

A Common Lens for The Orange Door: How to Integrate Fields of Practice Summary



Background

On Thursday 1 August the Eastern Metropolitan Regional Family Violence Partnership held 'A Common Lens for The Orange Door: How to Integrate Fields of Practice' forum. This forum targeted partner agencies who will be involved in The Orange Door when it is established in the Inner and Outer Eastern Metropolitan Region.

The Purpose of the forum was to begin the early conversations around preparing for a multidisciplinary intake model that will best serve those responding to family violence in the EMR.

The first half of the day featured presentations by speakers from Family Safety Victoria, DV Vic, No To Violence, the Centre for Excellence in Child and Family Welfare and the North Eastern Melbourne Area Orange Door, focused on key learnings from operating sites as well as opportunities for the EMR to work on preparation.

Key Learnings

- Before TOD is operating there needs to be a clearly defined shared purpose and vision, and shared practice principles between partner agencies.
- Have a clear change management model for bringing together different frameworks. Understand theory of change and discuss collectively how staff want to work, where the commonality is and what the desired outcomes are.
- TOD multidisciplinary framework is an opportunity to develop a new specialisation framework instead of replicating silos outside TOD. There is a lot of value in being able to navigate differences in ideological positions through policy such as MARAM and the Information sharing schemes.
- There are different assumptions across TOD workforce of what the purpose is and what work is involved in 'holding men accountable', and how this relates to risk. It is beneficial to provide training for whole staff.
- Importance of understanding and valuing each other's knowledge, skills and contribution and creating a safe space.
- TODs have had initial internal focus. Now starting to think about interface with other providers and begin conversation around roles and responsibilities of each provider in integrated sector.
- Anticipate and plan for staffing issues. Be clear from beginning about roles, titles and expectations, that there will be differences in pay and entitlements across agencies staffing TOD, and the relationship and expectation between home agencies and TOD. Bring staff from organisations together to discuss the culture they would like to see early.
- Planning induction training and clear operational guidance from FSV is important.



Preparing

- Local conditions impact on how TOD works –functionality of existing services, existing integration, partnerships, relationships before TOD is operating is then translating into how TOD functions. Use lead-time to leverage existing strengths.
- Build cross sector relationships, knowledge and trust. Share data and find workforce development opportunities to share and collaborate e.g. cross sector-shadowing, buddy system, multiagency triage. These are important to invest in to build integration before colocation.
- Confront issue of divergent practice and different ideologies around work being done. For example Mum's autonomy and decision making vs intervention and protection for children. The EMR has time to bring practitioners up to a common framework such as Safe and Together (used in the North Eastern Melbourne Area OD).
- Allow time to disagree –need space to disagree and work out what you don't agree with.

Next steps

- Invest in building workforce capacity now through shared lunches, shadowing/buddying across services.
- Confront fear/stigma/anxiety around changes, share positive examples of integrated practice
- Leaders need to be having a say in expectations so that staff are getting clear information on what to expect.
- Establish Orange Door leadership groups for Inner and Outer East.
- Early, transparent, open communication about pay and entitlement during recruitment stage. Coordinated working group –need to bring together all key players.
- Learn from examples –alliances and partnerships that already exist in the region.
- Need to create a common purpose; everyone needs to feel professionally satisfied within a team.
- Unpack risk thresholds in Multidisciplinary space, across practice areas/sectors. Assumption about what low, medium and high varies in different sectors. Risk is not always related to family violence for Child FIRST.
- Include, education and communicate with services outside of TOD.