other services
- will store information on the Hub's secure IT system, which is only accessible to Hub workers
- provides more information about privacy on the [orange door website](https://www.vic.gov.au/orangedoor/your-information-and-privacy.html)  
<<https://www.vic.gov.au/orangedoor/your-information-and-privacy.html>>.

## Sharing information externally to the Hubs

While information sharing within the Hubs will be simpler and more streamlined as a result of Part 5B of the FVPA, the Hub workforce will still need to be aware of, and adhere to, other legislative requirements in relation to privacy and information sharing in a number of circumstances, such as when:

- collecting confidential information from or about an individual, including from external agencies
- disclosing confidential information externally to the Hubs
- not delivering Hub services.

As a general principle, in the Hubs:

- workers should be aware of applicable privacy and information-sharing requirements at all times in delivering Hub services, and particularly when collecting, using and disclosing confidential information outside of the Hub context
- Hub organisations should develop policies and procedures to ensure that privacy and information-sharing requirements are met



- workers should respect people’s privacy, and their information should only be collected, used and disclosed where appropriate and lawful
- information should only be shared with other workers or organisations where appropriate and lawful.

Below is a summary of the main legislative requirements in relation to privacy and information sharing that will apply to the Hub workforce in addition to Part 5B of the FVPA.

## Privacy and Data Protection Act (PDPA) and Information Privacy Principles (IPPs)

The PDPA provides for the responsible collection and handling of ‘personal information’ by public sector organisations and contracted service providers, including Hubs organisations. Personal information is information or an opinion that is recorded in any form about an individual whose identity is apparent, or can be ascertained, from the information or opinion.

Information privacy protections are embodied in 10 IPPs in Schedule 1 of the PDPA. Recent legislative changes remove the requirement for a threat to be imminent in relation to a number of IPPs. This means that an organisation may now:

- share personal information if it reasonably believes it is necessary to lessen or prevent a serious threat to an individual’s life, health, safety or welfare
- refuse to provide an individual with access to their personal information if access would pose a serious threat to an individual’s life, health, safety or welfare.

The PDPA is regulated by the [Office of the Victorian Information Commissioner](https://www.cdpd.vic.gov.au/index.php) <<https://www.cdpd.vic.gov.au/index.php>>, which provides resources in relation to privacy and data protection.

## Health Records Act (HRA) and Health Privacy Principles (HPPs)

The HRA protects the privacy of people’s health information. Health information is defined in the HRA and includes personal information about a person’s health, disability, healthcare wishes, healthcare history and genetic information. The HRA applies to health information handled by a wide range of public and private sector organisations.

Health privacy protections are embodied in HPPs in Schedule 1 of the HRA. Recent legislative changes remove the requirement for a threat to be imminent in relation to a number of HPPs. This means that an organisation may now:

- collect an individual’s health information if it is necessary to prevent or lessen a serious threat to an individual’s life, health, safety or welfare
- share health information if it reasonably believes it is necessary to lessen or prevent a serious threat to an individual’s life, health, safety or welfare.

### Scenario

A Hub worker has engaged with a client and determined that their case would benefit from a referral to an external service provider for ongoing case management.

**Question:** Does the Hub worker need to obtain the client’s consent to refer the case out of the Hub and share information with the external service provider?

**Answer:** Usually, yes. While there may be a legal basis to share information with an external service provider without consent in some circumstances (for example, where there is a serious threat to the client’s safety), in most circumstances it is best to seek the client’s consent so that the client has choice and agency. This ensures that an appropriate legal basis for sharing the information is in place.

## Children, Youth and Families Act

The CYFA provides a legislative framework for ensuring that child, youth and family services best support children’s needs. Part 3.2 of the CYFA provides for referrals to be made to either the Secretary

to the department or to a community-based child and family service (CBCFS) if a person has a significant concern for the wellbeing of a child. As all Hub organisations are registered CBCFSs under s. 46 of the CYFA, all Hub workers must ensure they are familiar with the provisions of Part 3.2 of the CYFA.

**Scenario**

A woman calls the Hub seeking help about her son (who is not yet 18), who has been threatening and using violence against her younger son when they are home alone together. She mentions that the family has previously received assistance from a community service provider.

**Question:** Can the Hub worker discuss information about the children and the family with the external community service provider for the purposes of assessing the risk to the child?

**Answer:** Yes. The mother has referred the matter to the Hub (which is made up of CBCFSs as defined in the CYFA) because she has a significant concern for the wellbeing of her younger son. Accordingly, Part 3.2 of the CYFA permits the Hub worker to disclose information about the child or family to community services and service agencies (among others) for the purposes of:

- assessing the risk to a child
- determining the appropriate body to provide assistance to the child or family.

In order to comply with s. 39 of the CYFA, the Hub worker must ensure they record on the CRM system any disclosure made to the external community service.

Good practice would be for the Hub worker to let the mother know that they intend to share the information.

**Child Wellbeing and Safety Act**

The Child Wellbeing and Safety Act will be amended in September 2018 to establish an information-sharing scheme designed to enable specified entities to share confidential information in a timely and effective manner to promote the safety and wellbeing of children.

**Privacy Act**

The Commonwealth Privacy Act applies to all health service providers in the private sector throughout Australia. A ‘health service provider’ is a person or entity who provides a health service and holds health information, even if providing a health service is not their primary activity. Health service providers are covered by the Privacy Act for all activities involving the handling of personal information, not just activities that relate to providing a health service.

The Australian Privacy Principle (APPs) contained in Schedule 1 of the Privacy Act outline how most Australian and Norfolk Island government agencies, all private sector and not-for-profit organisations with an annual turnover of more than \$3 million, all private health service providers and some small businesses must handle, use and manage personal information.

**CRM free-text box titled *Key issues***

The free-text box at the top of each person’s case record is a mandatory function in the CRM system. Unless a record contains child wellbeing referrer details, the text box should not be used and the words *Not applicable* should be included to comply with the mandatory requirement.

The alerts function should be used to record all critical information relating to a case or person’s record – for example, if a client has indicated that they are not comfortable with a particular organisation having access to their information. More detail about the use of the alerts function is included in the *CRM user guide*.

**How to use the free-text box titled *Key issues***

<b>Situation</b>	<b>Example of wording that could be used in the free-text box</b>
If a record does not contain child wellbeing referrer details	<i>Not applicable.</i>
Where a record contains referrer details for a child	<i>This record contains child wellbeing referrer</i>

## Misuse of information

When a Hub organisation enters information into the CRM system, this information is disclosed to other Hub organisations as well. This means other Hub organisations can access and use that information to provide services to families, victim-survivors and children, and to hold perpetrators to account. Information in the CRM is available to all CRM users statewide. Therefore, it is critical that Hub organisations only access the information in the CRM in a lawful way, including in a way that it is relevant to their work in the Hub, for appropriate purposes, and under appropriate authorisations, such as those outlined in Part 5B of the FVPA.

There are circumstances where a Hub worker might inadvertently enter irrelevant information into a client record on the CRM system or share client information with another worker where there is no strict need to do so as part of delivering the Hub service. This is contrasted from deliberate misuse or prying.

Misuse of information would include things like accessing information on the CRM system for personal reasons, or disclosing it on social media. Such misuse may be a breach of the law and will be treated very seriously by FSV and Hub organisations.

As part of quality assurance, FSV will conduct audits of CRM usage to ensure that Hub organisations and workers are complying with their privacy and information-sharing obligations. Depending on the extent and circumstances of the breach, FSV may terminate the CRM use and access agreement with the Hub organisation and raise the issue with the department under an organisation's service agreement. Audits and investigations may also be conducted by the Office of the Victorian Information Commissioner, Victoria Police and other relevant agencies.

### Legislative consequences of misuse

Both the PDPA and the HRA contain provisions that enable individuals to complain to the Office of the Commissioner for Privacy and Data Protection and the Health Complaints Commissioner respectively, if they believe that an act or practice of an organisation may have interfered with their privacy.

In certain circumstances, complaints made to the respective commissioners may be referred to the Victorian Civil and Administrative Tribunal (VCAT).

VCAT has the power to make a range of orders in respect of any privacy complaints it deems as proven. These orders include:

- an order restraining the organisation from repeating or continuing any act or practice the subject of the complaint
- an order that the organisation carry out specific acts to redress any loss or damage (which can include injury to their feelings or humiliation) the complainant has suffered; and
- an order that the complainant is entitled to an amount, not exceeding \$100,000, by way of compensation for the loss or damage suffered (which can include injury to their feelings or humiliation).

## Contractual requirements under the service agreements and the CRM use and access agreement

### Service agreements

In each service agreement between the department and Hub organisations, Hub organisations agree to be bound by the IPPs, the HPPs and any applicable code of practice made under the PDPA and the HRA, irrespective of whether a federal privacy code applies to an organisation under the Commonwealth Privacy Act.

In addition, the service agreement requires Hub organisations to comply with the *Protective data security plan* developed for the department under the PDPA and any direction, guideline, determination or recommendation made by the Victorian Commissioner for Privacy and Data Protection or the Victorian Health Services Commissioner.

Hub organisations must also ensure that any person, including a subcontractor, who may deal with relevant data, personal information or health information on behalf of the Hub organisation is made aware of the obligations under the service agreement.

Any breach or possible breach of the privacy and data protection obligations must be reported to the department immediately.

### **CRM use and access agreement**

The CRM use and access agreement is a contract between each Hub organisation and FSV that sets out important terms and conditions on the acceptable use of the CRM and the Hub organisation's privacy and information-sharing obligations. FSV will grant Hub organisations the right to access and use the CRM once they sign the CRM use and access agreement.

Hub organisations must also take reasonable steps to ensure that information entered into the CRM system is accurate, up to date, complete and relevant. Confidential information in the CRM must be protected from loss, misuse, unauthorised access, modification or disclosure.

Hub workers can only access information they are authorised to in the CRM system. There will be information in CRM that is only accessible for certain users. It is the responsibility of Hub organisations to provide clear operational guidance and training to Hub staff regarding the acceptable use of the CRM, and the kinds of information that different Hub workers are permitted to access.

Hub workers will also be monitored and audited on their obligations for the use of CRM under the use and access agreement, and will be subject to disciplinary action in the event of breach of agreement conditions. Under the agreement, access to the CRM can be removed if a data breach has occurred. This includes actual or suspected:

- unauthorised access to, or use, modification or disclosure of any confidential information on the CRM or the Hub organisation's systems
- misuse, interference or loss of any confidential information on the CRM or the Hub organisation's systems
- breach of the Hub organisation's obligations under the agreement or under law.

## **Record-keeping obligations**

Hub workers are responsible for managing the records they create and receive in their work in accordance with the standards issued under the *Public Records Act 1973*.

The Public Record Office Victoria (PROV) has established a number of standards and materials that apply to the efficient management of public records. In particular, the following standards may be of assistance in managing public records held within the Hubs:

- PROS 08/12 Retention and Disposal Authority for Records of Child Protection & Family Services Functions
- PROS 07/01 GDA for Records of Common Administrative Functions.

Broadly, the PROV standards:

- identify records that are worth preserving permanently as part of Victoria's archival heritage
- prevent the premature destruction of records that need to be retained for a specified period to satisfy legal, financial and other requirements or public administration
- authorise the destruction of those records not required permanently.

In addition, Hub workers will need to maintain custody of and manage all records as specified by FSV or the department and in accordance with any applicable policies, to allow the records to be quickly and easily accessed, retrieved, reviewed, used and kept.

The CRM system will be the central point for creating and storing records within the Hubs. Separate record keeping (such as in a Hub organisation's home agency database) should only be done if necessary, and not as an alternative to within the CRM. The service model and service specifications detail the type of information that Hub workers will need to record in the CRM as follows:

- client information collected from a range of sources including client interviews, observations of young children, referrals, the CIP and other service agencies
- case records, assessments, plans and reports generated by Hub workers in their work with clients
- core client demographic and contact information (name, address, telephone, preferred communication method and demographic characteristics)
- key information gathered through the work of the Hubs with clients and the immediate steps/decisions/actions taken by Hub workers
- details regarding any past, current or future service responses or service allocations
- information provided to the client including regarding the handling of their information, applicable privacy standards and legislative requirements and consent or agreements to request from or provide personal information to specified other agencies, professionals or third parties
- consultation on cases within the Hub including with practice leaders.

FSV will have the lead role in managing all records that are stored on the CRM system. FSV, on behalf of the Victorian Government, also retains legal ownership of all records created and received by Hub workers.

Further information on records management can be found on the [Public Record Office Victoria website](https://www.prov.vic.gov.au/) <<https://www.prov.vic.gov.au/>> and the [Funded Agency Channel website](https://fac.dhhs.vic.gov.au/policies-and-procedures) <<https://fac.dhhs.vic.gov.au/policies-and-procedures>>.

## Appendix 3: Key terms and definitions

The following terms and definitions are used in the interim practice framework and are consistent with those used in the *Support and Safety Hub: statewide concept*. Where identified, terms and definitions are also used from the *Best interests case practice model: summary guide* (2012) and *Cumulative harm: Best interests case practice model specialist practice resource* (2012).

### **Aboriginal**

In this document the term 'Aboriginal' is used to refer to both Aboriginal and Torres Strait Islander people living in Victoria.

### **Aboriginal self-determination**

Aboriginal self-determination means Aboriginal people making decisions about matters that affect their lives and communities. It means that Aboriginal Victorians need to be at the centre of decision making and be supported to make informed choices. For the Hubs, this means Aboriginal people being able to determine (with all the information they need, and knowing and valuing who they are) what they want and how to go about getting it. The role of the Hubs as an entry point to the service system is to facilitate that process. Aboriginal services and communities will be part of the co-design process for the Hubs, helping to ensure that all aspects of the Hubs respect the needs of Aboriginal Victorians.

### **Access network**

Each Hub will form an 'access network' across its local area. This network reflects the fact that access to the Hubs may be through a variety of modes – telephone, online or face to face.

### **Best interests case practice model (BICPM)**

The BICPM provides a common foundation for working with children, including unborn children, young people and families. Designed to inform and support professional practice in family services, child protection and placement and support services, the model aims to achieve successful outcomes for children and families.

(Adapted from the *Best interests case practice model: summary guide* (2012).)

### **Best Interests Principles**

The *Children Youth and Families Act 2005* states that the best interests of a child must always be paramount when making a decision, or taking action. When determining whether a decision or action is in the child's best interests, there are a number of needs that must always be considered:

- the need to protect the child from harm
- the need to protect the child's rights
- the need to promote the child's development (taking into account his or her age, stage of development, culture and gender).

The Best Interests Principles described in s. 10 of the *Children Youth and Families Act* provide a unifying framework for practice. The Children's Court, Child Protection and the family services sector must comply with them in taking any action or making a decision about a child.

### **Culturally and linguistically diverse (CALD)**

'Culturally and linguistically diverse' or 'CALD' is used to reflect the fact that the Victorian population is ethnically diverse. The Victorian Government is committed to delivering services that meet the diverse needs of people from multicultural communities, including people with refugee or asylum-seeking backgrounds.

### **Centres Against Sexual Assault (CASAs)**

There are 15 CASAs across Victoria. CASAs offer free, confidential 24-hour emergency or crisis care for victim-survivors of sexual assault. This includes crisis counselling support and access to medical care and legal services, as well as counselling support for adults who were abused in their childhood.

The Victorian Sexual Assault Crisis Line provides the after-hours service. All CASAs have access to at least one Crisis Care Unit, which may be located in a multidisciplinary centre, hospital or a community-based agency.

### **Central Information Point (CIP)**

The Central Information Point (CIP) allows representatives from Court Services Victoria, Victoria Police, Corrections Victoria and the Department of Health and Human Services to consolidate critical information about perpetrators or alleged perpetrators of family violence into a single report to share with frontline workers to help manage risk. The Central Information Point provides information, primarily about perpetrators, to the Support and Safety Hubs and other declared agencies so that they can engage in safety planning with the victim.

### **Child Wellbeing and Safety Act**

The *Child Wellbeing and Safety Act 2005* (Vic) outlines 'principles for children' to guide the development and provision of services for children. These include an expectation that service providers 'acknowledge and be respectful of the child's individual identity, circumstances and cultural identity and be responsive to the particular needs of the child'. The Act has a number of purposes including establishing the Victorian Children's Council, establishing the Children's Services Co-ordination Board, and providing for the Child Safety Commissioner. Victorian organisations that provide services to children are required under the Act to ensure that they implement compulsory child safe standards to protect children from harm.

### **Children and young people**

As in the relevant parts of the *Children, Youth and Families Act 2005* (Vic), the terms 'child' or 'children' in this framework refer to children and young people aged under 17 years or younger or, if subject to a Children's Court order, under 18 or younger.

### **Child FIRST**

Child and Family Information Referral and Support Teams (Child FIRST) provide a central referral point to a range of community-based family services within subregional catchments. Child FIRST organisations have statutory obligations under the *Children, Youth and Families Act 2005* (Vic). Hubs replace Child FIRST.

### **Children, Youth and Families Act**

The *Children, Youth and Families Act 2005* (Vic) guides the actions of community services and the state in the best interests of vulnerable children. The Act promotes: children's 'best interests', driving all planning, decisions and service delivery; earlier intervention and prevention and greater targeting of secondary services to families most in need; improved planning, coordination and delivery of services to families by increasing the emphasis on partnership and collaboration across and within the service systems; a stronger focus on children's cultural identities and cultural competence in all service delivery; and a commitment to maintaining Aboriginal children's cultural connectedness.

### **Common risk assessment framework**

The *Family violence risk assessment and risk management framework*, also known as the 'common risk assessment framework' (CRAF), helps practitioners from a wide range of fields understand and identify risk factors associated with family violence and how to respond consistently.

The risk assessment framework has been developed to better identify and respond to family violence. It is designed to support women and children who are victims of family violence, with broad consideration given to other forms of family violence.

It has been developed for a range of professionals including family violence service providers, the police and the courts, all of which are key elements of an integrated family violence service system. It is also relevant to professionals who work in mainstream services who may encounter and work with people who experience family violence. The framework will help these professionals make appropriate referrals if family violence is detected or suspected. The framework comprises six components to effectively identify (risk assessment) and respond (risk management) to victims of family violence: a shared

understanding of risk and family violence across all service providers; a standardised approach to recognising and assessing risk; appropriate referral pathways and information sharing; risk management strategies, which include ongoing assessment and case management; consistent data collection and analysis to ensure the system is able to respond to changing priorities; and quality assurance strategies and measures that underpin a philosophy of continuous improvement.

(As described in *Family violence risk assessment and risk management: supporting an integrated family violence service system* (2007).)

*Note: Monash University recently reviewed the Family violence risk assessment and risk management framework on behalf of the Victorian Government.*

*The review is part of the Victorian Government's response to the first recommendation from the Royal Commission into Family Violence. This called for a best practice framework that reflects the needs of the diverse range of family violence victims and perpetrators. The Victorian Government would like to thank the 1,100 people and 127 organisations from all over Victoria who contributed to the review.*

*The review will inform the redevelopment of the Family violence risk assessment and risk management framework.*

### **Child attachment**

Human attachment relationships aim to ensure a child feels a secure bond with their caregiver in order to learn and explore the social and physical world. Babies and young infants exposed to cumulative harm are more likely to experience insecure or disorganised attachment problems with their primary caregiver. For children with a disorganised attachment, the parent/caregiver who should be the primary source of safety and protection can become a source of danger or harm or be overwhelmed themselves, leaving the child in irresolvable conflict. Attachment difficulties are likely to increase when maltreatment is prolonged. Children's responses will largely mimic those of their parents and therefore the more disorganised and inconsistent the parent, the more disorganised the child. Without the security and support from a primary caregiver, babies and infants may find it difficult to trust others when in distress, which may lead to persistent experiences of anxiety and anger.

(Adapted from the *Cumulative harm: Best interests case practice model specialist practice resource* (2012).)

### **Children's rights**

The concepts of protection from harm and promoting development are likely to be quite familiar to practitioners. However, the *Children, Youth and Families Act 2005* (Vic) also requires decision-makers to consider the child's rights when making decisions. The Act does not define which rights must be taken into account; however, the rights contained in the *Victorian Charter of Human Rights and Responsibilities Act 2006* applies to all Victorians and state, in s. 17, that 'Every child has the right, without discrimination, to such protection as is in his or her best interests and is needed by him or her by reason of being a child'. The United Nations *Convention on the Rights of the Child* also provides a useful reference. Fundamentally, every child has a right to safety and wellbeing. We have responsibilities to observe the human rights of all parties involved and must observe the *Victorian Charter of Human Rights and Responsibilities*. These rights, freedoms and responsibilities are set out in the Charter of Human Rights and Responsibilities Act.

The *Charter for Children in Out-of-Home Care* is also relevant to informing work with children and young people in a placement. When working with vulnerable children, young people and their families, practitioners may encounter situations when a range of rights and wishes appear to be in conflict. For example, a child's right to safety could appear to be in conflict with their expressed wish to remain in an unsafe environment. The 'Best interests case practice model' aims to inform and support practice in these difficult and complex situations.

(Adapted from the *Best interests case practice model: summary guide* (2012).)

### **Child-focused and family-centred**

Building good relationships with children, young people, their families, community members and other services enables a more informed assessment to occur and provides the cornerstone for effective case work. Information from multiple sources and perspectives will always provide a stronger basis for



effective practice. The 'Best interests case practice model' is based on the relationships that practitioners develop with children and families that engage them in a process of change. Purposeful engagement takes skill, empathy and emotional intelligence to manage often conflicting agendas. There is a clear link between better outcomes for children and greater involvement of parents.

(Adapted from the *Best interests case practice model: summary guide* (2012).)

### **Cumulative harm**

'Cumulative harm' refers to the effects of multiple adverse or harmful circumstances and events in a child's life. The unremitting daily impact of these experiences on the child can be profound and exponential, diminishing a child's sense of safety, stability and wellbeing. Cumulative harm may be caused by an accumulation of a single recurring adverse circumstance or event (such as unrelenting low-level care) or by multiple circumstances or events (such as persistent verbal abuse and denigration, inconsistent or harsh discipline and/or exposure to family violence). This means cumulative harm may be a factor in any protective concern (such as neglect, physical abuse, emotional abuse, sexual abuse or witnessing family violence).

Also, because cumulative harm can be caused by a pattern of harmful events, it is unlikely that a child will be reported to Child Protection explicitly due to concerns about cumulative harm. This means that practitioners need to be alert to the possibility of multiple adverse circumstances and events in all reports, and to consider not just the information presented in the current report but the history of involvement that may be indicative of cumulative harm. The focus of any assessment and intervention must be to answer two questions: 'Is this child safe?' and 'How is this child developing?'

(Adapted from the *Cumulative harm: Best interests case practice model specialist practice resource* (2012).)

### **Chronic child maltreatment**

'Chronic child maltreatment' refers to recurrent incidents of maltreatment over a prolonged period of time (multiple adverse circumstances and events). It causes children to experience cumulative harm. The majority of children who are abused or neglected experience multiple incidents and multiple types of child maltreatment, highlighting the critical need to be alert to the possibility that a child is experiencing cumulative harm if they are the subject of repeated referrals to Child Protection.

(Adapted from the *Cumulative harm: Best interests case practice model specialist practice resource* (2012)).

### **Developmentally and trauma-informed**

The *Children, Youth and Families Act 2005* (Vic) requires practitioners to promote a child's development, taking into account his or her age and stage of development. Therefore, practitioners need to be informed about typical developmental trends and the developmental impact of attachment and trauma on children and young people. There has been an explosion of knowledge regarding the detrimental impact of neglect and child abuse trauma on a developing child, and particularly on the neurological development of infants. It is critical to have a good working knowledge of this growing evidence base so that practitioners can be child-focused and more helpful to families.

The 'Best interests case practice model' is underpinned by a multi-theoretical perspective and has drawn on research and clinical literature from the child abuse, sexual abuse, family violence and offender literature as well as the trauma, attachment and child development evidence base. For a more thorough exploration of the relevant theoretical, research and evidence base, practitioners could read the *Child development and trauma guide* and papers on the Best Interests Principles, cumulative harm and stability, which are available at from the department's website [https://www.communityservices.act.gov.au/\\_\\_data/assets/word\\_doc/0019/633340/Trauma-guide-overview.doc](https://www.communityservices.act.gov.au/__data/assets/word_doc/0019/633340/Trauma-guide-overview.doc).

Except where there are obvious signs, a practitioner would need to see a child a number of times to establish that there is something wrong. If children are in a new or 'artificial' situation, unwell, stressed, interacting with someone they do not know, or if they need to be fed or changed, then their behaviour will be affected and is not likely to be typical for that child. Premature babies, or those with low birthweights, or a chemical dependency, will generally take longer to reach developmental milestones.

(Adapted from the *Best interests case practice model: summary guide* (2012).)

### **Diversity and intersectionality**

Awareness of diversity within the Victorian population is increasing as people express multiple forms of identity and belonging. Diverse groups frequently contend with intersectional risks when experiencing family violence. Intersectionality describes how characteristics such as gender, ethnicity, ability, sexual orientation, gender identity, religion or age can interact on multiple levels to create overlapping forms of discrimination and power imbalances that can compound the risk of experiencing family violence and/or increase barriers to accessing services. An awareness of intersectionality encourages the active use of inclusive and responsive policies and practices that dignify the differences between individuals. The language of diverse individuals, groups and communities is used throughout the context and framework to reflect the breadth of experience and diversity across the Victorian community.

### **Family**

The word 'family' has many different meanings. Our use of the word is all-encompassing and acknowledges the variety of relationships and structures that can make up a family unit and the range of ways family violence can be experienced, including through family-like or carer relationships.

### **Families in need of support**

The Hubs will be central to Victoria's approach to addressing both family violence and child vulnerability (which may or may not be related to family violence) and form a critical part of the broader service system response. The design of the Hubs recognises that both family violence and child vulnerability are major social challenges for Victoria and core priorities for the Hubs.

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 who are at high risk of long-term involvement in specialist secondary services
- 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 short-term or episodic assistance to prevent or minimise the escalation of risk.

Throughout this framework, reference is made to 'women, children and young people experiencing family violence, and families in need of support with the care, wellbeing and development of children and young people'. In these references, the ordering of different cohorts of people is for simplicity and convenience in a written document only, and does not imply a priority or emphasis on either group.

### **Family Safety Victoria**

Family Safety Victoria (FSV) is an Administrative Office attached to the Department of Health and Human Services, with dedicated responsibility for delivering key family violence reforms including the Hubs. It will ensure continued focus on delivering these reforms separate from the day-to-day service delivery operations of the department. The key family violence reforms the FSV will be responsible for include: leading the establishment of the Hubs; facilitating the coordination of family violence information-sharing reforms; establishing and operating the new Central Information Point; leading the redevelopment of the *Family violence risk assessment and risk management framework*; delivering the industry plan; and continuing systemic reform to improve the way that government responds to family violence.

### **Family violence**

The design of the Hubs uses the broad definition of family violence in the *Family Violence Protection Act 2008* (Vic). Family violence includes physical, sexual, emotional, psychological, economic abuse and coercion, and control or domination that causes the family member to feel fear for the safety or wellbeing of themselves or another person, and the exposure of these behaviours, or the effects of them, to a child.

The design of the Hubs also recognises the many relationships in which family violence can occur. These include between spouses or domestic partners and in other intimate personal relationships such as parent–child relationships, child–parent relationships, relationships with elders, siblings and other relatives, and between extended families, kinship networks and in family-like or carer relationships.

In addition, in 2016 the Victorian Government released the guiding document, *Ending family violence: Victoria's plan for change*. This plan outlines a comprehensive understanding of family violence:

*'Family violence occurs when a perpetrator exercises power and control over another person. It involves coercive and abusive behaviours by the perpetrator that are designed to intimidate, humiliate, undermine and isolate; resulting in fear and insecurity. It covers a wide spectrum of conduct that involves an escalating spiral of violence. These behaviours can include physical and sexual abuse, as well as psychological, emotional, cultural, spiritual and financial abuse. Although every experience is unique, family violence is not a one-off incident for most victim survivors. It is a pattern of behaviour that can occur over a long period of time.'*

In accordance with the *Plan for change*, this framework acknowledges the following:

- While both men and women can be perpetrators or victims of family violence, overwhelmingly the majority of victim-survivors are women and children, and the majority of perpetrators are men. The most common and pervasive instances of family violence occur in intimate partner relationships, perpetrated by men against women.
- Family violence takes many forms. It can occur within extended families, kinship networks, intergenerational relationships and through family-like or carer relationships. Intimate partners, family members and non-family carers can perpetrate violence against people with a disability. Young people can use violence or be victims of violence within their family. Lesbian, gay, bisexual, trans and gender diverse and/or intersex people may experience violence in their relationships or from family members. Elder abuse can also be perpetrated by adult children of the victim or non-family carers, while people from diverse cultural, linguistic and faith backgrounds experience distinct forms of family violence, migration abuse and other forms of violence including forced marriage and dowry-related abuse.
- In an Aboriginal context, factors contributing to family violence include the history of colonisation, dispossession of land and culture, spiritual and cultural abuse and the removal of children from their parents. Family violence is not part of Aboriginal culture, but intergenerational grief and trauma has resulted in the over-representation of Aboriginal people as victim-survivors.
- Children and young people are also victims of family violence in their own right and are vulnerable due to their reliance on parents/carers to care for and protect them. Whether they experience violence directly, or are exposed to violence, the resulting trauma can affect their physical, emotional and psychological wellbeing. It also compromises their learning and development and has the potential to affect their future health and social outcomes.
- At its core, family violence is rooted in the inequality between women and men. This environment fosters discriminatory attitudes and behaviours that condone violence and allow it to occur. For this reason, addressing gender inequality and discrimination is at the heart of preventing family violence and other forms of violence against women such as non-intimate partner sexual assault.
- While acknowledging the common elements of gendered violence, it also acknowledges the circumstances of diverse individuals and communities whose experiences of violence are compounded by the multiple forms of discrimination and disadvantage that they face.

### **Family Violence Protection Act**

The *Family Violence Protection Act 2008* (Vic) has three primary purposes: to maximise safety for children and adults who have experienced family violence; to prevent and reduce family violence to the greatest extent possible; and to promote the accountability of perpetrators of family violence for their actions. The Act defines 'family violence' as behaviour that is physically or sexually abusive, emotionally or psychologically abusive, threatening or coercive, or in any other way controls or dominates the family member and causes that family member to fear for his or her safety or wellbeing or for the safety or wellbeing of another person. The Act also defines 'family member' to include: a current or former spouse

or domestic partner; a person who has, or has had, an intimate personal relationship with the relevant person; a current or former relative; a child who normally lives or has lived with the relevant person; and a child of a person who has, or has had, an intimate personal relationship with the perpetrator of violence.

The new Family Violence Information Sharing Scheme is created through the new Part 5A of the Family Violence Protection Act. There are two purposes for which information can be shared between 'information-sharing entities' under Part 5A:

1. Family violence assessment purpose – to establish whether family violence risk is present, assessing the level of risk the perpetrator poses to the victim-survivor and correctly identifying the perpetrator and victim-survivor.
2. Family violence protection purpose – once family violence risk is established, to manage the risk of the perpetrator committing family violence, or the risk of the victim-survivor(s) being subjected to family violence. Managing risk involves removing, reducing or preventing the escalation of risk. This includes information sharing to support ongoing risk assessment.

### **Gendered nature of family violence**

The use of gendered language in the framework is deliberate. It recognises that most victims of family violence are women, most perpetrators are men, and that violence perpetrated by a man is the most prevalent form of family violence. It recognises that the causes of family violence are complex and include gender inequality and community attitudes towards the roles of women and men in society.

Throughout this document, references are made to 'women, children and young people' in relation to people who are victim-survivors of, or at risk of, family violence, and to 'men' in relation to people perpetrating violence.

The design of the Hubs recognises that a gendered understanding of family violence is critical to providing effective services and systems. The design of the Hubs, and this document, also recognises that victims are not always women or children, perpetrators are not always men, and family violence occurs in relationships other than male–female intimate partner relationships. Victims of these forms of family violence face many barriers to getting help because these other forms of violence are often not recognised or understood. A design principle for the Hubs specifically emphasises that Hubs will respond to, and link effectively with services that respond to, family violence in all its forms.

References in this framework to support for women, children and young people experiencing or at risk of family violence should be understood (unless otherwise specified) to relate also to victims of all forms of family violence. For clarity, specific issues relating to family violence that do not occur in a male–female intimate partner relationship are noted throughout the framework.

### **Gender aware and analytical when working with children and families**

A gender analysis is a critical component of good practice when working with families and identifying issues of abuse. The dynamics of power, hierarchy and gender need to be assessed by practitioners who are mindful of the disproportionate nature of gender-based violence such as family violence on females, sexual assault on children, the differential responses to family violence by boys and girls, and the need for a gender-specific response to the needs of boys and girls by practitioners as appropriate. A gender analysis alerts us to the prevalence of 'mother blaming' within our culture. Mothers are more likely to be the major rehabilitative support figure, they are more likely to be blamed for anything the professionals view as inappropriate.

(Adapted from the *Best interests case practice model: summary guide* (2012).)

### **Hub team**

The Hub team is the workforce delivering the Hub functions – recognising that a collaborative team approach is needed to deliver Hub functions. Performing these functions draws on the skills and expertise held across the team (not just those held by an individual worker).

### **Integrated practice**

This describes the integration of theoretical frameworks, philosophical underpinnings and perspectives, and practice skills and approaches that guide a practitioner's work.

## **Integrated service**

This describes to a number of services working together applying a common integrated practice framework, collaborating and coordinating their support, services and interventions.

## **Intersectionality**

This describes how characteristics such as gender, ethnicity, ability, sexual orientation, gender identity, religion or age, can interact on multiple levels to create overlapping forms of discrimination and power imbalances that compound the risk of experiencing family violence.

## **L17 (form)**

The form used to make police family violence referrals.

## **Lesbian, gay, bisexual, trans and gender diverse, and/or intersex (LGBTI)**

This initialism represents people who are lesbian, gay, bisexual, trans and gender diverse and/or intersex. The Victorian Government recognises that these parts of our community have traditionally been aligned because of shared or similar experiences of discrimination relating to sexuality, gender identity and physical sex characteristics. However, these identities and characteristics are fundamentally different from each other. People in these communities should not be treated as though they form a homogenous group who all have the same experiences or needs.

## **Local area**

Hubs will be established for a particular geographical area based on the current administrative areas for the Department of Health and Human Services. These areas will form the 'catchment' that the Hubs will predominantly service – that is, the communities and geographical areas each Hub will support and the basis on which the Hub access network is organised and coordinated.

## **Male victims**

This term is used to describe men who experience family violence. This applies to men who experience any form of family violence defined in the *Family Violence Protection Act 2008* (Vic), which includes intimate partner relationships, parent–child relationships, sibling relationships and carer relationships.

## **Multidisciplinary centres**

Multidisciplinary centres (MDCs) collocate police, child protection practitioners and sexual assault counselling services on one site to provide integrated support for adults and children who have experienced sexual assault. Some MDCs include family violence services. There are currently six MDCs operating across Victoria – in Mildura, Seaford, Geelong, Dandenong, Bendigo and Morwell.

## **Perpetrator**

This is the term used in state and national policy to describe people who use violence. The aim in using this term is to ensure safety and accountability and to end the individual's use of violence. This term is not limited to people who have been accused or convicted of criminal offences. This term is not meant to define the perpetrator for life; the aim is to end the individual's use of violence. The term can include women who are primary aggressors, but for the purposes of this document, gendered language is used (referring to a perpetrator as 'he' or 'him'), recognising that most perpetrators of family violence are men. It is noted that practitioners will use other terms that are personally or organisationally more appropriate; for example, 'men who use violence' is used by some services that work with men.

## **Perpetrator accountability**

Keeping perpetrators accountable is a commonly held ideal across the family violence reform effort. Accountability speaks to service and system responses that move perpetrators towards taking responsibility for perpetrating violence and abuse. It is best driven through a collective, system-wide approach, where parts of the system work together, share information where relevant and understand the dynamic of family violence. This requires services to respond proactively to perpetrators and to record and share information to establish a pattern of behaviour, which helps to identify dynamic risk variables and inform safety planning for at-risk people.

The concept of perpetrator accountability includes:

- understanding and responding to the needs and experiences of victims and their views about the outcomes they are seeking to achieve
- prioritising women and children's safety through effective and ongoing risk assessment and management mechanisms
- promoting perpetrators taking responsibility for their actions, including the impact on their children
- providing a suite of options to help perpetrators gain insight and awareness of their actions, and to change their behaviour, with such options tailored to the risk profile of the perpetrator
- having a strong set of laws, legal and justice processes that incorporate clear consequences for abusive and violent behaviour and failure to comply with court orders and sanctions
- fostering collective responsibility and mutually reinforcing action among government and non-government agencies, the community and individuals for denouncing perpetrators' use of violence.

### **Perpetrator interventions**

This incorporates a broad range of responses for perpetrators, whether ordered by a court or other programs that provide opportunities for perpetrators to be accountable for changing their own behaviour, such as men's behaviour change programs.

### **Risk assessment and management panel**

Risk assessment and management panels (RAMPs) are formally convened meetings held at the local level, bringing together nine key agencies and organisations that contribute to the safety of women and children experiencing a serious and imminent threat from family violence. Across Victoria there are 18 RAMPs that each meet once a month to share information and take action to keep women and children at the highest risk from family violence safe.

Women who are referred to a RAMP are identified as being at serious and imminent threat from family violence and require a comprehensive risk assessment and coordinated action plan to lessen or prevent the threat to her (and her children's) life, health, safety or welfare. RAMPs are not a substitute for individual services working proactively with or responding to adult and children victims/survivors and perpetrators, but work to enhance the response to this high risk group.

### **Risk assessment – child safety and development**

Formulating a risk assessment requires critical thinking and consideration of multiple competing needs, prioritising the child's safety and development. Careful attention needs to be given to the balance of risk and protective factors, strengths and difficulties in the family. The assessment needs to be forensically astute and should consider all sources of information such as observation, previous assessments and advice from all significant people and professionals. Phone assessments and parental self-report can be unreliable where there are suspicions of non-accidental injury, or where there have been previous concerns or offending behaviour.

(Adapted from the *Best interests case practice model: summary guide* (2012).)

### **Roadmap for reform**

The *Roadmap for reform* presents a vision for Victoria as a state with strong families and children who are safe, healthy and well. It will deliver a child and family services system focused on prevention and early intervention, connecting vulnerable families to integrated services, and providing trauma-informed care to children who are no longer able to live with their parents. Achieving this vision will require increased capability and capacity in the workforces engaged with children and families.

### **Support and Safety Hubs**

The Royal Commission into Family Violence recommended establishing Support and Safety Hubs to provide consolidated and comprehensive intake, risk and needs assessment, and safety planning for women and children experiencing family violence, perpetrators and children and families in need of support with the care, wellbeing and development of children and young people (Recommendation 37).

### **Strengths-based**

A strengths-based approach acknowledges the positive aspects of a family and looks for exceptions to the problem-saturated descriptions. A strengths-based approach looks for what parents and children do despite problems, how they have tried to overcome their problems, what they do well and explores their

aspirations and hopes. This approach is transparent and does not avoid difficult conversations about discrepancies in family members' accounts of events. It is informed about child abuse and offending behaviour and is not naive about the dangerous circumstances some children experience.

(Adapted from the *Best interests case practice model: summary guide* (2012).)

### **Trauma – child**

The term 'complex trauma' is used in this context to describe the experience of multiple, chronic and prolonged traumatic events in childhood. Whereas single traumatic incidents tend to produce isolated behavioural responses to reminders of trauma, chronic trauma can have long-term pervasive effects on a child's development. Exposure to chronic trauma may lead to serious developmental and psychological problems for children and later in their adult lives. These problems include: disturbed attachment patterns; complex disruptions of affect regulation; rapid behavioural regressions and shifts in emotional states; loss of autonomous strivings; aggressive behaviour against self and others; anticipatory behaviour and traumatic expectations; lack of awareness of danger and resulting self-endangering behaviours; and self-hatred and self-blame and chronic feelings of ineffectiveness.

There are several developmental effects of childhood trauma including: disturbances in memory and attention – dissociation, sleep disturbances and intrusive re-experiencing of trauma through flashbacks or nightmares; disturbances in interpersonal relationships – lessened abilities to trust, re-victimisation, victimising others, lessened ability to cooperate and play and negotiate relationships with others such as caregivers, peers and marital partners; alterations in systems of meaning – despair and hopelessness, loss of previously sustaining beliefs, suicidal preoccupation, excessive risk taking and difficulty modulating sexual involvement; alterations of perception – of self and the perpetrator, adopting distorted beliefs; disturbances in information processing, and meaning of events; somatisation – digestive system, chronic pain and cardiopulmonary symptoms; and increased anxiety disorders and personality disorders.

(Adapted from the *Cumulative harm: Best interests case practice model specialist practice resource* (2012)).

### **Victim-survivor**

This is the term used to describe people who have experienced family violence, including children. It is used because it is consistent with the naming of the Victorian Government's Victim Survivors' Advisory Council. For some people the term 'victim' is problematic because it can suggest that people who have experienced family violence are helpless or lack the capacity to make rational choices about how to respond to violence. This document recognises that experience of family violence should not define victim-survivors and their futures.

### **Violence against women**

Violence against women, as defined by the United Nations *Declaration on the Elimination of Violence against Women* (1993), is any act of gender-based violence that causes or could cause physical, sexual or psychological harm or suffering to women, including threats of harm or coercion, in public or in private life. This definition encompasses all forms of violence that women experience (including physical, sexual, emotional, cultural/spiritual, financial) that are gender-based.

### **Warm referral**

In the Hub context, a 'warm referral' is one that supports a person to connect to services. Warm referrals can include phoning the service for the person, passing on information to the service with the person's consent, and in some cases where people need more support, helping them to navigate the service system, in accordance with their wishes, or to support and promote engagement.

# Appendix 4: Additional practice guidance

## Specialist family violence services

[Practice guidelines: women and children's family violence counselling and support programs \(2008\)](https://providers.dhhs.vic.gov.au/family-violence)  
<https://providers.dhhs.vic.gov.au/family-violence>

[Assessing children and young people experiencing family violence: a practice guide for family violence practitioners](https://dhhs.vic.gov.au/assessing-children-and-young-people-experiencing-family-violence-practice-guide-family-violence)  
<https://dhhs.vic.gov.au/assessing-children-and-young-people-experiencing-family-violence-practice-guide-family-violence>

[Family violence referral protocol between the Department of Health and Human Services and Victoria Police 2015](https://dhhs.vic.gov.au/family-violence-referral-protocol-between-dhhs-and-victoria-police-2015)  
<https://dhhs.vic.gov.au/family-violence-referral-protocol-between-dhhs-and-victoria-police-2015>

[Code of practice for specialist family violence services for women and children](https://dhhs.vic.gov.au/code-practice-specialist-family-violence-services-women-and-children)  
<https://dhhs.vic.gov.au/code-practice-specialist-family-violence-services-women-and-children>

[Family violence risk assessment and risk management framework and practice guides 1–3 \(2012\)](https://providers.dhhs.vic.gov.au/family-violence-risk-assessment-and-risk-management-framework)  
<https://providers.dhhs.vic.gov.au/family-violence-risk-assessment-and-risk-management-framework>

## Men's family violence services

[Men's Behaviour Change Group Work: Resources for quality practice: no to violence \(2005\)](https://providers.dhhs.vic.gov.au/sites/dhhsproviders/files/2017-06/Mens-behaviour-change-group-quality-practice-no-to-violence.pdf)  
<https://providers.dhhs.vic.gov.au/sites/dhhsproviders/files/2017-06/Mens-behaviour-change-group-quality-practice-no-to-violence.pdf>

[A framework for comprehensive assessment in men's behaviour change \(2009\)](https://providers.dhhs.vic.gov.au/framework-comprehensive-assessment-mens-behaviour-change-word)  
<https://providers.dhhs.vic.gov.au/framework-comprehensive-assessment-mens-behaviour-change-word>

[Enhancing access to men's behaviour change programs: service intake and practice guide \(2009\)](https://providers.dhhs.vic.gov.au/enhancing-access-mens-behaviour-change-program-service-intake-model-and-practice-guide-pdf)  
<https://providers.dhhs.vic.gov.au/enhancing-access-mens-behaviour-change-program-service-intake-model-and-practice-guide-pdf>

[Men's Behaviour Change Minimum Standards Manual](https://providers.dhhs.vic.gov.au/sites/dhhsproviders/files/2017-08/Mens-behaviour-change-group-minimum-standards-manual.pdf)  
<https://providers.dhhs.vic.gov.au/sites/dhhsproviders/files/2017-08/Mens-behaviour-change-group-minimum-standards-manual.pdf>

Men's Behaviour Change Programs Minimum Standards (new guidelines taking effect 1<sup>st</sup> July 2018).

## Integrated family services

[A strategic framework for family services](https://providers.dhhs.vic.gov.au/strategic-framework-family-services-pdf)  
<https://providers.dhhs.vic.gov.au/strategic-framework-family-services-pdf>

[Program requirements for family and early parenting services in Victoria](http://www.providers.dhhs.vic.gov.au/family-services)  
<http://www.providers.dhhs.vic.gov.au/family-services>

[Best interests case practice model: summary guide](http://www.cpmanual.vic.gov.au/our-approach/best-interests-case-practice-model/best-interests-case-practice-summary-guide)  
<http://www.cpmanual.vic.gov.au/our-approach/best-interests-case-practice-model/best-interests-case-practice-summary-guide>

[Family services IRIS data dictionary 2013](https://providers.dhhs.vic.gov.au/sites/dhhsproviders/files/2017-06/Family-services-IRIS-data-dictionary.docx)  
<https://providers.dhhs.vic.gov.au/sites/dhhsproviders/files/2017-06/Family-services-IRIS-data-dictionary.docx>

[Flexible packages guidelines for Child FIRST and family services](https://dhhs.vic.gov.au/flexible-packages-guidelines-child-first-and-families-services)  
<https://dhhs.vic.gov.au/flexible-packages-guidelines-child-first-and-families-services>