

SFVS COVID-19 Practice Note

1. *Balancing principles of risk and safety and person-centred empowerment during COVID-19*

Purpose This document is intended to direct specialist family violence services (SFVS) to relevant areas of existing core and foundational frameworks to inform service delivery during this time. Additionally, this resource will highlight key practice tips and considerations related to the emerging practice challenge described below.

Emerging practice challenge

SFVS are experiencing a range of impacts on practice and service delivery the result of coronavirus pandemic and the associated public health restrictions. Of concern is the **decreased ability to engage and communicate directly with victim-survivors**. Some services are reporting **an increased contact through ‘third parties’** such as friends and families. This has included contacts to state-wide phone services and local family violence services, as victim-survivors cannot safely contact the service directly due to a lack of privacy from perpetrators to engage with services and to barriers to using technology. This can create a challenge for a service system that has traditionally prioritised direct engagement with victim-survivors to ensure they are active decision makers in their support and safety plans.

Core and Foundational Frameworks

The Code of Practice: Principles and Standards for Specialist Family Violence Services for Victim-Survivors

The Foundational Framework and Principles of the Code provide a best practice compass to navigate through current complexities and maintain a commitment to intersectional feminist, inclusive and safety-focused support. While a number of principles will be relevant depending on the specific context and circumstance, the key principles which should be consider for this emerging practice issue are:

1. Risk and Safety: The safety of victim-survivors is the cornerstone principle of specialist family violence services and is prioritised at all times.
2. Person centred empowerment: Victim-survivors are supported to experience meaningful empowerment through person-centred and flexible service responses.

These two principles can be challenging to balance when someone’s safety is at escalating or serious risk. Prioritising victim-survivors’ own agency and decision-making is ideal, but this can be severely impacted if a perpetrator’s violent behaviours indicate risks of serious injury, harm or fatality. Nevertheless, even when a SFVS decides to involve authorities or share information to mitigate serious risk, it is important to prioritise ongoing conversations with victim-survivors that enable personal agency and choice as much as possible.

Refer to the Code to find the related standards and indicators relevant to these principles. These can be used as a checklist for adapting responses in a way that promotes quality service provision, even though the nature of access and engagement with victim-survivors has changed temporarily.

Multi-Agency Risk Assessment and Management (MARAM) Framework

The MARAM Framework and accompanying practice guidance (foundational and responsibility-based), provides detailed guidance to practitioners to support collaborative and consistent approaches to risk assessment and management. It is important that risk assessment and risk management procedures are informed by the MARAM Framework Model of Structured Professional Judgement. The MARAM can be used to ensure the way in which we understand, assess and respond to risk remains consistent and promotes the safety and wellbeing of victim survivors.

While several Responsibilities will be relevant depending on the specific context and circumstance, the key Responsibilities which should be consider for this emerging practice issue are:

- Responsibility 1: Respectful, Sensitive and Safe Engagement
- Responsibility 7: Comprehensive Risk Assessment

Practice considerations and tips

- Prioritise safety. Where serious risk is present and services are unable to communicate directly with a victim-survivor, it may be necessary to liaise through a third party to coordinate interventions. However, once immediate risk is mitigated, the service should facilitate direct contact with the victim-survivor.
- Convey that seeking help for family violence is a valid reason to leave home during restrictions. Assist the victim-survivor/third party to create a plausible reason to leave, creating opportunities for contact with the SFVS. E.g *Reporting to Centrelink, buying groceries or school supplies, checking on a neighbour.*
- Be aware that perpetrators may leverage existing discrimination/ barriers, particularly for victim-survivors with a disability, or from LGBTIQ communities, Aboriginal and diverse communities. Even though someone may be presenting as a support person or carer, they may not be a safe person.
- Collect essential information in accordance with MARAM to assess and manage risk if a third party is involved. Ensure further information can be collected at a later stage directly with the victim-survivor to complete a Comprehensive Risk Assessment.
- Ensure victim-survivors are actively involved in making decisions about all aspects of service provision, this includes who else you communicate or share information with, and not share information with.
- If a third party is identified as a safe person, then you can get consent to liaise with them, however this should not be at the expense of talking directly with the victim-survivor and should be revisited frequently.
- Examine your own privileges and biases that may be generating unhelpful assumptions about a victim survivors' ability to communicate directly with you. E.g. "*I'm making a decision based on the best interest of the victim-survivor and time constraints*".
- Ensure your support is flexible and tailored to victim-survivors' needs. Find ways to communicate with victim survivor that is going to best suit them. E.g. "*How can we best communicate?*", "*What has / has not worked well for you in the past?*"
- Consider creative responses that meet victim-survivor needs and support staff health and wellbeing. Consider developing organisational policies and procedures to support staff to understand options available to support flexible responses. E.g *Combination of phone contacts and short, socially distant face-to-face contact.*

Resources and links

- The Code of Practice: Principles and Standards for Specialist Family Violence Services for Victim-Survivors
<http://dvvic.org.au/members/member-resources/>
- MARAM Framework and Practice Guidance <https://www.vic.gov.au/maram-practice-guides-and-resources>
- Family Safety Victoria MARAM Practice Note for minimum response to victim survivors during the coronavirus (COVID-19) isolation and quarantine period <https://www.vic.gov.au/maram-practice-guides-and-resources>
- COVID-19 Question and Answers (Q&A) for specialist family violence services
<https://fac.dhhs.vic.gov.au/covid-19-question-and-answers-qa-specialist-family-violence-services>

SFVS COVID-19 Practice Note

2. Child-Centred Practice during COVID-19

Purpose This document is part of a series of practice notes to direct specialist family violence services (SFVS) to relevant areas of existing core and foundational frameworks to inform service delivery during this time. Additionally, this resource will highlight key practice tips and considerations related to the emerging practice challenges described below.

Emerging Practice Challenges

SFVS have reported that although they have been successful in prioritising material aid support for children, they have found it more **difficult to maintain a focus on children's risk and safety** in the COVID-19 environment. Increasingly, SFVS are proactively considering and responding to the needs of children, however, further work is needed to ensure consistent practice within and across services.

Importantly, considering and **responding to the needs of children and young people is every SFVS practitioner's responsibility**, irrespective of role or context, even when practitioners do not have direct contact or engagement with children. **Child-centred practice presents a shift for some services**. Where previously there was the belief that in providing service to adult victim-survivor you were also addressing the needs of the child victim-survivor, we now understand the importance of assessing and responding to the unique risk to children. There are **mixed levels of confidence** and experience in responding to children among practitioners. Within services, there may be workers who do not feel confident in engaging with children, while there are other workers who may be confident engaging with children but they do not feel confident in completing risk assessments and safety plans. Services experience **time constraints** in completing risk assessments and safety plans for each child, especially if there is a large family, when they do a brief intervention and have a high service demand. However, it remains an important and required part of the SFVS service response.

Supporting child-centred practice is important, particularly during the COVID-19 period. We understand that children and young people are at increased risk of experiencing family violence during this time and have reduced contact with supportive or safe environments such as schools and sporting clubs. Additionally, it remains important to assess and monitor safety when children have unsupervised contact with perpetrators during COVID-19. **Requesting and sharing information** about perpetrators and children with services providing support to perpetrators could be especially useful in this context, as they may have risk relevant information to inform you to support the safety and wellbeing of the child and family.

Core and Foundational Frameworks

The Code of Practice: Principles and Standards for Specialist Family Violence Services for Victim-Survivors

The Foundational Framework and Principles of the Code provide a best practice compass to navigate through current complexities and maintain a commitment to intersectional feminist, inclusive and safety-focused support. The key principle which should be considered for this emerging practice issue is:

- Principle 6: Child-Centred Practice: *Infants, children and young people are recognised as victim-survivors in their own right, and their safety and wellbeing are prioritised in every stage of service provision.*

Children under this principle are recognised as individuals who have their own personal experience of family violence and right to safety, therefore it is encouraged that they have their own risk assessment, safety plan and case plan. SFVS has a role to play in responding to children's safety and wellbeing needs, regardless of whether they can engage directly with children or not. It is acknowledged that practitioners do not always have the opportunity, or it is not appropriate for them to meet the children directly, however, they can keep children's rights and safety at the front of service provision through adult victim-survivor.

In the Code, child-centred practice:

- is informed by understanding the cumulative and traumatic impacts of family violence across child developmental stages.
- recognises that the perpetration of family violence by a parent/carer is a parenting choice, even if a child is not directly exposed to acts of violence or abuse, and that adult victim-survivors' parenting/caring role is significantly constrained by the abuse.
- combines with an anti-oppressive approach to acknowledge children's own agency, empowerment, and resilience
- combines with an intersectional lens to recognise family violence as a form of structural oppression against children and young people
- requires that all family violence practitioners are trained to capably engage with children, where safe and reasonable to do so
- involves coordinating with other services that can offer specialised support for infants, children and young people ranging from schools and childcare, through to health services and child wellbeing and protection services.

Multi-Agency Risk Assessment and Management (MARAM) Framework

The MARAM Framework and accompanying practice guidance (foundational and responsibility-based), provides detailed guidance to practitioners to recognise children as victim-survivors in their own right and in service delivery to acknowledge their unique experiences, vulnerabilities and needs, including the effects of trauma and cumulative harm arising from FV, whether they were directly or indirectly exposed to it.

While several Responsibilities will be relevant depending on the specific context and circumstance, the key Responsibilities which should be consider for this emerging practice issue are:

- Responsibility 2: Identification of family violence & Appendix 1: Observable signs of trauma that may indicate family violence.
- Responsibility 3: Intermediate risk assessment & Appendix 7: Child Victim Survivor Assessment Tool
- Responsibility 4: Intermediate risk management & Appendix 10: Safety Plan for Older Children and Young People
- Responsibility 6: Contribute to information sharing with other services as authorised by legislation

Practice considerations and tips

- **Ask questions about children's risk, wellbeing and impact of FV** – this not only helps **you** understand their risk and situation better but also opens up conversations, helps **parent/carers reflect** on children's experiences and gives you opportunities to provide **psycho-education** and **support**.
- **Consider whether children are present and able to overhear discussion** (even if you can't see them, they may be nearby). Provide questions for a parent/carer to ask or discuss with their child and come back to you, rather than just asking the parent for what they think.
- **Partner with adult victim-survivor to keep children safe** – when discussing safety planning validate their efforts to keep children safe and ask them how they are thinking about safety in the context of COVID-19.
- **Provide Information** to support parent/carers to understand children's experience. Psychoeducation about impacts of FV alongside possible impacts of COVID-19 could be useful. Have resources and info ready about broader issues including COVID-19.
- **Support Parenting** because supporting parenting is an important way to support children – support parent/carers to talk to their children about FV and safety, where to get info and support around different parenting issues and challenges in this difficult time, supporting parent-child bond in other ways – activities they can do together for fun and play.
- **Offer direct engagement** with children if you have established relationships with them or the children are older. Discuss this with adult victim-survivor first and consider what this would look like (phone/zoom/email/chat), give them time to check in with child/young person.
- **Be aware** that perpetrators may leverage existing discrimination/ barriers, particularly for adult and child victim-survivors with a disability, or from LGBTIQ communities, Aboriginal and diverse communities.
- **Be creative in this context** – Find other ways to interact and ensure your practice is child centred. Examples provided by services include:
 - Phone-based services are now considering that the places they locate parent and children are child friendly (e.g. motels have a kitchen, also that they have access to parks and clinics close by)
 - An Aboriginal service developed culturally safe packs for children which case managers take to their houses to continue engaging with families in a non-confrontational way.
- **Collaborative practice and information sharing among services is more important than ever** – proactively share and request risk relevant information from other services, including services that provide support to perpetrators. These services very often have a lot of information on children and perpetrators that can be useful to SFVS for managing adult and child victim-survivor risk.
- **Reflect with your teams how child-centred your service is** – refer to the Code and MARAM framework to evaluate where your service is up to in becoming more child-centred. It could be good to start having conversations with your teams. E.g. *what is one thing that we have implemented and one additional thing we could do to be more child-centred in this current context?*
- Children have **unique risks and needs that should be assessed independently**, as well as in the context of the needs and risks of the adult victim-survivor and other family members. This can be done directly with the child if age and developmentally safe and appropriate, or indirectly through the adult victim-survivor. This may support the identification of harm to the child, or the presence of multiple perpetrators.
- If an adult victim-survivor is using violence towards a child, this needs to be **understood in the context** of the violence they are experiencing. E.g. *An adult victim-survivor may be incredibly strict on the children to prevent violence or abuse from a perpetrator*. However, the priority is always children's safety and wellbeing.

Resources and links

- The Code of Practice: Principles and Standards for Specialist Family Violence Services for Victim-Survivors
<http://dvvic.org.au/members/member-resources/>
- MARAM Framework and Practice Guidance <https://www.vic.gov.au/maram-practice-guides-and-resources>
- Family Safety Victoria MARAM Practice Note for minimum response to victim survivors during the coronavirus (COVID-19) isolation and quarantine period <https://www.vic.gov.au/maram-practice-guides-and-resources>
- Child Information Sharing Scheme Ministerial Guidelines and Family Violence Information Sharing Scheme Ministerial Guidelines <https://www.vic.gov.au/guides-templates-tools-for-information-sharing>
- COVID-19 Question and Answers (Q&A) for specialist family violence services
<https://fac.dhhs.vic.gov.au/covid-19-question-and-answers-qa-specialist-family-violence-services>
- Choosing positive paths – for a resource for parents, includes information and ideas for activities for different ages: <https://whwest.org.au/resource/choosing-positive-paths/>
- Smiling mind app for supporting wellbeing of children and young people:
<https://www.smilingmind.com.au/smiling-mind-app>
- Raising Children Network- an Australian parenting website. <https://raisingchildren.net.au/>
- Parentline: <https://parentline.com.au/>
- Family Violence, and a guide to including infant awareness in our practice during the COVID-19 Pandemic by Dr Wendy Bunston: https://www.cfecfw.asn.au/wp-content/uploads/2020/05/WBunston_Infants-Family-Violence-COVID-19.pdf

SFVS COVID-19 Practice Note

3. Collaboration and Advocacy during COVID-19

Purpose: This document is the third in a series of practice notes that directs specialist family violence services (SFVS) to relevant areas of existing core and foundational frameworks to inform service delivery during this time. Additionally, this resource will highlight key practice tips and considerations related to the emerging practice challenges described below.

Emerging Practice Challenges

Stronger collaboration and advocacy between SFVS and services from other sectors, such as housing, mental health, alcohol and other drug (AOD) and justice, among others, has been identified as an important step in providing a more holistic systemic response to victim-survivors (V-S) and keeping perpetrators in view and accountable. However, despite reform initiatives such as MARAM and the Information Sharing Schemes, which guide and provide tools for collaboration, **there are still gaps and a lack of processes and clear referral pathways for services across sectors to work in a collaborative way.** COVID-19 has illustrated the urgent need to address the existing gaps and has also accelerated the way some services across sectors work together and find creative ways to collaborate and keep V-S safe.

During this period, **SFVS have seen an increase of second consultations** by other sectors because V-S are disclosing in these spaces (e.g. mental health services). They have also been **working with non-FV specialist services to provide support to V-S** who do not want or cannot engage directly with SFVS because of safety reasons. For example, some V-S who are unable to contact a SFVS safely and directly due to monitoring from the perpetrator can engage with family services.

SFVS have also been **advocating on behalf of V-S with other sectors to provide and increase their support** when some agencies have reduced or changed their response capacity to both V-S and perpetrators due to COVID-19. This means that practitioners have been expending a lot of time advocating and educating these agencies. Additionally, specialist perpetrator services often cannot work with perpetrators if they do not engage or acknowledge their use of violence, which keeps perpetrators invisible and unaccountable in the system.

Through the above work, SFVS have tested the **demand generated by second consultation and facilitated referrals.** Although some organisations have funding to provide second consultations, this is not consistent across all services, which means that they do not have the capacity to respond to the high demand they experience. This is potentially problematic as there is an expectation in Phase 2 of MARAM implementation that SFVS provide second consultation to Tier 2/3 from early 2021.

Furthermore, SFVS highlighted that although MARAM has been helpful in supporting them to advocate and encourage agencies from other sectors to assume their responsibilities, there is a **lack of training for Tier 2/3 workforces**, and therefore a lack of a shared understanding of FV. This contributes to siloed thinking and approaches. There remains a **need for role clarity and expectations of services across sectors** (e.g. who leads and when, if there are intersected issues such as mental health and FV). There is a concern that SFVS will be expected to become the lead agency in all cases where FV is identified, although they could act in some cases as a support agency.

Core and Foundational Frameworks

The Code of Practice: Principles and Standards for Specialist Family Violence Services for Victim-Survivors

The Foundational Framework and Principles of the Code provide a best practice compass to navigate through current complexities and maintain a commitment to intersectional feminist, inclusive and safety-focused support. The key principle that should be considered for this emerging practice issue is:

- Principle 4: Collaboration and Advocacy – *Services use collaboration and advocacy within coordinated multi-agency responses to benefit victim-survivors.*

This principle highlights the importance of providing a coordinated multi-agency response to V-S to minimise duplication and gaps in addressing safety needs of V-S and keeping perpetrators in view and accountable. It encourages services to break the siloed approach and, by working together, be more efficient and effective in activating systems that address V-S needs in a holistic way, achieve inclusive responses for diverse groups, and address and monitor the risk presented by perpetrators' violent behaviour.

Working collaboratively in a coordinated multi-agency system requires:

- All professionals to have a **shared understanding of family violence**
- A **commitment to work together** for the benefit of adult and child victim-survivors.
- **Respect for each other's professional disciplines** and specific roles and responsibilities. For example, specialist family violence services leadership role in coordinated responses includes leading case management with other services, as per their responsibilities 9 & 10 under the MARAM Framework. This is important for ensuring that victim-survivors receive dedicated support and advocacy and a primary contact for ongoing risk assessment, safety planning and tracking the outcomes of coordinated action plans with other agencies.
- SFVS **provide secondary consultation** to other services across the family violence response system to increase understanding of family violence issues, assist with assessing and managing risk, and provide advice for safety planning, referral options and coordinating responses (As per Responsibility 5 of the MARAM)

Multi-Agency Risk Assessment and Management (MARAM) Framework

The MARAM Framework and accompanying practice guidance (foundational and responsibility-based), provides detailed guidance to practitioners to collaborate and coordinate actions for assessing risk and managing risk. The key responsibilities that should be considered for this emerging practice issue are:

- Responsibility 5: Secondary consultation and referral
- Responsibility 6: Contribute to information sharing with other services as authorised by legislation
- Responsibility 9: Contribute to coordinated risk management
- Responsibility 10: Collaborate for ongoing risk assessment and risk management

Under these responsibilities, practitioners are expected to:

- Contribute to coordinated risk management as part of a multi-agency approach. This includes proactively requesting and sharing relevant information to facilitate coordinated risk management
- Have an ongoing role in collaboratively monitoring, assessing, and managing risk over time including identifying any changes in the assessed level of risk.
- Participate in joint action planning and coordination of responses including enacting and monitoring safety plans.

Practice considerations and tips

- Be aware and prepared to respond to second consultations to support advocacy and define an organisational process if you do not have one in place.
- Seek secondary consultations from other services to enable inclusive and culturally safe responses.
- Use MARAM to remind Tier 2/3 services of their responsibilities, advocate on behalf of V-S and ensure a pivot to the perpetrator.
- Define clear actions and responsibilities when more than one agency providing support to V-S. Although SFVS act as the lead agency, coordinated risk management, monitoring of risk and collaborative action planning is a joint responsibility. Care team meetings are key to support accountability.
- Review and reflect with your teams about how aligned your practice and policies are with the MARAM Responsibilities 5, 6, 9, and 10, and Principle 4 of the Code. If there are any identified actions, liaise with DV Vic for practice support.
- V-S need SFVS to work with Tier 2/3 services when they cannot contact SFVS directly. Having a flexible response during this time is important for responding in a timely manner to V-S and supporting safety.
- SFVS can count support periods for support provided where risk assessment, safety planning, coordinated action plans or brokerage (including for perpetrators) is facilitated through other sectors.
- SFVS have an important role to play in identifying and documenting gaps and barriers in the family violence service system. This information is key in advocating at the systemic level. Although demanding, changes have been achieved thanks to this work. Keep up the good work.
- Demonstrate respect for each other's professional disciplines and specific roles and responsibilities. Working collaboratively can increase your understanding of the risk and ability to support safety.
- Keep data on the amount of time invested to respond to second consultations and facilitated referrals. This information could help SFVS to map collectively what they need to be able to meet the increased demand that will be generated when MARAM Phase 2 comes into Scope in early 2021.
- Strengthen and formalise the positive experiences SFVS have developed during this period in building collaboration and partnerships with services from other sectors. Some examples from services are:
 - Explore the use of online communication platforms for care plan meetings as participation and availability increases and therefore services can be more accountable.
 - Build on partnerships with community connections to provide emergency relief to V-S in a timely manner.
 - Sharing responsibility with court staff to provide face-to-face support to V-S at court, which before COVID-19 was mainly done by SFVS staff.

Resources and links

- The Code of Practice: Principles and Standards for Specialist Family Violence Services for Victim-Survivors <http://dvvic.org.au/members/member-resources/>
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- Family Safety Victoria MARAM Practice Note for minimum response to victim survivors during the coronavirus (COVID-19) isolation and quarantine period <https://www.vic.gov.au/maram-practice-guides-and-resources>
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