

MARAM PRACTICE GUIDES

RESPONSIBILITY 5: SECONDARY CONSULTATION AND REFERRAL, INCLUDING FOR COMPREHENSIVE FAMILY VIOLENCE ASSESSMENT AND MANAGEMENT RESPONSE

Working with adult people
using family violence

RESPONSIBILITY 5

SECONDARY CONSULTATION AND REFERRAL

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NOTE

This chapter is for all professionals who have received training to provide a service response to a person they may suspect or know is using family violence.

The learning objective for **Responsibility 5** builds on the material in the *Foundation Knowledge Guide* and in preceding **Responsibilities 1–4**.

The guidance in this chapter replicates some general information from the equivalent victim survivor-focused MARAM Practice Guide for **Responsibility 5** – but includes additional, specific information relevant to working with people using violence when undertaking secondary consultation or referral.

5 SECONDARY CONSULTATION AND REFERRAL

5.1 OVERVIEW

This guide is for all professionals to use when family violence is suspected or assessed as present, and you determine that information, guidance, support or collaboration from another professional or service is required.

It includes guidance on secondary consultation and referral. These are crucial aspects of your practice that enable you to undertake risk assessment and management, respond to presenting needs or circumstances, or support client engagement and safety for victim survivors and people using violence.

The outcome of risk identification (**Responsibility 2**), assessment (**Responsibility 3 or 7**) or management (**Responsibility 4 or 8**) will inform the approach to the kinds of secondary consultation and referral you should undertake.

Key capabilities

All professionals should have knowledge of **Responsibility 5**, and should be able to:

- ... seek internal supervision through their service or organisation
- ... consult with family violence specialists to collaborate on risk assessment and risk management for adult and child victim survivors and perpetrators
- ... make active referrals for comprehensive specialist responses, if appropriate.

5.2 PURPOSE OF SECONDARY CONSULTATION AND REFERRAL

Seeking secondary consultation and referral, including by sharing information, are essential aspects of Structured Professional Judgement.

These assist professionals to determine seriousness of risk, inform ongoing risk assessment and approaches to risk management and safety planning.

Secondary consultation is also a key aspect of building a shared understanding of family violence and to develop system-wide consistent and collaborative practice (Pillar 2 of the MARAM Framework).

Secondary consultation and referral necessarily involve a degree of information sharing.

Secondary consultation can take place for a range of reasons, including using the skills and knowledge of specialist family violence services to help you gain a further understanding of family violence risk and possible referral options.

Secondary consultation can also occur with mainstream and other specialist services that have expertise or resources to address wide-ranging presenting needs and circumstances of the person using violence.

This can include providing culturally safe, violence and trauma-informed, practical, targeted or therapeutic support when working with Aboriginal people, people who identify as belonging to diverse communities and older people.¹

Using secondary consultation can help you build your own knowledge, establish working relationships across organisations and assist in applying an intersectional analysis within Structured Professional Judgement (refer to [Section 10.1](#) in the *Foundation Knowledge Guide*). It can also ensure culturally safe assessment and management responses when working directly with people using family violence.

Secondary consultation may lead to referral, or you may refer someone directly as a result of your risk assessment, risk management or safety planning.

To determine which is the appropriate course of action, you will need to identify:

- ... risk factors and presenting needs of the person using violence that require direct and/or immediate response, and how these interact with the safety and needs of adult and child victim survivors
- ... the priorities (for example, immediate and/or ongoing, risk and/or presenting needs) related to increasing safety for adult and child victim survivors and opportunities presented through direct engagement with the person using violence

¹ Support for working with adolescents using family violence is outlined in the victim survivor-focused MARAM Practice Guides (2019) and adolescent family violence MARAM Practice Guide (anticipated release late 2021).

- ... the actions or interventions (by whom, within what timeframe) that would make a difference to an individual's safety or needs
- ... your role and the extent to which you and your organisation can directly address the risk behaviours, presenting needs or circumstances of the person using violence
- ... other professionals and/or organisations who are responsible for providing resources, skills and practice expertise to respond to each adult or child victim survivor and the person using violence
- ... mechanisms for collaborative decision making about, and allocation of, actions and responsibilities for professionals across the system, where it may or may not be your role to address these needs directly.

REMEMBER

If you are unsure what the appropriate course of action is, seek advice from your team leader, supervisor or a senior practitioner to support you to decide which professionals or services you could engage with in the circumstances.

In the context of risk assessment and management, the rationale for secondary consultation when working with the person using violence includes:

- ... keeping victim survivor safety at the centre of practice
- ... addressing risk factors associated with a person's use of violence
- ... addressing needs and circumstances to stabilise and engage a person using violence to improve opportunities and effectiveness of risk management
- ... keeping the assessed level of risk presented by the person using violence visible to the service system, enhancing the system's capacity to monitor change or escalation of risk behaviours
- ... building and supporting confidence and capability of professionals to engage with people using violence and to establish working relationships across organisations to do so.

Risk assessment and management (such as safety planning, secondary consultation and referral) will help you identify and address risks and related needs and circumstances for the person using violence. Your actions should be victim survivor-centred and responsive to the overarching safety, wellbeing and needs of adult and child victim survivors.

Secondary consultation or referral can involve a range of services, such as specialist family violence services (victim survivor and perpetrator interventions), Victoria Police, Child Protection, Child FIRST, or other advocacy, targeted community services, universal and general professional or therapeutic services.

There are many reasons for secondary consultation or referral. You should consider seeking **secondary consultation** with:

- ... specialist family violence services to establish the presence or analyse the level of risk, such as if there is uncertainty based on the available information
- ... specialist family violence services if there is uncertainty about the identity of a perpetrator or victim survivor (for example, misidentification of predominant aggressor, or personal identifying details to support contact and offer of support or intervention) (refer to **Responsibility 6**)
- ... specialist family violence services on the development and/or actioning of risk management and safety plans and responses
- ... specialist family violence services with expert knowledge on working with people using violence or adult or child victim survivors from Aboriginal or diverse community or older people and the responses required to address unique needs and barriers. Targeted services may also include community-specific services, such as ethno-specific, LGBTIQ and disability services that focus on primary prevention or early intervention

- ... services that provide targeted, culturally safe services or liaison support, such as a cultural safety adviser for victim survivors who identify as Aboriginal or belonging to a diverse community
- ... services that provide specialist support to children and young people
- ... services that provide specialist support to older people
- ... legal services
- ... any service or professional where their involvement in collaborative responses would benefit a victim survivor or person using violence, such as co-case management arrangements.

You may seek to **refer** a matter to:

- ... Victoria Police where a crime may have been committed, or is likely to be committed
- ... Child Protection or Child FIRST or other statutory services, as required
- ... a specialist family violence service for a comprehensive risk assessment or management response, including consideration for a RAMP response
- ... other professionals with expertise or skill in supporting a person using violence's presenting needs and circumstances
- ... other professionals who may be able to provide support to victim survivors, particularly if your service has no direct contact with the victim survivor.

Note, you can contact a service working with the victim survivor following referral to understand if their level of risk has changed or escalated. As part of this, you can continue to engage in information sharing to ensure you are aware of any need to adjust risk management interventions or safety plans to ensure they are aligned, as required.

5.3 YOU NEED TO CONSIDER YOUR LEGAL PERMISSIONS TO SHARE INFORMATION FOR SECONDARY CONSULTATION AND REFERRAL

Secondary consultations should be considered in line with your authorisations to share information.

Consent is not required to share information as part of secondary consultation about a person using violence, nor for any other assessment or management purpose, as long as it is shared appropriately under the Family Violence Information Sharing Scheme, or in accordance with another legislative authorisation (**Responsibility 6**).

You should seek consent for referral of a person using violence to any other service, to support safe engagement with the receiving service.

Secondary consultation can occur without any identifying information being provided regarding the victim survivor (that is, providing de-identified information) to seek guidance on possible next steps.

If you think the secondary consultation may lead to a referral for a victim survivor and require you to disclose relevant identifying or personal information, you must do so according to your legal permissions and responsibilities.

In these circumstances, prior to undertaking the secondary consultation, you should seek consent from an adult victim survivor, or the views of an adult, child or young person, if a child or young person is at risk of family violence.

5.4 RESPONDING TO BARRIERS

There may be a number of reasons that make it more difficult, in some cases impossible, for people using family violence to access and engage with services.

Real or perceived barriers affect the likelihood that the person using violence will engage with the service they have been referred to.

These can minimise the ability of the service system to monitor the person's movements and behaviours as well as manage family violence risk.

There are many perceived and real barriers relating to a person's engagement, including:

- ... distrust, fear or scepticism about what services can offer, and the feeling that the service system is 'against' them
- ... inability to attend services due to scheduling difficulties, including work or educational commitments and care for children
- ... situational constraints such as geographical isolation from services, lack of access or affordable transport to attend appointments
- ... financial constraints
- ... concern about privacy and confidentiality in accessing services
- ... concern about feeling judged, shamed or being 'exposed' during engagement with services.

People who are Aboriginal or identify as belonging to a diverse community and older people might be less likely to engage with receiving services for many reasons, including:

- ... actual discrimination and negative treatment, or fear of discrimination from professionals and services, which could be based on recent and past experience/s
- ... language and cultural safety barriers
- ... physical and communication access barriers including for people with specialised needs or disability
- ... lack of available services, including for people with specialised needs, such as disability services, LGBTIQ people, and culturally safe services. Culturally safe services include services for Aboriginal people and services for culturally, linguistic and faith-diverse communities. Mainstream services may not be, or perceived to be, as inclusive or be able to provide meaningful support for a person using violence's specific needs.

Refer to guidance in **Section 12** of the *Foundation Knowledge Guide* for further understanding of barriers to engagement and service access in different relationships and communities.

Responsibility 1 has practical guidance on resolving or mitigating these barriers.

People who use violence should be offered choices where possible in being referred to an organisation that specialises in working with their community.

Aboriginal people who use violence, or people who have family members who are Aboriginal, may choose to use an Aboriginal or mainstream organisation.

People from culturally, linguistically and faith-diverse communities and LGBTIQ communities may also choose to access a specialist organisation.

If there is no specialist service in your local area, you can support a receiving service to connect with a specialist service by secondary consultation to continue to facilitate safe engagement and service delivery.

Consider whether referrals may lead to non-engagement or disengagement of the person using violence. You should also think about how to facilitate referral in a more supportive way.

Reflect on guidance in **Responsibility 1** to support safe engagement.

5.5 SEEKING SECONDARY CONSULTATION AND MAKING REFERRALS

5.5.1 Victim survivor safety is the priority

When you have identified a person using family violence, you will almost always have identified at least one adult or child victim survivor.

You are unlikely to know the level of risk the person using violence presents to other family members with only the information held by your service.

Consulting with other services can contribute to finding a safe way to share information to support victim survivors to be engaged with a service and offered support.

If the victim survivor is a client of your service, follow your organisation's policies and procedures to assess their level of risk and undertake risk management and safety planning.

If they are not a client of your service, you may share information, if authorised, with a relevant specialist family violence service to have their level of risk assessed.

Refer to **Responsibility 6** for guidance on information sharing.

5.5.2 Referring or reporting to Victoria Police, Child Protection or Child FIRST

Professionals have obligations to report matters to Child Protection or Child FIRST.

If you believe a child or children need protection, or you have significant concerns for the wellbeing of a child/ren or unborn child (after their birth), you are obliged to report to Child Protection or make a referral to Child FIRST, as applicable (further detailed in **Responsibility 4**).

Responsibility 4 provides further guidance on whether you should inform the person using violence of a report or make a report without informing them.

Victoria Police

Call Triple Zero (000) in an emergency or if police assistance is required.

You may also be subject to specific professional responsibilities in your role, including to report crimes and refer people using violence to Victoria Police for further investigation, assistance and intervention.

As outlined in previous chapters, any agency, organisation or professional identifying that a person using violence presents a **serious risk** to an adult or child victim survivor, including if there is an identified serious threat (refer to **Responsibility 3**), should immediately notify Victoria Police.

You should also consider what other risk management actions are required, such as engaging with services working with victim survivors to ensure safety planning is in place, if reporting to Victoria Police may result in escalation of risk from a person using violence.

This is also required even when the victim survivor is not otherwise willing to receive assistance.

You should also consider what other risk management actions are required in each circumstance, such as safety planning with the person using violence if reporting to Victoria Police may result in escalation of risk from a person using violence to a victim survivor.

If a crime has been committed, and there is no immediate danger, you should consider sharing information with professionals working with victim survivors to support them to report to Victoria Police, or seek their views on your making a referral or report on their behalf.

You can consult with specialist family violence services if you identify that risk is escalating. If you have made a report, continue to provide your support and monitor the situation.

If you are aware that a victim survivor is receiving support, share the information about the report to the supporting services.

Child Protection and Child FIRST

Professionals have a range of obligations to report matters to Child Protection or Child FIRST.

If you believe a child or children need protection, or you have significant concerns for the wellbeing of a child/ren or unborn child (after their birth), you must follow your obligations to report to Child Protection or make a referral to Child FIRST, as applicable.

Remember, even though you might not work directly with a child or young person, all professionals should be proactive in promoting the safety and wellbeing of a child or group of children.

Some professionals are also prescribed and authorised to share information under Child Information Sharing Scheme, refer to **Responsibility 6**).

Refer to **Responsibility 4** for guidance on whether you should inform the person using violence of a referral or report or make a report without informing them. For example, you should assess whether it is safe and appropriate to inform them where it may increase risk to a victim survivor if a person using violence incorrectly assumes the victim survivor made the report.

Consider the safety and wellbeing of adult and child victim survivors and ensure you share relevant information with services working with them to update any risk assessment and management plans.

5.5.3 Secondary consultation and referral for a person using violence related to their risk to child/ren or young people

If children are at risk from a person using violence, such as if a child or young person is named on a family violence intervention order, appropriate referral options for the person using violence may include legal services, specialist perpetrator intervention services such as fathering/parenting programs or Child FIRST.

Consider if you should also seek secondary consultation or make a report or referral to Child Protection or Child FIRST (as above).

When making any referrals for the person using family violence, consider the safety of adult and child victim survivors.

If necessary, seek secondary consultation or share relevant information with services working with adult and child victim survivors to update any risk assessment and management plans.

5.5.4 Secondary consultation with specialist family violence services (victim survivor and perpetrator interventions)

Seek secondary consultation with perpetrator intervention or victim survivor specialist family violence services when you know family violence is present. For example, there has been a disclosure or you have observed narratives or behaviours indicating the presence of family violence risk.

This will help you gather further advice on practical, timely and effective engagement strategies and interventions.

The purpose of secondary consultation with specialist family violence services is to seek support in:

- ... understanding the level of risk and intersectional needs
- ... determining actions in line with the assessed level of risk
- ... determining whether a referral is required for a specialist family violence response (for adult or child victim survivors or a person using violence, where safe, appropriate and reasonable to do so).

Secondary consultation may result in a specialist practitioner supporting and working collaboratively with you to undertake intermediate assessment and management. It may also mean you refer a person using violence to a specialist perpetrator intervention service for them to complete comprehensive risk assessment and management.

Secondary consultation with both specialist perpetrator intervention and victim survivor family violence services can also assist with:

- ... supporting effective and safe engagement with people using violence
- ... gaining further understanding of strategies for working with people who use violence
- ... building a shared understanding of family violence risk, undertaking risk assessment and determining the level of risk present
- ... information sharing to understand level of risk for the victim survivor/s
- ... supporting your practice to develop safety plans and risk management plans
- ... joint monitoring of family violence risk (including keeping the person using violence 'in view' of the service system) and the opportunity to explore or monitor escalation/changes in the risk level
- ... coordination of connections between programs, appropriate sequencing of interventions, program eligibility and suitability, and referral pathways
- ... convening coordinated or collaborative risk assessment or management support, as outlined in **Responsibility 9**, such as multi-agency meetings
- ... active referrals when the level of risk has been assessed as elevated/serious risk.

When assessing family violence risk of a person using family violence, it is essential to identify services working with victim survivor/s or specialist family violence services (victim advocate services) so you increase safety through information sharing.

Further information on keeping the person using violence 'in view' is covered in **Responsibility 6**.

5.5.5 Seeking consultation with The Orange Door and enhanced intake services

The Orange Door

If The Orange Door² operates in your local area, this is often the best point of first contact for secondary consultation.

Alternatively, you can identify your local specialist perpetrator intervention services or victim survivor specialist family violence service by accessing The Lookout website³.

The Orange Door can support a coordinated and integrated intake, assessment and referral system for people using and/or experiencing family violence.

This includes to assess and manage risk and to make referrals to address the presenting needs of a person using violence.

Enhanced intake

For regions where The Orange Door has not been established, enhanced intake services provide intake, risk assessment and referral for people using family violence.

People who use violence can contact the enhanced intake service in their region directly, or they will be referred by Victoria Police through the L17 process.

Enhanced intake services liaise with specialist family violence services working with victim survivors and other agencies to establish risk and plan risk management strategies.

Enhanced intake services may or may not provide additional perpetrator interventions through their service and will refer people using violence to other providers within their region.

You can provide options for a referral to local Aboriginal family violence services if any family member identifies as Aboriginal.

The Rainbow Door provides statewide LGBTIQ intake and referral for LGBTIQ specialist family violence services.

2 [The Orange Door website](#) provides a service finder tool.

3 [The Lookout website](#) also provides a service finder tool.

5.5.6 Seeking consultation with mainstream, universal and other specialist services

A person using violence may engage with an organisation or service for a range of reasons for support for their wellbeing, needs, circumstances or risk.

They may have self-initiated engagement with your service or been referred to you by another service to address a specific need or risk factor. They may have been referred by prescribed justice or statutory authorities, such as Victoria Police, Child Protection or Corrections.

You can seek secondary consultation or make referrals for a range of presenting needs or circumstances to reduce the likelihood of change or escalation of risk (where they are protective factors), or otherwise support stabilisation of the person using family violence.

Effective and targeted support for people using violence is likely to lead to better and longer engagement with the service. This improves opportunities for risk monitoring and management and increases safety for victim survivors.

Secondary consultation can provide a professional already engaged with the person using violence with information to inform risk assessment or management planning.

This may relate to an individual's circumstances, age or identity such as to assist in safe engagement or to address barriers, structural inequality or discrimination an individual may have experienced (refer to [Section 10.3](#) of the *Foundation Knowledge Guide*).

Secondary consultation can also support:

- ... collaborative risk assessment, risk management or co-case management
- ... culturally safe engagement and supports for Aboriginal people or people from culturally and linguistically diverse communities
- ... engagement with people who identify as belonging to culturally, linguistically or faith-diverse community, identify as a person with disability, are from LGBTIQ communities or experience mental illness (refer to *Foundation Knowledge Guide* for detail and definitions for diverse communities)
- ... appropriate responses for older people that address barriers to their engagement with services or support.

Professionals who can assist with secondary consultation might include advocacy, universal and general professional or therapeutic practitioners, including but not limited to teachers, general practitioners, drug and alcohol workers, mental health professionals, social workers, maternal and child health nurses, and childcare workers.

5.5.7 Receiving requests for secondary consultations

If you are a professional who receives a secondary consultation request to provide targeted expertise or specialist family violence knowledge for risk assessment or management response, it is an opportunity to share knowledge and expertise and play a vital role in enabling a collaborative and coordinated service system.

Consider:

- ... connecting with key organisations and services that you regularly seek and provide secondary consultations with and address any gaps in service provision available
- ... ways to strengthen relationships in local areas to enable effective secondary consultations and referrals
- ... establishing guidance on how and when local victim survivor support services and specialist perpetrator intervention services work together to enable collaborative risk assessment and management

- ... applying good record keeping practices in line with your organisational guidelines, refer to Section 5.8 and **Responsibility 6**.

5.6 MAKING REFERRALS

5.6.1 Referral

Referral is an important part of the risk management process.

Through referral, you connect a person using violence to information or services that are outside your organisation's practice area. This includes for presenting needs or circumstances that may be related to their use of violence.

You can make a referral for early intervention when family violence first occurs or becomes known. This will help to reduce the likelihood of change or escalation of risk or respond to escalation or crisis.

Referral can support stabilisation and enhance protective factors. It can also reduce or prevent the use of family violence in future.

You may refer someone directly as a result of your risk assessment or management planning. Referral may also result from a secondary consultation with another professional.

In the context of risk assessment and risk management, the primary purposes of referral for people using family violence are:

- ... to address presenting needs or circumstances, particularly if they are contributing to change or escalation of risk
- ... to reduce or remove a barrier to the person using violence engaging in services or supports
- ... to support a family violence risk assessment directly with a specialist perpetrator intervention service
- ... to manage (and reduce) the assessed level of risk of a person using violence by sharing risk management responsibilities with other professionals who have complementary roles, responsibilities and expertise to yours, including safety planning, or increasing risk management interventions.

Refer to **Responsibility 4** and **Appendix 9 Intermediate safety planning conversation model** for information on prompting questions that support having conversations about referral options with people using violence.

Specialist family violence services triage responses to referrals. They give priority to 'serious risk' and 'serious risk and requires immediate protection' cases.

If you have an ongoing service engagement with a person using violence and you have referred them to a specialist perpetrator intervention services, you should continue to engage with them about their presenting needs and provide support as needed. This will allow you to monitor for change or escalation in use of violence.

Effective referrals can support a person's readiness to engage in behaviour change.

Addressing presenting needs can lead to more targeted and effective interventions to support them to address their use of violence. This serves as an indirect way to manage family violence risk.

It is essential that people using family violence are referred to appropriate support services.

An inappropriate referral may result in continued, and in some cases, escalated risk for victim survivors.

Refer to considerations for a safe referral below.

5.6.2 Enabling successful referral

Responding to the risk, needs or circumstances of a person using violence includes a discussion with them about their priorities, concerns or barriers to engagement with other services.

Barriers should be identified and any approach or options for referral should continue to keep the victim survivor's safety and wellbeing as a priority.

To assist successful referral, consider:

- ... how stable the person's health, mental health or needs are
- ... how engaged they are and the level of trust you have built with them
- ... the range of presenting needs or circumstances, and how to prioritise support for these
- ... identifying the services they are already, or have previously been, engaged with that the person using violence could reconnect to
- ... providing options and choice in services, and providing appropriate information about options and recommendations, including prioritisation of options based on their risk, needs and circumstances
- ... completing referral forms together
- ... seeking consent/views on the referral.

Monitoring the success of referrals is a part of risk management and keeping the person using violence 'in view'.

You can follow up on the referral outcome with other services (without consent from the person using violence), as authorised under the Family Violence Information Sharing Scheme.

For the service response to be safe, targeted and effective, it is essential that all services engaged with the person using violence have a shared understanding of risk that is present.

For safe referrals, it is also important to:

- ... make sure the person using violence is aware and consents to a referral prior to receiving contact from the service
- ... ensure the referral being made is safe and appropriate for the person using violence, considering their level of risk, needs or circumstances
- ... in situations where it may increase risk, develop or update risk management plans for adult or child victim survivors where possible, and proactively share information with a service working with a victim survivor (or directly with the victim survivor if appropriate) to make them aware of the referral.

The steps for the referral process include the following.

- ... Contact the agency receiving the referral to:
 - ... ensure it is appropriate
 - ... ascertain any waiting times
 - ... advocate for your client to receive service
 - ... provide relevant information to ensure the receiving service can meaningfully connect with the person using violence, if appropriate
 - ... discuss roles and responsibilities
 - ... develop a case management protocol, including about information sharing if risk changes or escalates, and updating risk management plans, if appropriate.
- ... **You do not need to make the person using violence aware of these steps when making the referral.**
- ... Manage the expectations of the person using violence regarding the options available and support they can expect to receive from each service, and maintain contact during waiting periods.

- ... Share relevant information with other professionals and services to ensure safety and minimise the need for the person using violence to repeat information they have previously disclosed (any risk assessments, risk management or safety plans undertaken should form part of the referral).
- ... Where possible, engage the support of specialist family violence case management services (working with victim survivors, or coordinated responses to people using violence).
- ... Discuss with the person using violence the information you are sharing for the purpose of referral to ensure it is accurate. This is strictly limited to information that it is safe, appropriate and reasonable for them to know you are sharing, such as their identity, experience, presenting needs and circumstances that will help receiving services to provide safe engagement support
- ... Follow up with the person using violence for feedback about the referral to ensure it was effective. This can include continuing to support their engagement with other services and ensuring any issues that arise are addressed to reduce likelihood of non-engagement or future disengagement.
- ... Use feedback processes with the receiving service or professional to support or respond to any engagement issues that may arise and to prevent disengagement.

Referral processes can occur by telephone, in face-to-face settings, by written communication (including email), or a combination of these channels.

A referral may combine aspects of each of these processes. For example, referrals may be warm/active or facilitated and informal (information only).

Considerations in choosing which process to use include the person's:

- ... interpersonal style and ability to negotiate complex social interactions
- ... views on the proposed service options, including whether a specialist or targeted community service or mainstream service is preferred
- ... past experiences of trauma and disengagement due to structural inequality, barriers or discrimination that may need to be actively addressed
- ... ability to provide and receive information (consider if this is relating to communication barriers or emotional or physical health, wellbeing, or permanent or situational factors)
- ... ability to tolerate delays in service responses.

Table 1: Processes for making a referral

Referral type	Process
Informal referral (information provision)	<p>Provide verbal or written information about other services. Do not assume that the person will follow up on the information and make contact.</p> <p>If this type of referral is made, you should check at a later appointment if they have made contact and, if not, explore the reasons why.</p> <p>There may be various reasons the person did not contact the service. One way to overcome potential barriers is via warm or facilitated referral.</p>
Warm (or active) referral	<p>Actively connect the person using violence to the receiving service (for example, making a phone call together to introduce the person and share information).</p> <p>This enables three-way dialogue that is open and transparent to clarify issues immediately and outline the purposes and goals for the referral to the new service.</p>
Facilitated referral	<p>Provide risk and needs-relevant information to another professional or service (verbally or in writing). Make arrangements for the person to attend to assist in building trust and rapport with a new professional or service and facilitate culturally safe services.</p> <p>You may also consider asking the person using violence if they would like you to prepare a letter or other communication for them to take to other services that provides foundational information to enable safe engagement, such as about medical or mental health issues, medication, communication assistance needs, identity characteristics and pronouns.</p>

5.6.3 Addressing barriers at the point of referral

Work with the person using violence to reduce or remove barriers to engaging. Consider any barriers that may result in non-engagement or disengagement with the service being referred to.

These might include:

- ... impacts from experiences of trauma
- ... physical, practical and communication access barriers
- ... previous negative experiences of services and forms of structural inequality and discrimination.

You should follow up with the person using violence to confirm they have taken up referrals.

Non-engagement or disengagement following referral may be risk relevant if it relates to change or escalation of presenting needs, circumstances or family violence behaviours.

Effectively addressing barriers at the point of making a referral can be supported by:

- ... being curious about the experiences of the person using violence, including their history and experience of service engagement to avoid duplicating referrals
- ... listening to what they tell you and assessing which presenting needs they are ready and able to address
- ... providing information to the person using violence so they understand how a referral can support them. For example, the person using violence might be willing to address their financial or housing needs, and doing so would keep them engaged in the service system and keep their risk and safety concerns known to service providers
- ... ensuring referral options that are given support their continued engagement in the service system.

An 'information gap' between service providers during the referral process may lead to disengagement.

For example:

- ... if you make a cold referral to another service and do not confirm the person has accepted the referral and is engaging, both services may be unaware that the person using violence has disengaged from the service system completely
- ... if you make a referral for a person using violence to address a presenting need, but the timing and sequencing of the referral is not appropriate, then the opportunity to engage them with support may be lost.

If you make a referral to an agency, you need to confirm there is an appropriate service in an appropriate location that can meet the needs of a client.

When making a referral, consider how you want to make the referral and what information you choose to share with the receiving agency to enhance their engagement with the person using violence. This includes keeping the person's risk and safety concerns front of mind in your intervention approach.

Make sure the person using violence meets the eligibility requirements for the service you are referring them to. You can also consider how to respond if the referral is rejected for another reason.

5.6.4 Information to include in the referral

Work with the person using violence on completing the referral forms or letter.

You can discuss with them some information you intend to share with the receiving service, **limited to information you determine to be safe, appropriate and reasonable for the person using violence to be aware of. You are not required to seek their consent on any information you share that is risk relevant.**

When referring to:

- ... specialist perpetrator intervention services – this will include the completed risk assessment and risk management and safety plans
- ... other professionals and services – relevant information from risk assessments or circumstances impacting family violence risk behaviours or needs.

Consider including all relevant information for the purpose of the engagement, as well as information that will support safe engagement.

Information should include the level of risk, pattern of behaviour and known examples of invitations to collude. This should include any information that helps the receiving service understand the person in their context, such as their identity, experiences, needs or circumstances.

You may also share information related to addressing barriers to service engagement.

Refer to **Responsibility 6** for information on determining what is relevant to be shared through information sharing.

5.6.5 Which organisations to refer to

Referral pathways may need to be wide-ranging but staged to accommodate the needs or circumstances of the person using violence.

In the first instance, referrals should focus on addressing immediate risk, or responding to acute needs or circumstances that relate to change or escalation of family violence risk behaviours or safety for any person.

Examples include:

- ... referral to a specialist perpetrator intervention service, targeted specialist service or other specialist family violence service such as The Orange Door or The Rainbow Door. You can also refer to these services if a service user is **suspected** of using family violence, and these services can complete a comprehensive risk assessment to determine if this person is using family violence
- ... referral to therapeutic or practical support to address presenting needs, if it is deemed safe and appropriate to do so
- ... referral to a legal service or to a court if the person using violence needs advice to understand an intervention order, or to seek legal advice
- ... referral to a targeted specialist community service, such as services specialised in supporting Aboriginal people or people from diverse communities, or older people in relation to their use of family violence, or for other services responding to needs or circumstances, such as tailored therapeutic and community supports
- ... universal or mainstream professional supports, including advocacy or therapeutic responses to provide supports for needs or circumstances, or to promote or strengthen protective factors.

Note that some organisations require that the person using family violence contacts the service independently in order to access the service.

Organisations typically have different referral pathways. As such, you and your organisation need to be proactive in establishing agreed-upon referral pathways in your local area.

5.6.6 Responding to complex or multiple needs

People who use family violence can address multiple needs when this is planned, coordinated and supported.

For example, attending a mental health service and a family violence behaviour change program at the same time is reasonable if it is undertaken in a coordinated way by the services involved.

However, you should be careful not to overload the person using violence with too many referrals at once, or make referrals that are not appropriate. This might include, for example, referring them to a service they are unable to access because of their geographical location.

Use Structured Professional Judgement to guide your assessment of their capacity and capability to engage with multiple services.

You should also be aware that a person using family violence can use their perceived lack of ability to engage with multiple services as an excuse for not addressing their use of family violence, or minimising, denying or justifying lack of engagement.

This may present as non-engagement to the service receiving the referral. Using safe approaches to engagement, coordination, referral and ongoing support for the person will be crucial to minimise the risk of the system being used to avoid responsibility.

REMEMBER

Barriers to engaging with services can influence a person's confidence and motivation to change their behaviours. Refer to **Responsibility 2** for further information on the role of self-efficacy and **Responsibilities 3 and 4** for further information on motivation and change.

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5.6.7 Collaborative relationships to support effective referrals

You can build collaborative relationships with organisations in your local area and beyond to respond to barriers in effective referrals.

These collaborative relationships will help professionals understand which services are offered where and can support targeted and effective referrals.

For example, building relationships with Aboriginal community-controlled organisations in local areas can enable referrals to specialised support for people from Aboriginal communities.

Other strategies for building collaborative relationships include:

- ... maintaining a list of professionals or services that you or your organisation has good working relationships or memorandums of understanding with, and their roles and responsibilities
- ... understanding eligibility and intake processes of other organisations and services
- ... establishing memorandums of understanding between services and organisations for referral protocols and pathways
- ... developing and using common referral forms with key agencies that include agreed information, minimising the need to ask the same questions
- ... regularly reviewing and updating referral pathways and processes and identifying areas for improvement
- ... linking with Regional Integration Committees and Principal Strategic Advisers to understand local governance and strengthen networks between mainstream, universal and specialist family violence services.

These actions can be part of your organisation's approach to alignment with the MARAM Framework, and are further explored in the *Organisational Embedding Guidance and Resources*.

This requires a whole of organisation approach so that professionals are supported to assume these responsibilities.

REMEMBER

When you refer a person using violence to another service, there may be a wait time before they receive support.

It is essential that you maintain engagement with the person using violence until they commence engagement with another service, such as through regular phone contact (for example, weekly or fortnightly).

In the context of managing risk, good practice is to follow up referrals you have made with other services to confirm the client has engaged.

This practice supports the whole service sector to work collaboratively to keep the risk and safety of the person using family violence in view of services.

5.7 CONSENT OR VIEWS ON SECONDARY CONSULTATION AND REFERRAL

In the course of seeking secondary consultation or making a referral, you are not required to seek consent from the person using family violence to share their information under the Family Violence Information Sharing Scheme, Child Information Sharing Scheme (if applicable), or as otherwise authorised.

It is best practice to seek consent for the referral to be made and work collaboratively with a person who is using family violence to establish appropriate referrals and complete the referral process.

You should outline and clearly explain the service referral options.

When working with a person using family violence, you should seek and respect their views, preferences and choice on engaging with a specialist Aboriginal service or service that responds to diverse communities.

Similarly, working collaboratively with a person using family violence, where appropriate to your role and responsibilities, supports targeted and effective referrals that respond to the person's risk, presenting needs and access barriers.

5.8 RECORD KEEPING AND REFERRALS

You should record information you share with other professionals and services, and details of referrals, in line with your organisational policy and requirements under applicable information sharing laws.

Refer to **Responsibility 6** for safe record keeping practice.

Referral information about needs and circumstances being addressed by other services can be kept on the record of the person using violence.

Any information about their risk behaviours, assessments or risk management plans should be 'flagged' in your records.

You are not required to share this information with the person using violence if it will increase risk to the victim survivor to do so.

Further information on record keeping is outlined in Chapter 10 of the *Family Violence Information Sharing Guidelines*, and Chapter 5 of the *Child Information Sharing Scheme Guidelines*.