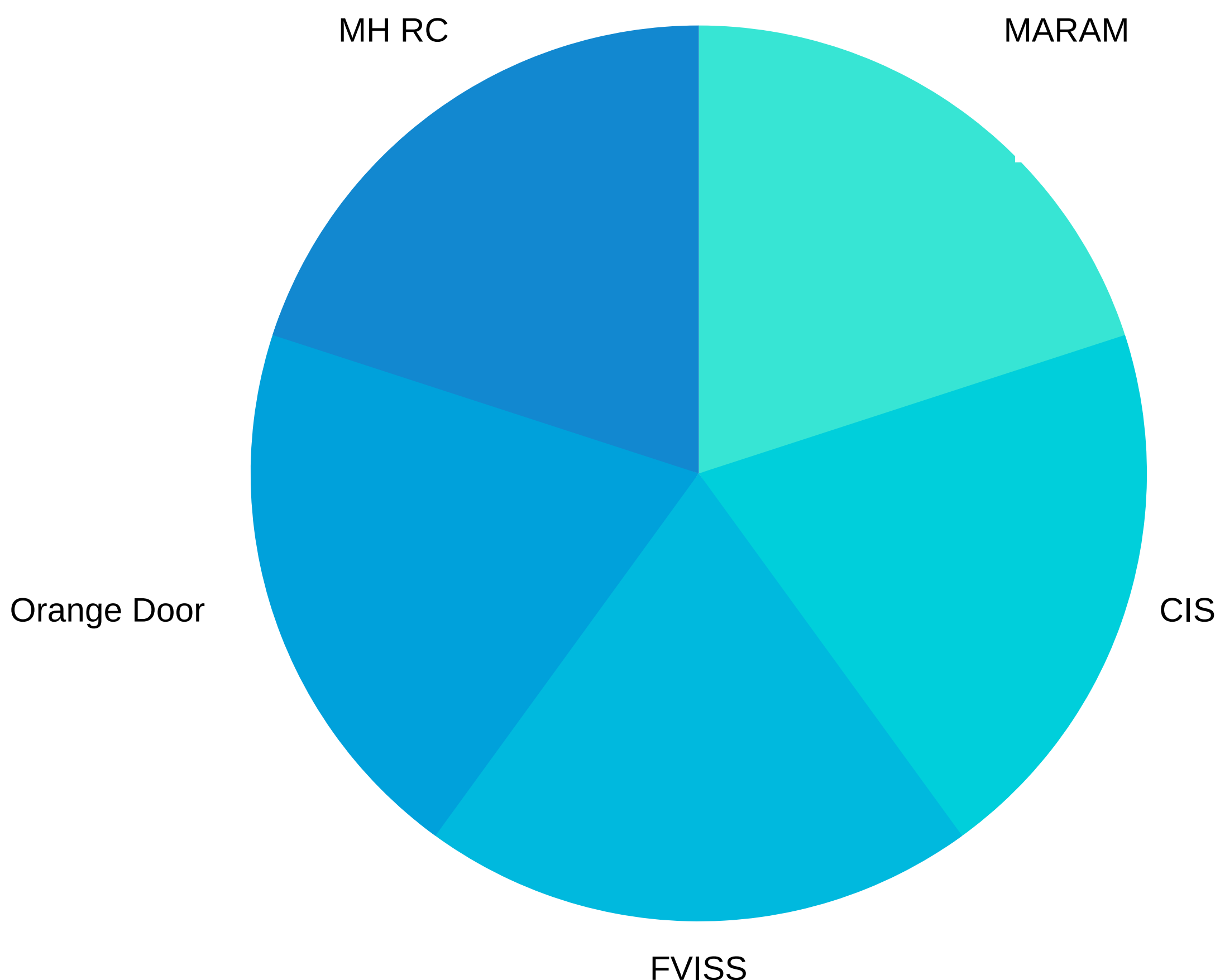


Family Violence Implementation

Information Sharing Community of Practice

- Introduction
- Mapping
- ToR
- Whats next?



What is a CoP??

**Information
Sharing
network**

Reflect

**Support
Implementation**

**Shared
Framework**

**Common
Intent
Practice**

**Deeper
Understanding**


**Different
Groups**

**What you do
How practice**

**What's
working
improved**

**Specific
Details**

Practice



Working Agreement



No Qs Stupid

Key Points

Respect

Safe Space

Confidentiality

Discussion Case

Supportive

Communication (Slack?)

Challenges

Summaries of Services

Email blurb &
Contact details

Case Studies
i factor
template

Referral Pathways

Ideas

Requests refused
= next?

Staff Confidence
↓
Training

Actions

Champions
>>
Experts

↑ **Risk**
↑ **Time Turnaround**

Fear
Caution & Weariness
Anxiety

Challenges

**Requests
refused
= next?**

**Referral
Pathways**

Ideas

**Case
Studies
i factor
template**

Risk
**Time
Turnaround**

Actions

**Champions
>>
Experts**

**Summaries
of Services**

Email blurb &
Contact details

Fear

**Caution &
Wariness**

Anxiety

**Perpetrator
behaviour
visibility -
accountability**

Uncertainty

Lack of
resources

**Women &
Children
-
Safe & Well
being**

**Staff
Confidence**



Training

**Community
educated
Shared
Understanding**

**Family:
linked and
engaged in
services**

HERE

THERE

Here



- Some communities are still reluctant to pass info. (ie police, CP & Mental Health services).
Sometimes seem to be cautious / worry where info is going (this has improved generally)
- Change fatigue - Time Issues
- People / Organisations are still unsure that it is a tool to keep children and families safe
- "Fear" about how to respond (different platforms > systems)
- Information storage anxiety
- People unsure about "Well being" & it not being defined (because it can't be)
- "What happens at home stays at home"

There



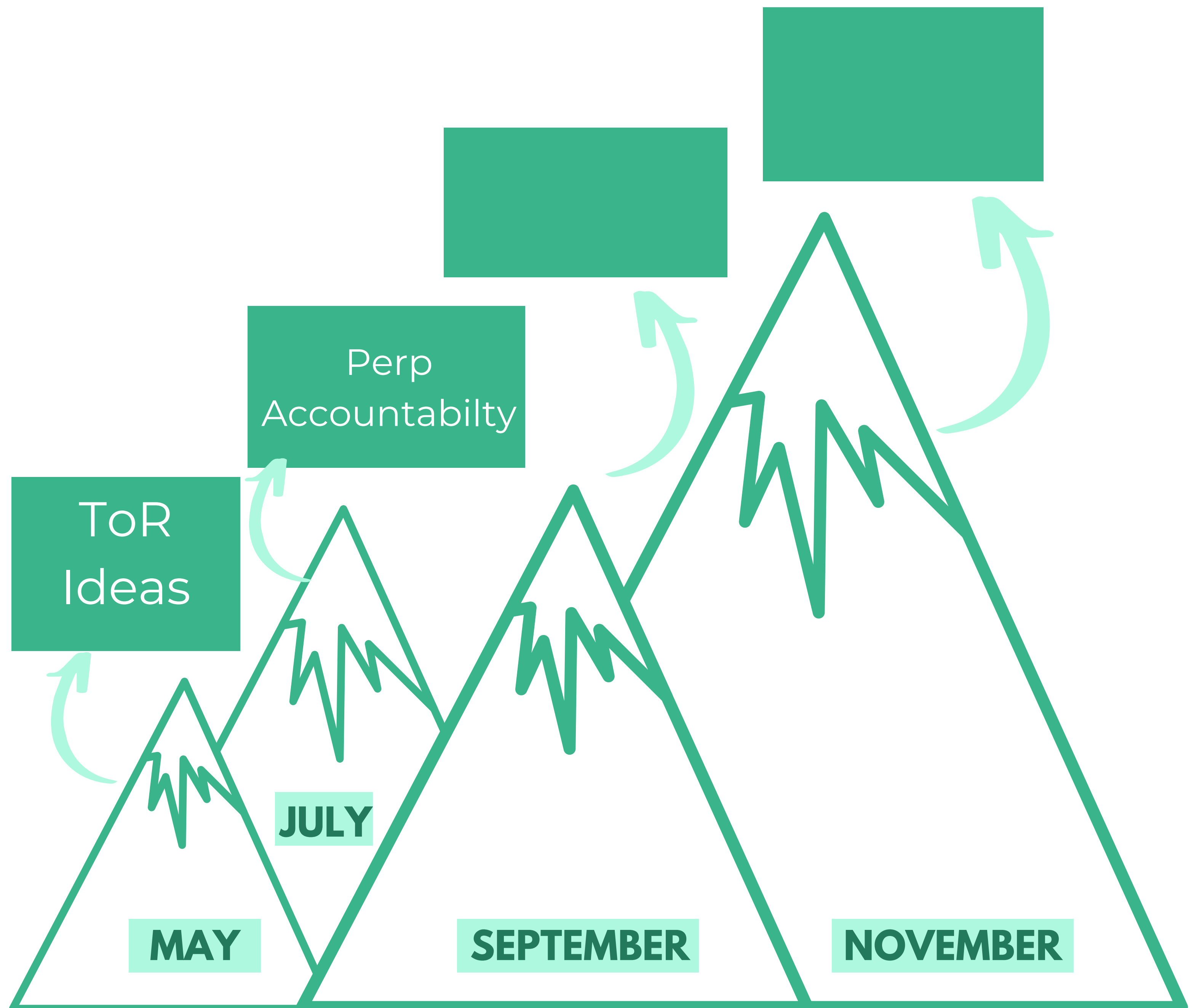
- Free flow of information requested and offered
- Perpatrators visable and accountable
- Women and children are safer
- Children's wellbeing is improved - ie education, mental health
- Family fully engaged in services
- family linked with all relevant services eg financials, AOD, mental Health, MBC
- Practitioners have clear pathways / roles to offer and request
- Services have P&P for sharing
- Families are linked in a more timely manner
- More education access all of the community
- Ongoing community networking
- Shared understanding of Family Violence and children's well being
- Staff confidenceis using praxtically as a tool
- More voluntary sharing
- Staff well trained
- 24 hour turn around with requests - depending on risk (high risk sooner)

How



- Training and education (practitioners, community, clients)
- Resources that articulate what should and shouldn't be shared
- Building stronger working relationships
- Case studies applicable to services represented at CoP
- Sector commitment to scheme
- Clear pathways, P&P for practitioners
- Ongoing funding
- Support from employers for network opportunities
- Review & evaluate

What next?



**Policy &
Procedure
MH / AOD
Case studies**