

Information Sharing and Family Violence Reforms Contextualised Guidance

For

- centre-based education and care services;
- government, Catholic and independent schools;
- system and statutory bodies; and
- education health, wellbeing and inclusion workforces

Last Update	September 2020
To be reviewed	January 2021

This resource addresses issues of family violence. If you are concerned for your safety or that of someone else, contact the police, and call 000 for emergency assistance. If you have experienced violence or sexual assault and require immediate or ongoing assistance, contact 1800 RESPECT (1800 737 732) to talk to a counsellor from the National Sexual Assault and Domestic Violence hotline. For confidential support and information, contact safe steps 24/7 family violence response line on 1800 015 188. If you need to talk to someone it is recommended that you speak to your leadership team about arranging appropriate support. You can also talk to your GP or an allied health professional. Victorian government school staff can also contact the Department of Education and Training's Employee Assistance Program on 1300 361 008.

In this document, 'Aboriginal' refers to both Aboriginal and Torres Strait Islander people.

The Victorian Government proudly acknowledges Aboriginal people as Australia's First Peoples and as the Traditional Owners and custodians of the land and waterways upon which we depend. We acknowledge Victoria's Aboriginal communities and culture and pay respect to their Elders past and present.

Aboriginal culture is founded on a strong social and cultural order that has sustained up to 60,000 years of existence. Victorian Aboriginal communities and peoples are culturally diverse, with rich and varied heritages and histories. The impacts of colonisation — while having devastating effects on the traditional life of Aboriginal Nations — have not diminished Aboriginal people's connection to country, culture or community.

The Victorian Government recognises the long-standing leadership of Aboriginal communities in Victoria to prevent and respond to family violence, supported through self-determination and self-management, to improve outcomes for Aboriginal people and families, whilst also acknowledging the devastating impacts and accumulation of trauma across generations as a result of colonisation and the dispossession of land and children.

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Introduction

About this Contextualised Guidance Resource

Purpose

This training resource is intended to support services to:

- prepare for the implementation of the Information Sharing and Family Violence Reforms (referred to as the Reforms) in their workplaces
- equip professionals to share information confidently, safely and appropriately to improve children's and families' wellbeing and safety.

This *Information Sharing and Family Violence Contextualised Guidance* resource (referred to as the Guidance resource) is one of a suite of training resources that sits alongside, and complements the face-to-face training sessions and eLearning modules for over 6,000 education and care services that will be prescribed by law under the Reforms.

Specifically, this resource is for:

- long day care, kindergarten and before and after school hours care services (which in this Guidance resource will be referred to as centre-based education and care services)
- government, Catholic and independent schools (which in this Guidance resource will generally be referred to as schools)
- Catholic and independent Catholic system bodies that assist, manage or govern Catholic schools in Victoria (which in this Guidance resource will generally be referred to as system bodies). Please note system bodies are prescribed as information sharing entities only to the extent that these bodies provide support or services to Catholic schools relating to student wellbeing or safety, or professional ethics and conduct, or learning diversity
- Victorian Institute of Teaching, Victorian Curriculum and Assessment Authority and Victorian Registration and Qualifications Authority (which in this Guidance resource will generally be referred to as statutory bodies)
- some education health, wellbeing and inclusion workforces (for example, Department of Education and Training's (the Department) Health, Wellbeing and Inclusion Workforces).

The *Guidance* resource has been developed to provide general information and support for education and care workforces authorised to use the Reforms. It is intended to be read and used in conjunction with the *Toolkit*, which provides tools, templates and checklists. These templates and materials can be adapted for your setting and used as appropriate to meet the needs of your organisation. This should be done in alignment with your existing organisational requirements and procedures.

Format and content

This *Guidance* resource is divided into three sections:

Part One provides an overview of the Reforms for education and care workforces. The face-to-face training sessions and online modules cover this content in more detail.

Part Two contains information and tips that should be adapted and used as relevant to support planning for and implementation of the Reforms.

Part Three contains a range of short information sheets to support implementation. It will be updated over time to include further resources, as well as additional sector-specific content to the *Frequently Asked Questions* section as the need arises. A list of acronyms and key terms mentioned throughout the document can be found in *Part Three* of this *Guidance* resource.

This *Guidance* resource should be read in conjunction with the *Toolkit* and the legally binding documents, the *Child Information Sharing Scheme Ministerial Guidelines*, the *Family Violence Information Sharing Guidelines* and *Family Violence Multi-Agency Risk Assessment and Management Framework (MARAM)*, as well as other resources relevant to the Reforms.

If you have any further questions regarding these reforms or this *Contextualised Guidance* document, including to request support with implementation, you can contact: childinfosharing@education.vic.gov.au¹.

¹Once these reforms are in place for education portfolio workforces, your school, centre or organisation will also be able to contact the Victorian Government Enquiry Line for support and advice – more details to come.



Support for education and care workforces

The Department is offering a range of learning options on the Reforms for centre-based education and care services; schools; system and statutory bodies; and education health, wellbeing and inclusion workforces, including face-to-face training, targeted briefings and eLearning modules.

These build on best practice principles and the work you are already doing to promote children's wellbeing and safety. Workforces are only required to complete one learning option, or they may choose to undertake a blend of both face-to-face and online training. For more information see page 22 of the *Toolkit* and to register for training, see: <https://www.vic.gov.au/training-for-information-sharing-and-maram>.

Additionally, the Department is developing:

- a *Families and Communities Engagement Strategy* to support the implementation of the Reforms across centre-based education and care services; schools; system and statutory bodies; and education health, wellbeing and inclusion workforces. Prescribed organisations will be provided with key messages and tools to engage with their local community, parents and children
- **specific policy guidance for Victorian government schools and the Department's corporate staff**, including process guidance for regions. Non-government organisations are required to adapt and develop or update their own policies to align with the Reforms. The Department can provide implementation support to centre-based education and care and non-government schools on a case-by-case basis. Catholic and independent schools should refer to sector-specific guidance, and centre-based education and care services operating under a provider should refer to provider-specific guidance
- Contextualised MARAM practice guidance for education and care workforces. Centre-based education and care services; schools; and education health, wellbeing and inclusion workforces will be supported through the *MARAM Framework* to know what to look for, what to ask, and what to do when identifying and responding to family violence.

Overview of the Information Sharing and Family Violence Reforms (the Reforms)

As educators, carers and health, wellbeing and inclusion professionals, you share a common purpose – to give each child the best start to a happy, healthy and prosperous life. The wellbeing and safety of children is essential for their learning and development, and you are well placed to support them.

The Reforms build upon and complement your existing child and family wellbeing and safety responsibilities and practices. The Reforms aim to improve the wellbeing and safety of Victorian children and reduce family violence.

In 2021, a range of education workforces will become:

- ISEs which are authorised to request and share relevant information under the Child Information Sharing Scheme and the Family Violence Information Sharing Scheme (the Schemes) and required to respond to requests from other ISEs
- *MARAM Framework* organisations that are required to align to MARAM.

This is in addition to a range of other services that became ISEs and MARAM organisations in September 2018 (which is known as Phase One of the Reforms) and health portfolio workforces that will also be prescribed in Phase Two.

Information sharing and service collaboration are vital in identifying risks early and facilitating early and appropriately targeted support. Numerous Royal Commissions, coronial inquests and independent inquiries over a decade have taught us this.

Together, you could make a difference.

Key acronyms for the three Reforms

CISS - Child Information Sharing Scheme
FVISS - Family Violence Information Sharing Scheme

MARAM - Family Violence Multi-Agency Risk Assessment and Management Framework

ISE - Information Sharing Entity

RAE - Risk Assessment Entity

Part One: A Whole of Victoria Approach

Victoria-wide approach to information sharing for wellbeing and safety

Sharing information for wellbeing and safety

The Reforms enable ISEs to request and share relevant information with each other to support children's wellbeing and safety, when certain requirements for sharing are met.

The Reforms will authorise centre-based education and care services; schools; system and statutory bodies; and education health, wellbeing and inclusion workforces to:

- respond to requests for information to promote child wellbeing or safety and/or assess and manage risk of family violence (this is mandatory)
- request information to promote child wellbeing or safety and/or manage risk of family violence
- proactively share information to promote child wellbeing or safety and/or manage risk of family violence.

The Reforms have been designed to promote the wellbeing and safety of children and families by:

- improving earlier identification of issues or risks for children and families, including family violence risk, and enabling earlier support and participation in services
- increasing collaboration and supporting a more coordinated and integrated approach to service delivery across services
- empowering professionals to make informed decisions
- defining responsibilities for identifying and responding to family violence, across the service system including creating consistent and collaborative practice
- promoting shared responsibility for wellbeing and safety across the child and family service system
- identifying wellbeing and safety issues, and obtaining relevant information to share in relation to family violence (through applying MARAM guidance on knowing what to look for and asking the right questions).

Overview of the Information Sharing Schemes (the Schemes) and MARAM

About CISS, FVISS and MARAM

CISS to promote wellbeing and safety

The Child Information Sharing Scheme (CISS) enables ISEs to share confidential information about any person to promote the wellbeing and/or safety of a child or group of children. All Victorian children from birth to 18 years of age are covered. Unborn children are only captured when there has been a report to Child First or Child Protection.

Consent is not required from any person when sharing under CISS.

FVISS and MARAM to identify and respond to family violence

The Family Violence Information Sharing Scheme (FVISS) enables the sharing of relevant information between authorised organisations to assess or manage risk of family violence.

MARAM aims to build a shared understanding of and consistent response to family violence across Victoria's service system. This is achieved by defining clear roles and responsibilities, providing guidance to support the assessment and management of family violence risk and through coordinated and collaborative practice. Further contextualised practice guidance about MARAM for education and care workforces will be made available over time.

Together, these reforms (CISS, FVISS and MARAM) further enable centre-based education and care services; schools; system and statutory bodies; and education health, wellbeing and inclusion workforces, to work as equal partners with other services in improving children's wellbeing and safety.

Authorised Information Sharing Entities (ISEs)

Only organisations or services prescribed as ISEs can share information under the Schemes. Prescribed organisations are those that have been determined under the Reforms to be authorised to request and share information and are required to respond to requests for information from other ISEs when relevant requirements for sharing are met.

Authorised Information Sharing Entities (ISEs)

27 September 2018
Phase One

Examples include:

- Child Protection
- Integrated family services (ChildFirst)
- Out-of-Home Care
- Maternal and Child Health services
- The Orange Door (formerly Support and Safety Hubs)
- Specialist family violence services and Risk Assessment Management Panels (RAMPs)
- Sexual assault services
- Mental health services
- Alcohol and other drugs services
- DHHS housing and selected homelessness services
- Victoria Police
- Youth Justice and Youth Parole Board
- Justice Health (children and young people only for CISS)
- Victim's Support Agency and Victim Assistance Programs
- Multi-Agency Panels for Youth Offending (MAPs)

CISS only

- Registry of Births, Deaths and Marriages

FVISS and MARAM only

- Court-ordered family violence counselling
- Family Violence Restorative Justice Service

November 2019
Public Consultation

19 April 2021
Phase Two
Subject to regulation

Examples include:

- Long day care
- Kindergartens
- Government schools
- Catholic schools
- Independent schools
- Out of school hours care
- Relevant non-government school system and statutory bodies
- Department-delivered child disengagement, health and wellbeing programs and services



Examples include:

- Public hospitals
- Early parenting centres
- Ambulance Victoria
- Community health services
- Supported playgroups



Other

Examples include:

- Migrant and refugee case management and settlement services

Figure 1: Phase One and Phase Two authorised ISEs

Centre-based education and care services; schools; system and statutory bodies; and education health, wellbeing and inclusion workforces will have expanded permissions as ISEs to share information for wellbeing and safety, from 19 April 2021. While the ISEs prescribed under FVISS and CISS are broadly similar, there may be services that are prescribed under one scheme and not the other. Further information, including a detailed list of which organisations must share information can be found [online](#).

Under FVISS, there is also a subset of specialist ISEs known as Risk Assessment Entities (RAEs) that are able to request and receive information for a family violence assessment purpose.

RAEs have specialised skills and authorisation to conduct family violence risk assessment. Examples of RAEs include:

- Victoria Police
- child protection
- family violence services
- some Orange Door services.



Figure 2: The relationship between ISEs and RAEs

More information about the role of RAEs and information sharing for assessing or managing family violence can be found in [Attachment 1: Sharing for family violence risk assessment and protection purposes under FVISS](#).

MARAM Organisations

Centre-based education and care services; schools; system bodies; education health, wellbeing and inclusion workforces; and the Department will be prescribed as MARAM organisations in Phase Two. MARAM organisations are required by law to align their relevant policies, procedures, practice guidance and tools with MARAM over time.

Statutory bodies are not expected to be prescribed as a MARAM framework organisation or be required to align policies, practice guidance, procedures and tools with MARAM. However they may choose to voluntarily align with MARAM.

Sharing information under the Schemes

Under both CISS and FVISS, it is OK to share relevant information between ISEs at any time about any person to promote the wellbeing or safety of a child or group of children, and/or to assess or manage family violence whenever the relevant requirements for sharing are met.

It is also OK to ask more questions about the wellbeing or safety of a child or group of children, and to request information about any person to gain a more comprehensive view of a child’s needs and circumstances. And in some circumstances, centre-based education and care services; schools; system and statutory bodies; and education health, wellbeing and inclusion workforces must share information upon request.

The key differences between the Schemes is their purpose and some of the actions that need to be taken to achieve those purposes.

For CISS, the focus is on sharing information for child wellbeing or safety. For FVISS, the focus is on sharing information about safety, wellbeing, needs and circumstances relevant to the risk of family violence. Each of these elements is important as it supports understanding of risk in the context of a person’s life and experiences. Risk management also includes information and supports for stabilisation and recovery for both children and adults.

Key Message



All ISEs are mandated to **respond to all requests for information**, either through sharing some or all information requested in a timely manner, or explaining in writing why they will not share some or all of the requested information. You do not need to wait for a request to share information.

Information can also be shared by:

- making a request
- proactively sharing.

Applying the threshold tests

You must meet the requirements for sharing before using the Schemes to share information. The requirements for sharing are **different** depending on the **purpose** for sharing.

Often you may be sharing for both purposes. In that case you must meet the requirements of the scheme you are sharing under.

Under CISS

The *Child Information Sharing Scheme Ministerial Guidelines* provide detailed guidance about the circumstances in which information can be shared between professionals. All ISEs are bound by the guidelines.

There is a three-part threshold test that must be met before any information sharing under CISS can occur:

Relevant information can be shared when the CISS requirements are met:

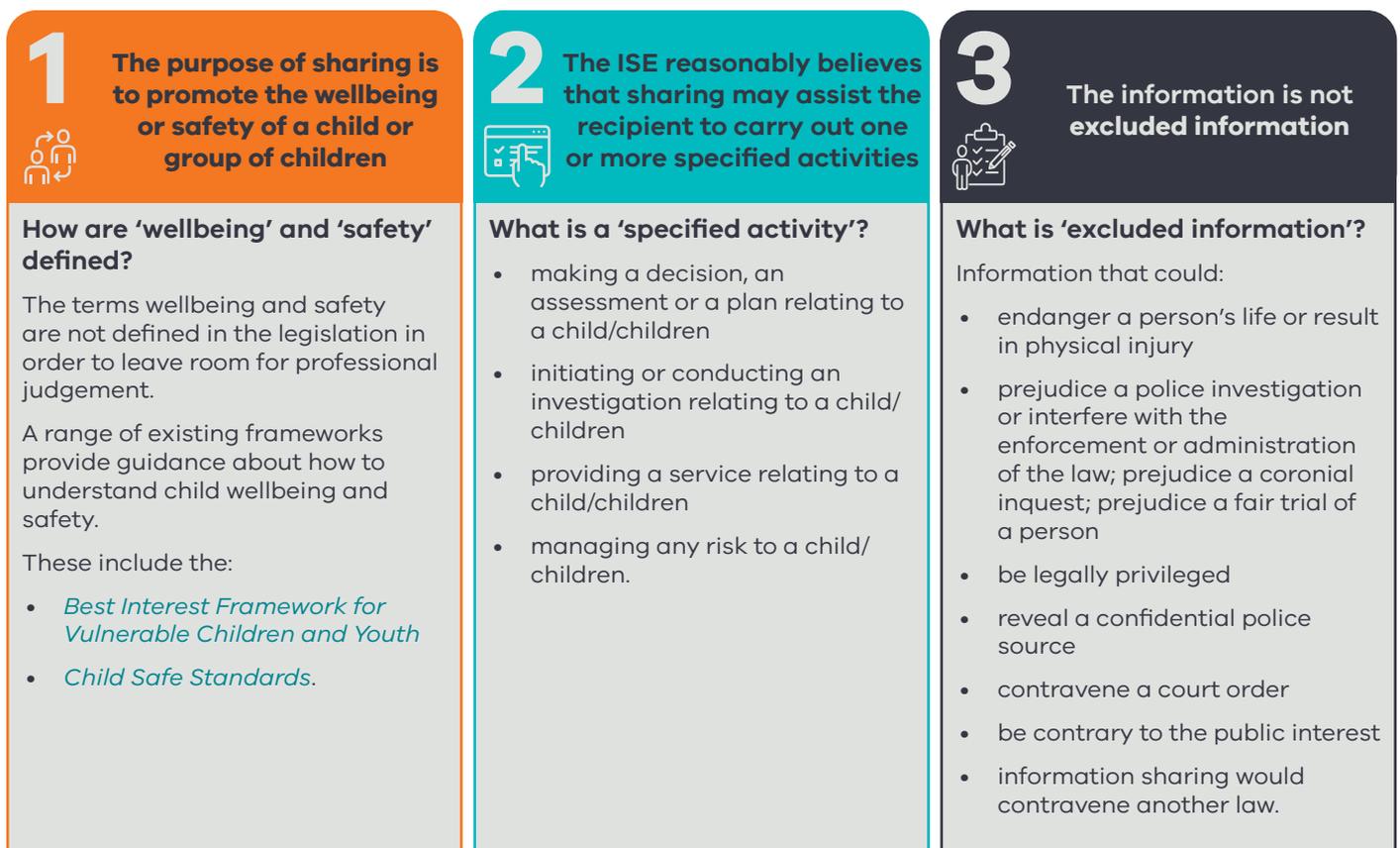


Figure 3: Diagram showing the three-part threshold test for CISS

Under FVISS

The *Family Violence Information Sharing Guidelines* provide detailed guidance about the circumstances in which professionals can share information to assess or manage family violence risk to adults or children. All ISEs are bound by the guidelines. In summary:

Relevant information can be shared when the FVISS requirements are met:

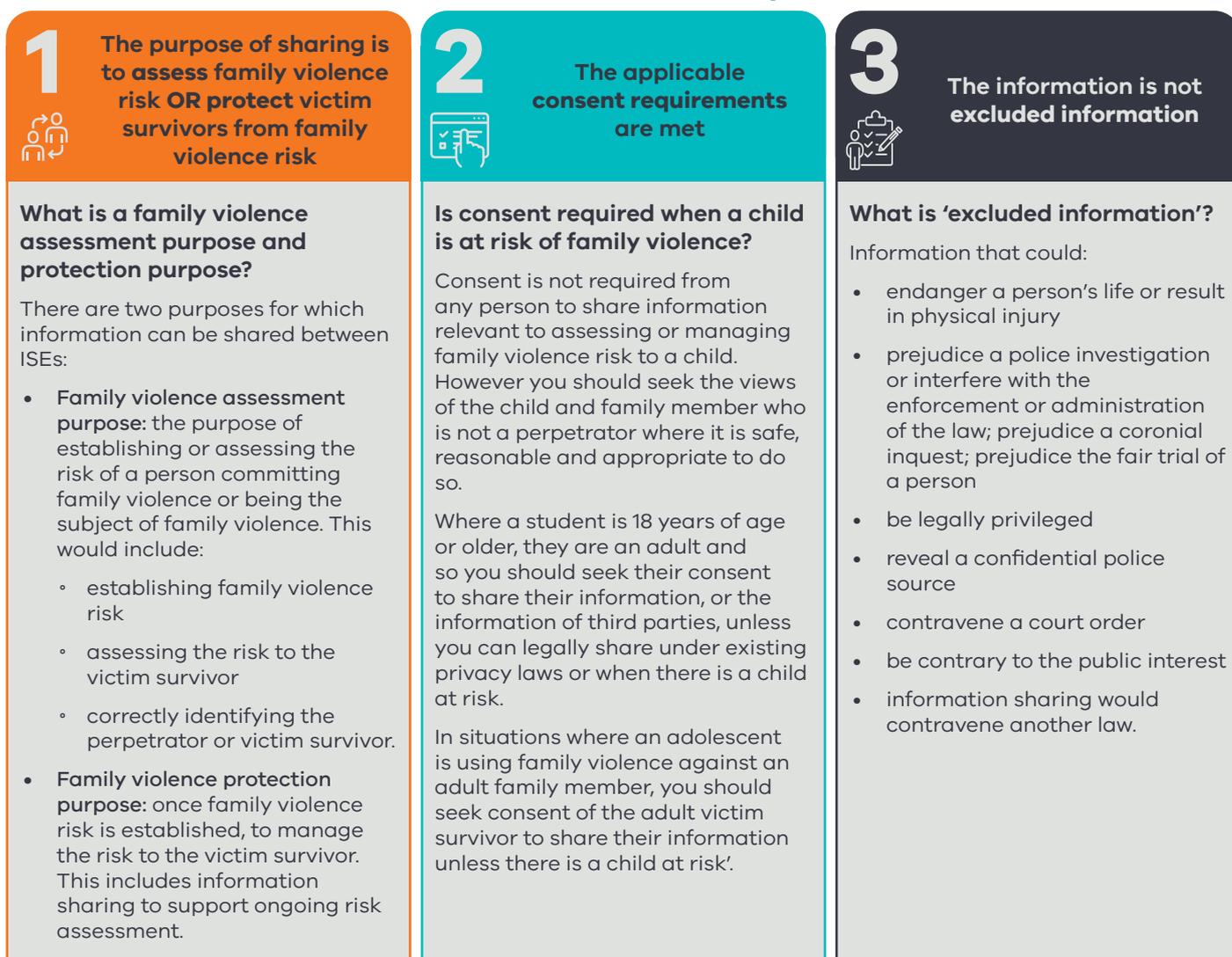


Figure 4: Diagram showing the three requirements for FVISS

Contextualising this in your work



Example

You want to share information about a child (Mark) who attends your school, with the kinder where Mark's sister Alice attends:

You want to share that...	Because you think it may...	Requirements
Mark's attendance has declined over the past three months.	Assist the kinder to provide a service/ manage a risk/make an assessment in relation to Alice's wellbeing.	CISS
He occasionally mentions being very hungry and frequently does not bring lunch to school.		
He has a cognitive delay that is known to be hereditary.		
You hold a reasonable belief that family violence is occurring after being notified of a Family Violence Intervention Order.	<ul style="list-style-type: none"> Assist the kinder to manage risk of family violence. Promote an open and transparent relationship between the kinder and school. Assist the kinder and school to plan for the safety of Alice and Mark. 	FVISS

The Child Information Sharing Scheme (CISS) summary and the Family Violence Information Sharing Scheme (FVISS) summary which can be found in the *Toolkit*; and [Attachment 1: Sharing for family violence risk assessment and protection purposes under FVISS](#), provide more information, including practice guidance in relation to information sharing. [Attachment 2: Applying the Reforms – example case studies](#), provides two different case studies, and steps out the process for how information sharing should be considered and applied in different settings.

Consent and seeking the views and wishes of children and relevant family members

Consent under CISS

Under CISS, you can share any person's information without their consent to promote the wellbeing or safety of a child or group of children. However, you should seek the views and wishes of the child and/or family members before sharing their information where it is safe, reasonable and appropriate to do so.

Sharing information to promote the wellbeing or safety of a student over the age of 18 would need to take place under other laws. Their consent may or may not be required depending on the privacy laws that apply.

Consent under FVISS

FVISS covers victim survivors of all ages. Consent is not required from any person to share information relevant to assessing or managing family violence risk to a child. However, you should seek the views of the child and family member who is not a perpetrator where it is safe, reasonable and appropriate to do so.

Where a student over the age of 18 is experiencing family violence, and no child is at risk, you should seek the student's consent to share their information unless you can legally share under existing laws. This may include when you have formed reasonable belief that sharing is necessary to lessen or prevent a serious threat to an individual's life, health, safety or welfare.

In situations where an adolescent is using family violence against an adult family member, you should seek consent of the adult victim survivor and any third parties to share

their information unless there is a serious threat or the information relates to assessing or managing a risk to a child.

For further information about consent, please see the [Family Violence Information Sharing Guidelines](#) and the [Child Information Sharing Scheme Ministerial Guidelines](#).

Seeking and taking into account the views of the child and relevant family members

Even when consent is not required, you should seek and take into account the views of a child and/or relevant family members who do not pose a risk before sharing information for their wellbeing or safety, or to assess or manage the risk of family violence – wherever it is safe, reasonable and appropriate to do so. This is a key principle of the Schemes.

For a full list of the principles for both Schemes see the Child Information Sharing Scheme (CISS) summary and the Family Violence Information Sharing Scheme (FVISS) summary which can be found in the *Toolkit*.

There are several reasons to seek and take into account the views of a child when sharing their information:

- working collaboratively helps develop and maintain trusting, positive relationships with the child, young person and their family, and improve and maintain service engagement
- people feel more empowered when they are included in the process and aware of and in agreement with the actions taking place
- obtaining the views of the children, including a child victim survivor is an integral part of assessing and managing risk to the child and other family members
- children and families are often best placed to provide insight into safer, more effective ways of sharing information.

You should also inform the child or parent that their information has been shared, unless it would be unsafe to do so. Keeping them informed is best practice and helps to promote positive engagement.

The child or parent must also be supported with safety planning and other necessary services.

When seeking the views and wishes of the child, young person and their family, the discussion should include explaining:

- the requirements that need to be met before information can be shared

- who information can be shared with
- consent is not required to share information if you believe sharing would promote the wellbeing or safety of a child
- the benefits of information sharing and how information may be used to promote child wellbeing or safety.

It is important to support and encourage the expression of any concerns, doubts or anxieties and respond sensitively, with due consideration of the circumstances children and families may be facing.

Discussing these concerns may help to inform the assessment of any risks to children's wellbeing and safety and help to avoid unintended outcomes of information sharing. You should be aware of your own preconceptions and biases when engaging with children and families navigating identities, backgrounds or circumstances different to your own.

For example, you should promote cultural safety, and demonstrate awareness of the accumulation of trauma across generations of Aboriginal communities as a result of colonisation and the dispossession of land and children.

Why would you not seek the views and wishes of a child and family?

- **If it is inappropriate:** for example, if a young person is living independently and family members no longer have access to their personal information.
- **If it is unsafe:** for example, if it is likely to jeopardise a child's wellbeing or safety or place another person at risk of harm; if timeliness is an issue – when there is an immediate risk; if you are assessing or managing risk to another person.
- **If it is unreasonable:** for example, if the child or their relevant family member does not have a service relationship with the ISE; if you are unable to make contact with them.

Wellbeing and safety for all Victorian children

When sharing information to promote children's wellbeing and safety, ISEs, including centre-based education and care services; schools; system and statutory bodies; and education health, wellbeing and inclusion workforces, in collaboration with other support and referral services, should:

- consider the child's best interests
- maximise the immediate and ongoing safety of all family members at risk of family violence in line with MARAM, noting safety includes responding to needs and circumstances that promote stabilisation and recovery from family violence
- engage specialist services as required and promote collaborative practice around children and families
- give precedence to the wellbeing and safety of a child or group of children over the right to privacy
- preserve and promote positive relationships between a child and the child's family members and persons of significance to the child
- be respectful of and have regard to a child's social, individual and cultural identity, the child's strengths and abilities and any vulnerability relevant to the child's safety or wellbeing
- promote the cultural safety and recognise the cultural rights and familial and community connections of children who are Aboriginal, Torres Strait Islander or both
- seek to maintain constructive and respectful engagement with children and their families.

Wellbeing in the context of the Reforms

There are many factors that inform the nature of wellbeing.

Wellbeing can also shift over time and in different cultural contexts – for example, children in the 1950s did not require access to information technology to succeed in the world, but it is fair to say that most children in the 2020s will.

As wellbeing is different to an extent for each person and so broad in nature, and because it evolves over time, this part of CISS has not been formally defined. Parental and

family wellbeing also has a significant impact on child wellbeing.

As professionals, it's important to understand the protective factors for children, such as engagement in education and safe housing.

This will:

- guide practice
- help to focus your questions about the wellbeing of a child and/or their relevant family members
- enable you to prioritise supports, interventions and assessments.

Contextualising this in your work



When sharing information to support wellbeing, professionals should do their best to identify what might be impeding a child's development or progress. Most professionals working in prescribed ISEs will have a good sense of whether a child is thriving and fulfilling their potential.

Professionals are encouraged to use their professional judgement and build and strengthen their current practices, informed by their organisation's existing wellbeing frameworks.

There may be instances where information needs to be shared to promote the wellbeing or safety of more than one child, including where one child poses a risk to another. In such cases, professionals should exercise their judgement to consider and balance each child's wellbeing and safety to achieve the best possible outcomes for each child. For example, siblings in a family.

Professionals can and should also connect with colleagues in other ISEs to gather or share relevant information, and to coordinate actions to support children's wellbeing and safety.

For a full list of the principles for both Schemes see the Child Information Sharing Scheme (CISS) summary and the Family Violence Information Sharing Scheme (FVISS) summary which can be found in the *Toolkit*.

Factors that can inform wellbeing



Figure 5: Example of some wellbeing factors for children and young people

A shared understanding of family and wellbeing – in relation to Aboriginal and Torres Strait Islander peoples and families

Australian Aboriginal and Torres Strait Islander peoples and families are extremely diverse in terms of their structure and dynamics, but whatever form they take, strong families are pivotal to the health and wellbeing of Indigenous communities. This diversity includes the concept of family, which can be much broader than for non-Aboriginal people, encompassing kinship relationships and the broader Aboriginal and Torres Strait Islander community.

In addition to some of the wellbeing factors mentioned above, there are a range of cultural and spiritual factors, that contribute to an Aboriginal and Torres Strait Islander person's wellbeing.

The wellbeing of Aboriginal and Torres Strait Islander peoples also occurs in a historical context of colonisation, dispossession, and the loss of culture. This has resulted at times in the breakdown of kinship systems and of traditional law, racism, and previous government policies of forced removal of children from families.

Family violence in the context of the Reforms

Family violence is a complex and significant issue that can have devastating and long-term impacts on the health and wellbeing of victim survivors, most of whom are women and children.

On average in Australia, one woman a week is murdered by her current or former partner. Across Australia, one in four women, and one in thirteen men have experienced physical or sexual violence from a current or former partner since the age of 15².

Family violence is prevalent. In 2016–2017, in Victoria³:

- police responded to 76,500 incidents of family violence – an average of one every seven minutes
- of these, 53,660 were individual victim cases and overwhelmingly were women
- children were recorded as present at nearly 30 per cent of family violence incidents
- women and girls were the affected family members in 75 per cent of all family violence incidents
- approximately 4,000 reports of physical assaults against children occurred in a family violence context.

The most common pattern of family violence in Australia is male violence against women. Australian women are nearly three times more likely than men to experience violence from an intimate partner. This highlights the need for an approach that accounts for and addresses the gendered nature of family violence.

Key Message



The *Royal Commission into Family Violence* found that: 'the significant majority of perpetrators are men, and the significant majority of victims are women and their children.'

Recognising the gendered patterns of violence is not intended to dismiss the experiences of male victim survivors. Instead this recognises that the most prevalent pattern of family violence in Australia is male violence against women. This prevalence highlights the need for an approach that accounts for and addresses the **gendered nature of family violence**.

Through the *Respectful Relationships* initiative centre-based education and care services; schools; system bodies; and education health, wellbeing and inclusion workforces play a critical role in creating a culture of respect and gender equality to change the story of family violence for future generations.

Contextualising this in your work



When an authorised professional believes that family violence may be present and there are issues relating to a child's wellbeing or safety, ISEs should use professional judgement to prioritise their response to these issues, maximising the immediate and ongoing safety of children and all other family members at risk of family violence.

Professionals should also collaborate with specialist services to make an informed decision where relevant. Education workforces will be supported to undertake a structured approach to making informed decisions when identifying and responding to family violence through MARAM specific guidance.

² Policy Harm, Upholding The Right – Victoria Police Strategy for Family Violence, Sexual Offences and Child Abuse 2018 - 2023

³ Policy Harm, Upholding The Right – Victoria Police Strategy for Family Violence, Sexual Offences and Child Abuse 2018 - 2023

Key impacts of family violence on children and adolescents



Adolescents who use family violence

Adolescents (10-17 years) who use violence are distinct from adult perpetrators because of their age. Their violence can be directed towards a parent/carer (usually young males against their mother), siblings, or their own intimate partner who may be in your school or setting.

A high percentage are also victim survivors of family violence themselves, with a common co-occurrence of past or current experience of family violence by the adolescent from other family members.

Having a disability, such as autism, intellectual disability or acquired brain injury, can exacerbate use of family violence behaviours. There is also a resulting over-representation of young people with these issues in this cohort.

These factors reflect that this is a form of family violence requiring distinct responses, given the age of the young person and their concurrent safety and developmental needs and circumstances.

Figure 6: The image outlines the impacts of family violence on children and young people

For more information, see [Attachment 6: Observable signs of trauma that may indicate family violence](#), [Attachment 7: How do children experience family violence?](#) and [Attachment 8: Adolescent family violence](#).

Family violence and Aboriginal and Torres Strait Islander communities

Family violence is not part of Aboriginal culture. However, Aboriginal people are disproportionately impacted by family violence. Aboriginal communities define family violence more broadly to include a range of physical, emotional, sexual, social, spiritual, cultural, psychological and economic abuses. Family violence against Aboriginal people may occur in families and intimate relationships, as well as violence from people outside of the Aboriginal community who are in intimate relationships with Aboriginal people, and violence in extended families, kinship networks and community violence.

It extends to one-on-one fighting, abuse of Indigenous community workers as well as self-harm, injury and suicide. The definition also acknowledges the spiritual and cultural perpetration of violence by non-Aboriginal people against Aboriginal partners which manifests as exclusion or isolation from Aboriginal culture and/or community.

Evidence also shows that overwhelmingly perpetrators of family violence towards Aboriginal and Torres Strait Islander women are not Aboriginal or Torres Strait Islander people.

The injustices experienced by Aboriginal people, including the dispossession of their land and traditional culture and the wrongful removal of children from their families, both historic and current, have had a profound impact on Aboriginal communities. Cultural dislocation, oppression, intergenerational trauma, lack of healing, systemic racism, institutionalised inequality and the loss of land, lore and language are all barriers to Aboriginal people's good health, wellbeing and safety. It is these factors that have contributed to the increased prevalence of family violence affecting Aboriginal people, families and communities.

In identifying family violence in Aboriginal and Torres Strait Islander communities it is also important to recognise that Aboriginal and Torres Strait Islander family violence may relate to relationships that aren't captured by the Western nuclear family model, e.g. uncles and aunts, cousins and other community and culturally defined relationships.

Working collaboratively to support wellbeing and safety

There are additional considerations when sharing information about marginalised groups, including those with complex needs. Professionals are advised to seek guidance and support, including from specialist services as needed.

Further resources and tips regarding roles and responsibilities to support collaborative practices with other services is included in *Attachment 4: Collaborating with other services to support the wellbeing and safety of children and families* and *Attachment 5: Roles and responsibilities for identifying and responding to family violence*.

Working with diverse and at-risk communities to support wellbeing and safety

When supporting child wellbeing and safety, and identifying and responding to family violence, professionals need to consider that some groups experience increased vulnerability. For example, some groups experience higher rates of and increased vulnerability as a result of their age, cultural background, location or socioeconomic status. 'Diverse communities' and 'at-risk groups' is broadly defined to include:

- diverse cultural, linguistic and faith communities (also collectively called CALD communities)
- people with a disability
- people experiencing mental health issues
- lesbian, gay, bisexual, transgender, queer/questioning, intersex, asexual and gender diverse, (LGBTIQ) people
- women in or exiting prison
- people who work in the sex industry
- people living in regional, remote and rural communities
- male victim survivors
- older people (aged 65 years, or 45 years for Aboriginal people)
- children (0–4 years of age are most at risk) and young people (12–25 years of age).

It is helpful for professionals to consider both the individual circumstances of the child and parent/carer and also the different family and community contexts. This will improve your ability to engage with children and families.

When sharing information about people with disabilities, you should consider:

- asking the child or young person what they need, to ensure they understand the information provided and are able to provide an informed opinion, without making assumptions about which supports may be required
- asking the child or young person if they would like to seek the support of a trusted person or advocate to ensure that they understand the reason for information sharing.

Considerations when working with CALD communities including refugees:

- there may be language and literacy considerations. This requires sensitivity around ways of communication – you may need to source an interpreter of the correct language and dialect
- there may be complex family and community dynamics to consider, as well as complex migration experiences
- when sharing information about people from a refugee background, there is often an added layer of trauma.

Considerations when working with LGBTIQ communities include:

- the impact sharing information about sexual orientation, sex or gender may have on safety in the family or community
- that services may discriminate against, further abuse, or exclude individuals because of sexuality, sex, gender or sex characteristics
- that sex, gender and sexuality may not be recognised by services, or that individuals' needs will not be understood
- that homophobia, biphobia or transphobia by family members is recognised as family violence.

See the [MARAM Foundation Knowledge Guide](#) and MARAM for more detailed information.

Further information to support effective communication, engagement, and build and maintain trusted

relationships with a child and their family, including diverse and at-risk families can be found on [Attachment 3: Working collaboratively with children, and families when sharing information](#).

Family violence and diverse and at-risk communities

The *Royal Commission into Family Violence* found that for diverse and at-risk communities family violence is less visible and less well understood than in other parts of the Australian community. Many also face additional barriers to reporting, seeking and obtaining the help they need to be safe and recover from violence⁴ due to structural inequality and discrimination based on background, identity and culture.

While there can be similar dynamics to family violence across all communities, people from Aboriginal and Torres Strait Islander and diverse communities can also experience family violence differently and may face barriers to reporting and in finding appropriate responses and support. Barriers may result from language, visa status, experiences of discrimination, historic and ongoing systemic oppression, fear of reprisals or ostracisation, and concerns about their safety.

Also, while 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 time. The risk severity can also change over time, for example, during pregnancy or separation for women.

Further information to support effective communication, engagement and build and maintain trusted relationships with a child and their family can be found on [Attachment 3: Working collaboratively with children, and families when sharing information](#).

Contextualising this in your work



To redress some of the personal and systemic biases, all workforces engaged in risk assessment and management should participate in **ongoing cultural awareness, trauma-informed practice and family violence training**.

Organisations and services should promote cultural safety and recognise the cultural rights, kin and community connections of children from Aboriginal and Torres Strait Islander and diverse communities, and actively value and respect a child's identity as a core aspect of their wellbeing and safety.



When services do not share information, they do not have all the necessary background to make a robust assessment that considers all the risks to a child.. when services do not meet and plan interventions, their responses can be uncoordinated and less effective.

Commission for Children and Young People Annual Report, 2016-17



⁴ *Everybody Matters – Inclusion and Equity Statement – Victorian Government 2018*

Safeguards for the Reforms

A range of safeguards and protections exist under the Reforms:



Figure 7: The range of safeguards and protections for the Reforms

For additional information see the complaints checklist in the *Toolkit* and the *Frequently Asked Questions*: 'What are ISEs' privacy and confidentiality obligations when using CISS and FVISS?' and 'How do ISEs manage information sharing complaints under the Schemes?'

*Complaints can be lodged through ISEs' existing complaints processes. If these complaints can't be resolved locally with the relevant ISE, then:

- under Victorian Law – contact the Office of the Victorian Information Commission (OVIC) or the Health Complaints Commissioner (HCC) if they relate to health information
- under Commonwealth Law – Office of the Australian Information Commissioner (OAIC).

Overview of MARAM

MARAM is the policy framework describing best practice for family violence risk assessment and management, based on current evidence and research. It is embedded in law through Part 11 of the *Family Violence Protection Act 2008* (FVPA) and establishes the foundations for a state-wide approach and shared legislative responsibility for identifying and responding to family violence.

MARAM components:

- 10 principles that establish the aims and objectives of MARAM while guiding responses to family violence, two of which relate specifically to the experiences of children⁵
- four pillars that support the structure of MARAM and set out requirements for organisations to align their policies, practice guidance, procedures and tools with MARAM
- 10 responsibilities for family violence risk assessment and management, which is found in Pillar 3
- Structured Professional Judgement found in Pillar 2 - a guide for determining the level of family violence risk.

For more information, see the [MARAM Framework](#).

The Department is developing further contextualised practice guidance to support centre-based education and care services; schools; system and statutory bodies; and education health, wellbeing and inclusion workforces to bring together MARAM and existing family violence identification and response practices.

Centres, schools and services will be supported to know what to look for, what to ask, and what to do when identifying and responding to family violence.

Key Message



MARAM provides guidance on family violence so you'll know:

- what to look for
- what questions to ask
- what to do next.

Key Message



- Sharing information in a family violence context poses particular and complex risks for children and other family members.
- When family violence risk is established, information sharing should be in accordance with any relevant safety plan/s developed for the child and other family members at risk of family violence (where available). The risk experienced by adult victim survivors may be relevant to assessing and managing risks to the wellbeing and safety of any child, and vice versa.
- In addition to requests for child victim survivors, education and care professionals and services could receive a request for information in relation to adult victim survivors who may be family members of the child.
- ISEs must also identify and address any other wellbeing or safety needs of a child in a family violence context. For example, it may be necessary to safely share information to ensure the child is attending school or accessing appropriate health care. There may also be requests in relation to other children, such as siblings, or to assess the risk posed by an adolescent using family violence.

Further information and guidance will be provided to support you to identify and respond to family violence and meet your obligations to align with MARAM.

The Best Interests framework for vulnerable children and youth and other developmental practice frameworks are always applicable in assessing and responding to the wellbeing or safety of children, including where family violence is present and should be used alongside MARAM.

⁵ *Family Violence Multi-Agency Risk Assessment and Management Framework*, page 11

MARAM Framework

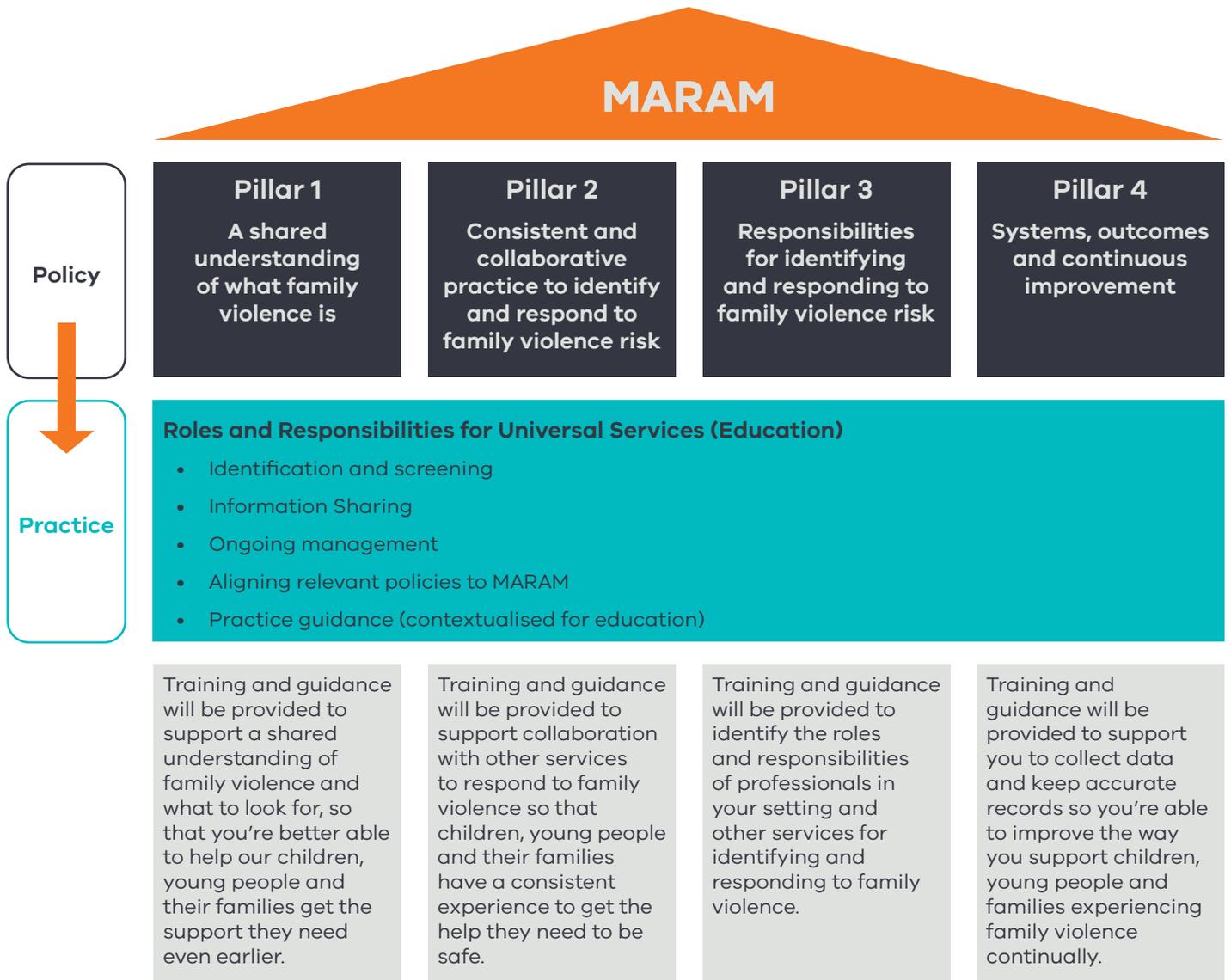


Figure 8: Overview of the MARAM pillars, and roles and responsibilities

See [Attachment 4: Collaborating with other services to support the wellbeing and safety of children and families](#) and [Attachment 5: Roles and responsibilities for identifying and responding to family violence](#) for more information.

Contextualising this in your work



Multiple services – from universal to tertiary services – will use MARAM when working with children and adults at risk of or experiencing family violence. Their roles and responsibilities under MARAM will depend on their role and setting.

Case Study

If the Maddern family is experiencing family violence perpetrated by the father against the mother and three children, all services involved who become aware of this will apply MARAM in their response and assistance, as appropriate to their defined role and responsibilities under MARAM.

So if the police attend a family violence incident they will apply MARAM and provide referral and information to an Orange Door or men's and women's family violence service. Or if any of the three children disclose or show indicators of family violence at a kindergarten or school, these services will provide a consistent response, including reporting to Child Protection, and in some cases, the police and sharing information with the childcare or schools of the siblings. (Sharing under CISS takes account of any other wellbeing issues.)

All these services: the police, Orange Door, schools and early years services, and family violence services, will use FVISS and/or CISS to request and share relevant information to support the children's safety and wellbeing and MARAM to support the family members.

With a consistent approach across services to responding and managing family violence risk, the Maddern family will receive a cohesive and streamlined response, ensuring clarity and a wraparound approach to their needs.

Under MARAM, centre-based education and care services; schools; system bodies; and education health, wellbeing and inclusion workforces will be supported to identify and respond to family violence and support children and families to access support services. Further contextualised practice guidance about MARAM for education and care workforces will be made available over time.

The bigger picture of family violence response at the Department

The Department is developing further contextualised practice guidance to support education and care workforces to bring together MARAM and existing family violence identification and response practices.



Figure 9: Overview of the Departments family violence identification and response

*The Department will review and align relevant policy and guidance for government schools via the [Department's Policy and Advisory Library](#) (PAL) for schools.

How the Reforms work together and alongside other frameworks

The Reforms complement existing obligations and frameworks

There are current authorisations, where you can already share or must report, for child wellbeing and safety. These authorisations are not replaced by CISS and in many cases work together with CISS.

Intersection of Child and Family Violence Information Sharing Schemes

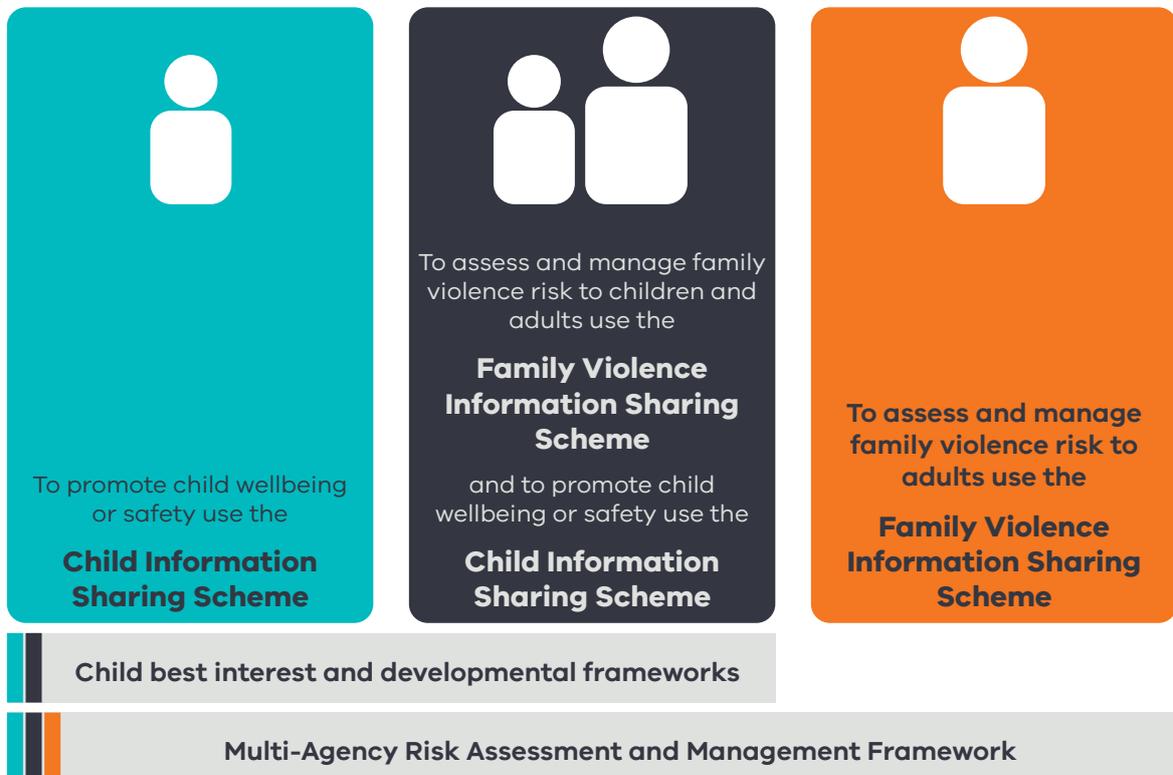


Figure 10: Overview of the intersections between the Schemes and other Frameworks

Expanding on existing information sharing permissions

Below are some of the existing permissions for information sharing:



Figure 11: Overview of current information sharing permissions

For example, all obligations under the *Reportable Conduct Scheme* continue to apply to ISEs prescribed under CISS. A professional who receives a report about a staff member’s conduct in relation to a child in their service under the *Reportable Conduct Scheme* might also consider whether to use CISS to seek and/or share information to promote the wellbeing and/or safety of the child in relation to the reported conduct, and/or to initiate or conduct the investigation under the *Reportable Conduct Scheme*.

The Reforms will enable services to request and share information, and collaborate earlier and more proactively to support outcomes for children and their families and streamline their experience across services.

They remove barriers for ISEs to share information as they allow information to be shared before serious risk or threat occurs, allowing earlier identification of needs or issues and early support for children and families.

Safety is built into policy, culture and practice through the commitment of supporting centre-based education and care services; schools; system and statutory bodies; and education health, wellbeing and inclusion workforces to prevent and respond to incidents of harm, and suspected and reported harm, through:

- *Child Safe Standards* – where services working with children must comply with the seven compulsory

minimum child safety standards to create a child safe environment and protect children and young people from all forms of abuse

- *Mandatory Reporting* – requires certain classes of professionals, including teachers and principals, to report a reasonable belief of child physical or sexual abuse to DHHS Child Protection
- *Reportable Conduct Scheme* – heads of certain services including Victorian education providers are required to notify the Commission for Children and Young People if there is an allegation of reportable conduct made against one of its employees, contractors, volunteers or allied health staff members
- *Duty of Care* – legal obligation on individual staff members and services to take reasonable steps to protect children under their care and supervision from harm that is reasonably foreseeable
- *Failure to Protect* – offence applies to a person in a position of authority within certain services who knows of a substantial risk that a child under the age of 16, under the care, supervision or authority of the service will become a victim of a sexual offence committed by an adult associated with the service and has the power or responsibility to remove that risk, and negligently fails to remove or reduce the risk of harm
- *Failure to Disclose* – offence applies to all adults (not just professionals who work with children) who form a reasonable belief that another adult may have committed a sexual offence against a child under 16 years of age and fail to report this information to Victoria Police.

Key Message



The new Reforms do not change child safety obligations. They complement existing privacy laws and will enhance the ability of centre-based education and care services; schools; system and statutory bodies; and education health, wellbeing and inclusion workforces to meet child wellbeing and safety responsibilities under the *Child Safe Standards* and comply with *mandatory reporting* and other reporting obligations.

Whenever you are using any of the reporting schemes relating to child wellbeing and safety you should also consider using CISS and/or FVISS to share information to promote child and family wellbeing and safety in relation to the issue or related issues.

This is not an exhaustive list. Visit the [PROTECT](#) website for further information and guidance on all the applicable legal obligations related to child wellbeing and safety in your setting.

The Reforms will enable services to request and share information and collaborate earlier and more proactively to support outcomes for children and their families and streamline their experience across services.

They remove barriers for ISEs to share information as they allow information to be shared before serious risk or threat occurs, allowing earlier identification of needs or issues and early support for children and families.

Also, while *mandatory reporting* is often a one-way information exchange, CISS and FVISS allow ISEs to request information back and have an ongoing dialogue to promote the wellbeing and safety of children and manage dynamic risks.

Education professionals are well placed to support sharing and receiving information and collaborating more effectively with other services and supports as:

- educators work daily with children from early years to young adulthood
- education and care services and schools are often the place where children and young people feel safe and supported to disclose
- coordinated responses across the service system are needed to prevent or lessen any negative impacts on wellbeing or safety.

The Reforms will enhance and support professionals' ability to meet child safety obligations, including to share information before harm has occurred, and will also enable them to:

- gain a more holistic view of the wellbeing and safety needs of children to support earlier intervention with other services and spot vulnerabilities earlier on
- reduce the likelihood and impacts of missing wellbeing or safety issues so that these issues are less likely to escalate to the stage of serious injury and death
- seek, share and receive information in order to form a reasonable belief to make reports
- collaborate more effectively with other services and supports to manage issues that do not meet the threshold for reporting under existing schemes and enhance the impact of interventions for children.

Key Message



Information sharing permissions under both CISS and FVISS are broader than *mandatory reporting* because they allow you to act earlier and share information to promote wellbeing and safety of children (CISS) and to enable risk assessment and management (FVISS) aiming to prevent escalation of risk and facilitate recovery from trauma. It's OK to share:

- even if a child has not experienced physical or sexual abuse
- even when a parent is willing and able to protect the child from that abuse.

And it's now OK to share with a wider group of organisations (all prescribed ISEs).

In addition, while *mandatory reporting* is often a one-way information exchange, CISS and FVISS allow ISEs to request information back and have an ongoing dialogue to promote the wellbeing and safety of children and manage dynamic family violence risks.

Contextualising this in your work



Together, these Reforms further enable education and care services; schools; and education health and wellbeing services to work as equal partners with other services. This includes proactive sharing of information to facilitate earlier responses to support wellbeing and safety of children.

As laws have not been supportive of collaborative relationships and created barriers to proactive sharing in the past, some professionals may initially be hesitant to share information even when in the best interest of the child. **Building trusting professional relationships and networks** with other organisations will be critical to long-term culture and practice change to enable information sharing.

Building on existing frameworks

Child and family wellbeing and safety is already a priority for professionals. These reforms will complement existing well-established frameworks already in use to promote wellbeing and safety within organisations.

When working out how to use the new schemes for supporting wellbeing, professionals are encouraged to use their judgement and the existing policies and practices in place to support the wellbeing of children and young people.

The new Reforms do not change child safety obligations. All obligations under the *Child Safe Standards, mandatory reporting*, and other reporting obligations, remain the same.

Wellbeing is central to improving the education and life outcomes for Victorian children through existing key frameworks and relevant improvement processes across centre-based education and care services; schools; system bodies; and education health, wellbeing and inclusion workforces. For example:

- in centre-based education and care services the *Early Years Learning Framework* and the *Victorian Early Learning Years and Development Framework* (VEYLDF) are approved frameworks under the National Quality Framework. VEYLDF contributes toward a learning and development environment that prioritises wellbeing, safety and inclusion
- in Victorian government schools the *Framework for Improving Student Outcomes* (FISO). The Department's Health, Wellbeing and Inclusion Workforces Practice Model complements the delivery of FISO in Government schools. This focuses schools' efforts on key areas known to have the greatest impact on improving student achievement, engagement and wellbeing, establishing foundations that equip children to be successful, enthusiastic and engaged learners.

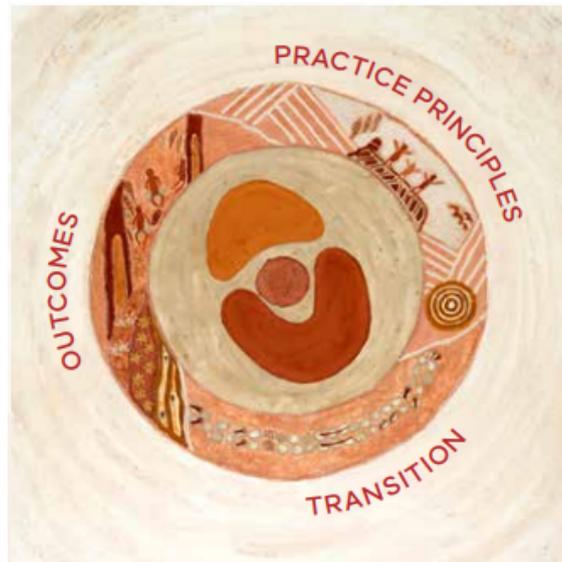
The figures on page 28 and 29 illustrate how the Reforms support two key frameworks you may already be using in your setting.

The Victorian Early Years and Development Framework (VEYLDF)

CISS, FVISS and MARAM complement early childhood approaches aimed at improving child wellbeing and safety

Outcomes

- Children have a strong sense of **identity**
- Children are connected with and contribute to their world (**community**)
- Children have a strong sense of **wellbeing**
- Children are confident and involved **learners**
- Children are effective **communicators**



The Practice Principles

- Promote personal and collective acknowledgement of each child's identity, culture, and spirit
- Support professionals to act in the best interests of children
- Guide early childhood professionals as they respond sensitively and positively to each child

Supporting Children's Transitions

Families and early childhood professionals work together to provide consistent environments for children between home and other forms of care and education

Figure 12: Diagram showing the role of wellbeing and safety in achieving the VEYLDF outcomes

Framework for Improving Student Outcomes (FISO)

CISS, FVISS and MARAM complement school approaches aimed at improving student wellbeing and safety



Figure 13: Diagram showing the role of wellbeing and safety in achieving the FISO

Part Two: Implementing the Reforms

ISEs will determine what systems and processes are best suited to their organisation to support the implementation of the Reforms and the sharing of information. They must identify roles in the organisation that can share information under CISS and FVISS.

Employees in those roles must have skills reasonably transferable to the identification or management of child and/or family wellbeing or safety, and the appropriate and sensitive management of confidential information. Employees in those roles must be sufficiently competent in the use of the Schemes – preferably by participating in appropriate training.

The Department recognises that implementation is not a one-size-fits-all approach and there is great diversity across Victorian centre-based education and care services; schools; system and statutory bodies; and education health, wellbeing and inclusion workforces.

Organisational leaders are best placed to operationalise the Reforms, and implementation advice in *Figure 14* to their settings, based on existing structures, including developing their own local processes and procedures for information sharing.

Implementation Planning Overview

Effective implementation begins with:

- a shared high-level understanding of the Reforms and their potential to support the wellbeing and safety of children
- a shared commitment to understanding and applying the Reforms across sectors and within organisations.

The diagram in *Figure 14* provides an overview of the implementation process and key steps. The information in this section sets out further tools, templates and guidance to complete these steps. This includes what you will need to do and consider in the lead up to and following Phase Two, introduction of the Reforms.

An implementation planning template can be found in the *Toolkit*. The template provides overview guidance to support planning within your organisation.



Figure 14: Overview of the implementation process and key steps.

Step 1: Committing to action and engaging your workforces

Prepare for the Minimum Readiness Requirements

Understand and complete the initial minimum readiness activities to support implementation within individual ISEs. For further reference, see the implementation planning template in the *Toolkit*.

Below are the minimum readiness requirements for supporting centre-based education and care services; schools; system and statutory bodies; and education health, wellbeing and inclusion workforces to prepare for the introduction of the Reforms.

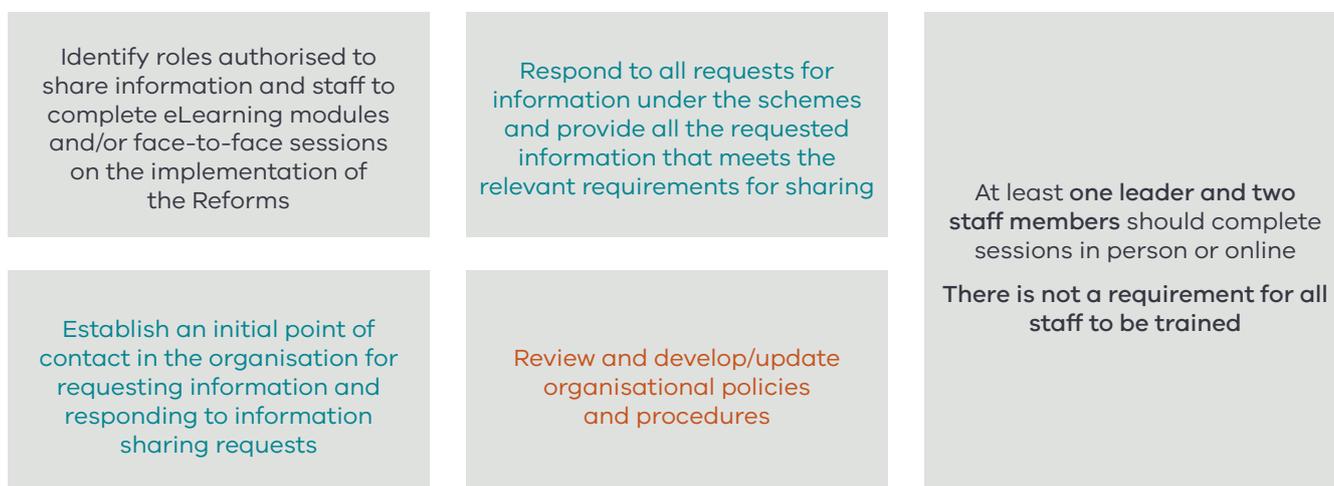


Figure 15: Minimum readiness requirements for each ISE

Contextualising this in your work



Example: What might this look like in your setting?



Figure 16: Example of the key areas of focus that an ISE may identify to support readiness work prior to implementation

Key Message



The Department will review and align relevant policy and guidance for government schools via the *Department's Policy and Advisory Library* (PAL) for schools.

This is a public website and therefore available to all schools. If government schools are required to update any local school policies, in addition to following updated Department policies, the Department will ensure the relevant templates on the School Policy Templates Portal are updated to assist government schools with this process.

Other organisations will need to adapt and develop or update their own policies.

How will MARAM be implemented compared to the Schemes?

Education settings will respond to information sharing requests from the date of prescription.

In contrast, MARAM is a maturity model that will be **implemented in stages** and evolve over time with a focus on practice change and the development of consistent practice. Education settings will align with MARAM over time.

Each education setting will assess their current state, build upon existing staff skills in family violence identification and response and align with MARAM.

Schools that are implementing *Respectful Relationships* may meet the MARAM pillars and some of the responsibilities of MARAM.

Step 2: Assessing your readiness

Define your current state

Determine the change needed in your setting or team by comparing the 'as-is' to the 'to-be' in the context of the Reforms.

Conducting this assessment through consultation or a series of interviews with staff likely to be involved in planning for or using the Reforms, enables workforces to explore how information sharing for wellbeing and safety is currently promoted.

Ensure you identify areas that might need improvement (before developing an action plan in Step 3).

Additional supporting material is provided in the *Toolkit* in the Implementation Tools and the Implementation Planning Template.

Identify who needs to be involved

Identify who needs to be involved and define and allocate roles and responsibilities – for example, training, communications, support.

Determining all the teams who will be involved by the Reforms can be easier if you think in terms of a process flow:

1. What is the process being changed and who predominantly does this work?
2. Who provides inputs so this process can occur?
3. Who receives the outputs of this work?

Implementation Tips

- Complete this step in a consultation or interview (remember to draft the content based on what you know already so staff are completing a quality check).
- It is also important that measures are taken to consult with staff, children, young people, parents and carers. The Department will provide you with more guidance and support to facilitate any communication about the Reforms with children, families and communities.



Contextualising this in your work



Example: What might this look like in your setting?

Staff Groups

- Team leaders
- Leadership team
- Casual staff
- Support staff
- Staff from different teams/ areas (not prescribed)
- etc.

Supporting functions

- Human Resources
- Reception
- Information Technology teams
- etc.

Outside your organisation

- Funding departments
- Orange Doors (Support and Safety Hubs)
- etc.

Implementation Tips

- Where relevant, note differences in regions and between organisational teams.
- Remember to think about external teams that may be impacted.



Understanding role impacts

- While it is often easy to identify current structure and roles, identifying current key process steps can be difficult as there may be many variations.
- Interviews or process mapping with several people can assist with picking up these variations.

Should you run a workshop?

- It is often useful to run a workshop to identify key staff and to identify opportunities to learn from and build on existing practices and processes. Advantages of doing this is that staff have the opportunity to 'walk in the others' shoes' and gain a common understanding of both the current and future state.
- It can also serve as a useful engagement exercise so that teams impacted are given the opportunity to consider how they will manage the change.

Step 3: Planning and implementing

Identify the change required

Implementation Tips

Determine the key changes required.

Consider:

- change management
- roles and responsibilities for information sharing
- staff capability building
- policies and procedures
- communications
- other.



Develop your plan

Implementation Tips

Plan your approach (what, when, who) to:

- change management
- roles and responsibilities
- staff capability building
- policies and procedures
- communications
- other.



Contextualising this in your work



Promoting children's wellbeing and safety is already part of education and care professionals' everyday practice.

Leaders must:

- understand which roles and responsibilities apply to professionals in their settings
- ensure professionals in their settings have the knowledge and support to undertake their roles and responsibilities for identifying and responding to family violence.

Further contextualised practice guidance about MARAM for education and care workforces will be made available over time.

What might this look like in your setting?

See the implementation tool - identifying change areas and actions in the *Toolkit* for further information.

Step 4: Evaluating and monitoring

Apply a flexible approach

Use an approach that is responsive to changes and focused on continued improvement.

Review Implementation

As your organisation implements these reforms, there will inevitably be challenges and considerations from workforce capabilities and professional learning, to resource management and leadership.

Implementation Tips

At the evaluate stage:

- consider if your organisation is ready to share?
- have staff received the training they need?
- has your organisation decided on record keeping mechanisms?



Step 5: Reviewing and reflecting

Conduct a self-assessment

Self-assess with your team and the wider community to identify progress, achievements and barriers to improvement.

This step provides an opportunity to collect information and inform actions that will further improve outcomes and learning from the implementation process.

Implementation Tips

- What agencies and services do you have strong relationships with?
- What has worked well to ensure you are working collaboratively?
- How has information sharing assisted better outcomes for children and families so far?
- Who do you need to engage with better?
- What are the barriers to sharing or referral?



Contextualising this in your work



Example: What might this look like in your setting?

- What monitoring and evaluation processes are already existing and in action in your organisation?
- How can you self-assess current practice to support ongoing improvement processes?
- Understand what improved practice looks like in your organisation.
- Develop a shared language for describing implementation practice.
- Engage in conversations about improving implementation and application of the Reforms.

Contextualising this in your work



Example: What might this look like in your setting?

Consider identifying:

- what is working well?
- what needs to continue?
- which areas may need to be improved or further developed?

As with implementation of other child safety reforms, these processes will evolve as collaborative relationships develop between professionals and sectors and confidence to identify and respond to child wellbeing and safety issues increases. Continuous improvement ensures that systems become more streamlined and straight forward, enabling your staff to support good practice and embed changed practice in the best interests of children and families.

Part Three: Templates and Information Sheets

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Abbreviations and key terms

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Attachment 1: Sharing for family violence risk assessment and protection purposes under FVISS

What is the difference between sharing for risk assessment and sharing for risk management (or protection)?

Sharing for risk assessment

Centre-based education and care services; schools; system bodies; and education health, wellbeing and inclusion workforces will be able to identify and respond to family violence as appropriate to their roles and responsibilities, including by making referrals for specialist services or professionals to complete a comprehensive family violence risk assessment. Some of these specialist services are prescribed as Risk Assessment Entities (RAEs), such as family violence services, Child Protection and Victoria Police.

Information Sharing Entities (ISEs), including education and care workforces, can share relevant information proactively or on request with RAEs for **risk assessment purposes**. That is, in order to:

- confirm whether family violence is occurring
- enable RAEs to assess the level of risk the perpetrator poses to the victim survivor
- correctly identify the perpetrator who is using family violence and victim survivors.

Family violence risk assessment is an ongoing process and is required at different points in time from different service perspectives. Education and care services will have a role in working collaboratively with other services to contribute to ongoing risk assessment and management of family violence.



Key Message

ISEs can only share information with other ISEs that are not RAEs and request information from RAEs once family violence risk is established and the identity of the perpetrator and victim survivors are known.

This is to prevent sharing that might escalate risk to a child or family member.

Establishing family violence risk

In the absence of a family violence risk assessment by an RAE, education and care workforces may establish family violence risk, if they form a reasonable belief that family violence is occurring through one or more of the following:

- receiving a disclosure from a child or family member that family violence is occurring
- noticing observable signs/indicators of family violence
- receiving information from other ISEs or another person that family violence is occurring. For example, being notified of the existence of a Family Violence Intervention Order, a risk assessment or safety plan completed by a specialist family violence service or another ISE.

If you have formed reasonable belief that family violence risk is present and the identity of the perpetrator or victim survivor/s are clear (e.g. the victim survivor has identified the perpetrator), this would enable any ISE to share information under FVISS for a protection purpose.

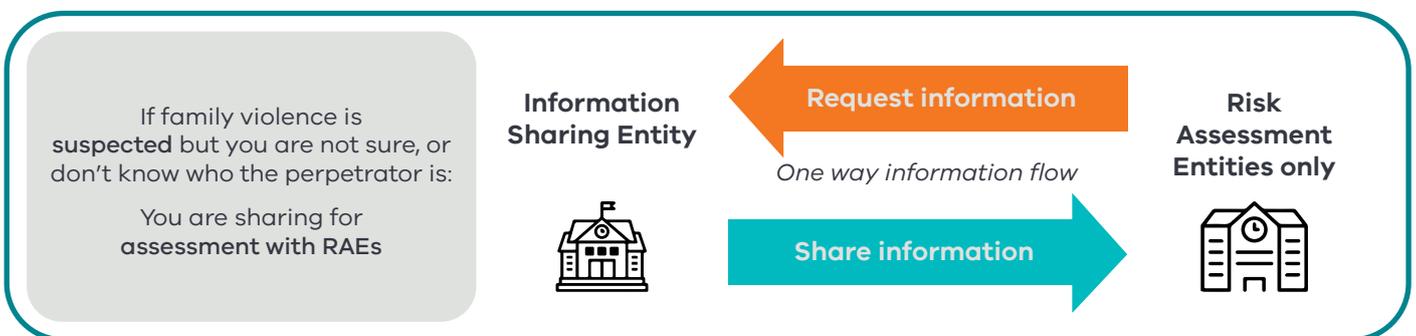


Figure 1: Overview of activities when sharing information for risk assessment

Key Message



Reasonable belief – Whether a belief is reasonable will depend on the circumstances, but will generally require the existence of facts beyond a mere suspicion.

- When sharing information with an RAE for an assessment purpose, you do not need to hold a reasonable belief that the disclosure is necessary for a family violence assessment. This is distinct from sharing information for a protection purpose.
- When sharing information with an ISE for a protection purpose, you must hold a reasonable belief that the disclosure of the relevant information is necessary for family violence risk management.

Key Message



If a person has been incorrectly identified as a perpetrator, the ISE should make its best effort to **correct the information that has already been disclosed and update relevant records**. The correction of records should occur in a timely manner to reduce any likelihood that incorrect information will continue to be shared. Section 11 of the *MARAM Foundation Knowledge Guide* will assist with understanding and addressing the issue of misidentification.

Care should also be taken to reduce opportunities for perpetrators to convince ISEs they were misidentified and access information as a victim survivor.

Sharing for risk management (protection)

Once family violence risk is established, ISEs can share proactively with other ISEs and request information, including from RAEs, if they reasonably believe sharing is necessary to:

- remove, reduce or prevent family violence risk
- understand how risk is changing over time
- inform ongoing risk assessment.

Education and care workforces prescribed as ISEs may share information to respond to family violence, including through:

- secondary consultation with or referrals to specialist services
- developing and implementing safety plans and student support groups or care teams
- managing changing risk levels over time by collaborating with other services for ongoing risk assessment.

This opens a two-way flow of information that enables ISEs to form a complete picture of risk and collaborate to support children and families experiencing family violence.

The Department will provide you with further information and resources to support you in identifying and responding to family violence.

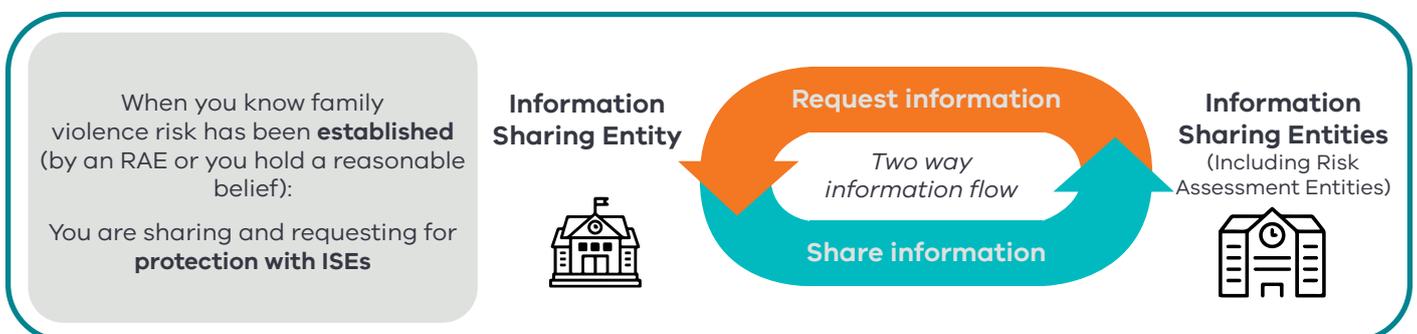


Figure 2: Overview of activities when sharing information for risk management (protection)

Attachment 2: Applying the Reforms – example case studies

Scenario 1 – Requesting information in early childhood

Sharing without consent; collaboration between Information Sharing Entities (ISEs) and Risk Assessment Entities (RAEs); seeking and considering the views

The scenario

- Maggie is three years old and lives with her mother, Sam. She attends a long day care (LDC) centre five days a week and is usually a bright, happy child. Ayesha is the LDC centre team leader.
- Over a two-week period, Ayesha notices that Maggie has missed five days at the centre. Ayesha contacts Sam who tells her that Maggie is often awake at night crying, that Maggie screams every morning that she doesn't want to go to day care. Sam thinks Maggie is worried about not being with her. But while Sam is happy to talk about Maggie's changed behaviours, she shares very little about their personal circumstances or family situation. She does, however, reveal that her MCH nurse, Kim, was very helpful when she suffered post-natal depression after Maggie's birth.
- Several of Maggie's educators also observe that Maggie's behaviour has changed. When Sam leaves the centre in the morning, Maggie becomes tearful and withdrawn. They have also observed that Sam is noticeably more irritable than usual and is not as well-groomed as she usually is.

Details of information sharing

- Ayesha discusses with Sam (mum) that she'd like to contact her MCH nurse to have a discussion around how the LDC might better support Maggie's wellbeing. Sam becomes teary and gets very close to Ayesha and with a raised and shaking voice says this is not Ayesha's business – she can tell her what she needs to know. Ayesha decides not to continue the conversation with Sam as she doesn't want her to withdraw Maggie from the LDC, which may increase Maggie's distress.
- Knowing MCH is a prescribed ISE and being concerned about Maggie's wellbeing, Ayesha calls the MCH service despite Sam's views. Ayesha advises the MCH nurse about Sam's views about her information being shared. The MCH nurse shares that there is a past history of family violence, so they will need to share information under CISS to promote Maggie's wellbeing and under FVISS to establish if there is currently a family violence risk and check the status of Sam and Maggie's family violence safety plans with Sam's family violence service (which is an RAE under FVISS) before taking further action.
- The MCH nurse offers to follow up with Sam's family violence service as she has spoken with them previously in relation to the situation, and Maggie also has an appointment coming up. The family violence service (RAE) advises they are not aware of any changes, but they will check in with Sam. They soon get back in touch with the MCH nurse and Ayesha to inform them that Maggie's father has moved back into the family home despite an intervention order being in place, so the police have been notified.
- They also inform Ayesha and the MCH nurse that the family violence service has not informed Sam (mum) that her information has been shared at this time, due to the risk of escalation if Maggie's dad (the perpetrator) were to find out the services were sharing information about him, Sam and Maggie. The three services agree to stay in touch and follow the agreed safety plan to better support Maggie's wellbeing and Sam's safety.
- Ayesha continues to build a stronger relationship with Sam to build her trust and work with her to promote Maggie's wellbeing and better manage her behaviour. Ayesha talks to Sam about ways to support Maggie at the centre including developing a "social story" with Maggie about her interests at day-care, having set routines and times for drop off and pick ups, and suggest bringing in self-soothing items from home that Maggie can use while she is at the LDC.
- Ayesha plans to inform Sam that information sharing has occurred between the services when she is confident that it is safe and appropriate to do so, and plans to seek advice on this from Sam's family violence service.

Considerations when making the decision to share information

Which information sharing scheme applies?

- Ayesha requests information from the MCH nurse under CISS to help her better understand the situation and inform her support for Maggie.
- As the MCH service's information includes a history of family violence, there may be a current family violence risk to Maggie and Sam.
- Where children are involved and family violence may be present, professionals will apply CISS (to promote child wellbeing or safety) and FVISS (to assess and manage family violence risk) in line with the purposes of each scheme; and under both schemes, information must be shared in line with MARAM where family violence may be present.

Is consent required to share information under CISS or FVISS?

- Consent is not required from any person to share relevant information to promote the wellbeing or safety of a child or group of children (under the age of 18) or to share information that is relevant to assessing or managing family violence risk to a child.
- However, professionals should seek and take into account the views of the child and/or family (who is not a perpetrator) before sharing their information, wherever safe, reasonable and appropriate to do so.

Scenario 2 – Sharing for wellbeing using CISS in a school setting

Sharing information between ISEs; meeting the threshold; considering views and wishes; and recording information

The scenario

- For the past four months Jack and his family have been working with Klara, a mental health worker at the local Community Health Centre, to understand and manage Jack’s behavioural issues.
- Klara has no concerns about family violence or any other safety issues.
- Jack is also a student at Parks Primary School. Klara would like to request and share information with Jack’s teacher, to help them both support Jack’s behavioural progress and emotional regulation. Klara knows that schools have ISE status under CISS.

Details of information sharing

- Klara talks with Jack and his family about sharing some information about Jack with his school and her reasons for doing so. Jack’s parents express some privacy concerns which Klara documents, but lets them know that she has decided to share the information in the interest of Jack’s wellbeing.
- Klara contacts the school and speaks with the Office Manager who is the school’s designated Initial Point of Contact for information sharing. She tells Klara she will pass on her details to Simeon, the Student Wellbeing Officer who is the school’s designation Information Sharing Coordinator and has undertaken training.
- Simeon confirms the Community Health Service is an ISE and calls Klara and talks through what she proposes to share. They also discuss Jack and his family’s views about sharing his information.
- Simeon determine the threshold for sharing has been met and documents the request, noting the wishes of Jack and his family. He then discusses the request with Jack and his family before deciding to share the information to promote Jack’s wellbeing.
- Klara shares Jack’s behaviour management strategy with Sue, Jack’s teacher, who also shares her observations with Klara about Jack’s behaviour and progress at school.
- Both document the information they have shared and received and ensure that it is stored securely. They agree to stay in touch as required.

What needs to be recorded when information is shared under the Information Sharing Schemes?

If the Community Health Service and/or the school proactively share information, then, by regulation, the following must be recorded by them:

- record of confidential information shared
- date it was shared, ISE shared with
- whether views of child/parent were sought and obtained, and, if not, the reason why
- whether child/parent was informed that information was/would be shared
- copies of any of the following documents that are relevant to the sharing of information:
 - a family violence risk assessment in relation to the child and any relevant family members, as defined under MARAM
 - a family violence safety plan in relation to the child and any relevant family members, as defined under MARAM.

The following information should be recorded as best practice:

- how the three-part threshold test was met
- what the views of the child and/or relevant family member were about sharing
- if the child and/or parent was not notified that their information was or would be shared, the reason why.

Attachment 3: Working collaboratively with children and families when sharing information

Children and their families are often well-placed to understand their needs and risks. The Reforms recognise this and require that you communicate with children and families about the way in which information about them can be used, if it is safe, reasonable and appropriate to do so.

Contextualising this in your work



When requesting and sharing information, professionals should:

- work to build trust by being open and transparent about information sharing and keep the child and family informed each time their information is shared, if it is appropriate, safe and reasonable to do so
- seek and consider the views of the child or the relevant family members about sharing their confidential information if it is appropriate, safe and reasonable to do so
- build a mutually respectful relationship by acknowledging and showing respect for the child or young person's individuality, identity and experiences
- reflect on your personal biases and how this might impact upon the understanding or assumptions made about a child or young person's needs or capabilities
- acknowledge and respond to concerns or complaints in a timely and respectful manner
- collaborate to bring together expert knowledge and skills to respond to the particular circumstances and identities of children
- engage with specialist services or professionals who are appropriately qualified to support the particular needs of the child or young person if required.

Key Message



Open communication with children and families about the **purpose and benefits of information sharing** can build trust and promote positive interactions and continued engagement with education and other relevant services.

Building trusted relationships is vital in allaying concerns about sharing confidential information while establishing new protocols and processes to share under the Reforms.

For further guidance on how to inform children, their carers and others about the Schemes, see the following resources found online:

- [Information sharing guides, templates and tools](#)
- [Tips for a conversation with a child and/or their parent about information sharing](#)
- [Family Violence Information Sharing Scheme Guidelines](#)
 - tips for a conversation with a child victim survivor or parent who is not a perpetrator (appendix E)
 - your information and your safety factsheet (appendix F).

When family violence risk is present, there will be instances where the family will not engage, it may be unsafe to connect with them, or there may be circumstances where other culturally specific assistance may be required. Seek secondary consultation with a specialist service when:

- family violence risk is suspected and it is unknown which carer is the perpetrator
- if the child or young person, particularly mature minors, request you do not contact their carer/s
- if you cannot contact the carer who is not a perpetrator without the perpetrator's knowledge (and understanding that you may not know this).

If you identify indicators of family violence or receive a disclosure, follow existing processes for identifying and responding to family violence as outlined on the Department's [PROTECT](#) website. You will be provided with further information and support to respond to family violence.

Working collaboratively with culturally diverse and at-risk children and their families

When engaging with children and families and navigating identities, backgrounds or circumstances different to their own, professionals should be aware of their own preconceptions and biases.

This can be done through:

Professional development and practice

- Engaging in continuous learning about intersectionality and how different people experience power imbalance and family violence.
- Being aware of your own preconceptions and biases when engaging with children and families with identities, backgrounds or circumstances different to your own.
- Understanding that intersectionality is not a compliance tick box, and that it can make all the difference for them to get support and protection.
- Reflecting on our own privilege and biases.
- Being aware of some of the barriers that impact your engagement with these communities.
- Being aware that for many of these communities, educational environments can be triggering.

Working with and supporting culturally diverse and at-risk children and their families

- Try to picture what the journey to the centre or school might look like for these families and children. What barriers have they had to overcome before they get to your office/meeting room?
- How easy is it for these families to enter your environment? Take stock of your environment: has it always been inclusive? A positive space?
- Are there familiar or safe spaces to conduct meetings?
- How welcoming is your reception area for these communities?
- Do you have an interpreter available?
- Do you need to meet with them at the centre or school?
 - If you do, think about the timing of the meeting so they do not have to navigate the grounds full of children/young people.
- Can you meet on neutral or familiar ground for them?
- Listen empathetically and carefully, and find ways to make sure you let them know you understand what they are telling you is important to them.



Visit [Everybody Matters – Inclusion and Equity Statement – Victorian Government 2018](#) for more information.

Working collaboratively with Aboriginal and Torres Strait Islander children and their families

Services and responses provided to Aboriginal and Torres Strait Islander communities should be accessible, culturally responsive and safe, child and family centred, inclusive and non-discriminatory.



Professional development and practice

- Reflect on your own bias and practice to demonstrate an understanding of how this may be experienced by Aboriginal people.
- Be aware that either the person using family violence or the person experiencing family violence may not be Aboriginal.
- Be aware that Aboriginal people may be reluctant to seek help that involves leaving their families and communities, given previous policies of dispossession and removal, including the Stolen Generations, and current high rates of child removal.
- Be aware that Aboriginal people may be concerned that seeking help will create conflict in the community.
- Be aware that family violence against Aboriginal people can include perpetrators denying or disconnecting victim survivors from cultural identity and connection to family, community and culture, including denial of traditional owner rights. Isolation from community and culture are significant concerns and are highly impactful for Aboriginal people.

Working with and supporting cultural safety for Aboriginal and Torres Strait Islander children and their families

- Ensure services and responses are culturally responsive and safe, recognising Aboriginal understanding of family violence and wellbeing, and rights to self-determination and self-management.
 - How easy is it for these families to enter your environment? Take stock of your environment: has it always been inclusive? A positive space?
 - Are there familiar or safe spaces to conduct meetings?
- Apply a strengths-based approach that values the strengths of Aboriginal individuals and the collective strengths of Aboriginal knowledge, systems and expertise.
- Seek and consider the views of the child and the child's relevant family/kin members, if it is appropriate, safe and reasonable to do so.
- Listen empathetically and carefully, and find ways to make sure you let them know you understand what they are telling you is important to them.
- Collaborate to bring together expert knowledge and skills to respond to the circumstances and identities of children.
- Work collaboratively in a manner that respects the functions and expertise of each ISE, including Aboriginal Community Controlled Organisations.
- Provide choice and service options for Aboriginal people experiencing family violence. Professionals can offer to connect with Aboriginal Community Controlled Organisations for family violence support.
- Support parents/carers seeking assistance and acknowledge and respond to fears about Child Protection and the possibility of children being removed from their care.
- Support both Aboriginal adults and children's cultural safety when undertaking family violence risk assessment and management.

Attachment 4: Collaborating with other services to support the wellbeing and safety of children and families

In 2016, the *Royal Commission into Family Violence* found that different sectors and service systems operate according to distinct underlying principles, service delivery models and theoretical frameworks. This can create barriers to service integration, collaboration and innovation, which can prevent victim survivors from accessing the support they need.

Information Sharing and Family Violence Reforms are intended to address these issues. MARAM requires professionals to work collaboratively to identify and respond to family violence. Below are some of the key services with which you can collaborate.

See the collaborating with other services implementation checklist in the *Toolkit* for further guidance.

Child Protection

- If a report is made to Child Protection, they will investigate matters where it is believed that the child is at risk of significant harm.
- Child Protection conduct risk assessments and safety planning, and refer children and families to services.

Child FIRST and Family Services

- Child FIRST is a community-based intake service that undertakes initial identification and assessment of risks and needs of children in the context of their families, and in consultation with Child Protection and other services.
- Child FIRST engages families and identifies appropriate service responses.

The Orange Door

- The Orange Door is a free service for adults, children and young people who are experiencing or have experienced family violence, and families who need extra support with the care of children.
- The Orange Door brings together workers from:
 - specialist family violence services
 - family services
 - Aboriginal services
 - services for men who use violence.

Victoria Police

- Respond to family violence incidents and breaches of court orders.
- Undertake risk assessment and identify primary aggressor.
- Prosecute persons accused of criminal offences arising from family violence.
- Issue a Family Violence Safety Notice or apply for a Family Violence Intervention Order to protect victim survivors.
- Refer children and families to support services.

Family Violence Services

- Conduct comprehensive family violence risk assessment and safety planning.
- Prioritise the safety of women and children, while helping to ensure perpetrators are held to account for using violence.
- May also provide other supports including:
 - case management
 - counselling
 - housing support
 - advocacy
 - material support.

Secondary Consultation

If you need advice and support, consider contacting a specialist service for a secondary consultation.

The purpose of secondary consultation is to:

- understand the level of risk and intersectional needs of a child and their family
- determine how to best respond to wellbeing and family violence and support the child and family
- determine whether a referral is required for a specialist response.

Secondary consultation with specialist services can also assist with:

- support to engage effectively and safely with victim survivors of family violence
- building a shared understanding of risk
- information sharing to understand the level of risk for children, as well as for other victim survivors of family violence
- joint monitoring of risk and the opportunity to explore or monitor escalation/changes in the risk level

- convening coordinated or collaborative risk assessment or management support, such as multi-agency meetings.

Referral

Referral is the process of connecting children and families experiencing family violence with specialist services. This may be for early intervention when family violence or other risks are identified, to avoid or respond to the escalation of risk, and to support stabilisation and recovery from violence and other trauma. Referrals can also support wellbeing or other needs of an individual, or strengthen protective factors, such as housing, financial security, connection to professional advocacy or therapeutic services, responding to health, child developmental or social needs.

Specialist services often triage responses to referrals, prioritising higher risk cases. Referral does not mean the risk has ceased. You should continue to engage with the child and family about their ongoing experience of risk and any wellbeing needs in order to provide ongoing support and monitor if risk changes or escalates, requiring further support.

Informal referral

Provide verbal or written information about other services. Do not assume that the person will follow up on the information and make contact.

If this type of referral is made, you should check if they have made contact and if not, explore the reasons why. There may be various reasons for not making contact with the service. If this has occurred, you may offer to provide warm or facilitated referral to overcome any barriers.

Warm referral

Actively connect the child or parent/carer to the receiving service (for example, making a phone call together to introduce and share information). 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.

Facilitated referral

Provide relevant information to another professional or service (verbally or in writing). Make arrangements for the person to attend, and/or go with them to the agency to assist in building trust and rapport with a new professional or service and facilitate culturally safe services. This includes sharing information that prevents a child or family member from having to repeat their story.

Figure 1: Process for making a referral

Participating in Multi-disciplinary Support Teams

It is not any one teacher, coordinator, staff or team member, director, educator or leader's responsibility to support children experiencing family violence or other wellbeing and safety needs. This requires a collaborative approach.

Each school and centre will have different existing processes for referrals and supporting children and families which will be further enabled through information sharing.

Consider participating in or establishing a multi-disciplinary support team, to collaboratively manage risk and coordinate ongoing support for children and their families where necessary. This team could be internal, comprised of staff working with the child and family, or have external services participate such as Maternal Child Health, Child FIRST or Victoria Police.

Locate your nearest family violence specialist service at

thelookout.org.au/service-directory

Attachment 5: Roles and responsibilities for identifying and responding to family violence

Professionals across a range of services and sectors have a role in identifying and responding to family violence. MARAM supports education workforces to intervene earlier through supporting staff to recognise family violence indicators and applying practice guidance to support consistent and collaborative family violence risk assessment and management practice.

These responsibilities are outlined in *Figure 1*, with those relevant to education and care professionals highlighted in orange (responsibilities 1, 2, 5, 6, 9, and 10). The remaining responsibilities apply to specialists

who are trained and experienced in family violence risk assessment and management.

For more information on the roles and responsibilities of other professionals, see the [Practice Guidance](#) provided by Family Safety Victoria.

Promoting the wellbeing and safety of children is already part of education and care professionals' everyday practice. You will be provided with further information and support to respond to family violence.



Figure 1: Overview of the MARAM roles and responsibilities for education and care workforces

Attachment 6: Observable signs of trauma that may indicate family violence

Working closely with children and their families, professionals in centre-based education and care services; schools; system bodies; and education health, wellbeing and inclusion workforces are well placed to identify observable signs of trauma that may indicate family violence.

Children and young people will respond to experiences of family violence in different ways and some will not show any outward signs, and may perform equal to, or better than their peers. However, there is a range of observable signs of trauma that may indicate family violence identified through evidence and research. The tables below provide some of the observable signs of trauma which may indicate a child or young person is experiencing family violence or other health and wellbeing issues. These signs do not by themselves determine that family violence is occurring, however, they will inform your structured professional judgement and decision to take further action, including information sharing.

Key Message



- Children or young people experiencing family violence may not display any observable signs of trauma; some may do well at school and may perform better than their peers.
- The observable signs of trauma that may indicate family violence in many cases are the same as indicators of abuse, neglect of other health and wellbeing issues.
- Children and young people's behaviours may be driven by a range of underlying factors, including disability, developmental issues, and non-family violence related trauma, and you will need to consider how these factors may be affecting or reinforcing each other.
- Significant changes in behaviour or patterns of behaviour can also indicate the presence of family violence, other health and safety issues and/or increased risk.
- You will be provided with further information and support to respond to family violence. In the meantime, follow existing processes for identifying and responding to family violence as outlined on the Department's [PROTECT](#) website.

Table 1: General observable signs of trauma that may indicate family violence is occurring for children or young people

Signs of family violence or trauma can manifest as either physical, emotional or behavioural and can include:

- being very passive and compliant
- showing wariness or distrust of adults
- demonstrating fear of particular people and places
- poor sleep patterns and emotional dis-regulation
- becoming fearful when other children cry or shout
- developmental regression (i.e. reverting to bed-wetting)
- bruises, burns, sprains, dislocations, bites, cuts
- fractured bones, especially in an infant where a fracture is unlikely to have occurred accidentally
- poisoning
- internal injuries
- wearing long-sleeved clothes on hot days in an attempt to hide bruising or other injury
- being excessively friendly to strangers
- being excessively clingy to certain adults
- a strong desire to please or receive validation from certain adults
- excessive washing or bathing
- unclear boundaries and understanding of relationships between adults and children
- excessive sexualised behaviour/advanced sexual knowledge
- violence or sexualised behaviour to other children.

Table 2: Observable signs of trauma that may indicate family violence for babies and toddlers:

a baby (under 18 months)

- excessive crying
- excessive passivity
- underweight for age
- significant sleep and/or feeding difficulties
- reactions to loud voices or noises
- extreme wariness of new people
- no verbal 'play' (such as imitating sounds)
- frequent illness
- anxiety, overly clingy to primary caregiver.

a toddler

- as for baby (under 18 months), and:
- excessive irritability
- excessive compliance
- poor language development
- delayed mobility
- blood in nappy, underwear.

Table 3: Age-related signs of trauma that may indicate family violence for children and young people:

a pre-schooler

- extreme clinginess
- significant sleep and/or eating difficulties
- poor concentration in play
- inability to empathise with other people
- frequent illness
- poor language development and/or significant use of 'baby talk'
- displaying maladaptive behaviour such as frequent rocking, sucking and biting
- aggression towards others
- adjustment problems (e.g. significant difficulties moving from kindergarten to school)
- anti-social play or lack of interest in engaging with others.

a primary school-aged child

- rebelliousness, defiant behaviour
- limited tolerance and poor impulse control
- temper tantrums or irritability, being aggressive or demanding
- physical abuse or cruelty to others, including pets
- avoidance of conflict
- showing low self-esteem
- extremely compliant behaviour, being passive, tearful or withdrawn
- excessively oppositional or argumentative behaviour
- risk-taking behaviours that have severe or life-threatening consequences
- lack of interest in social activities
- delayed or poor language skills
- experiencing problems with schoolwork
- poor social competence (few or no friends, not getting on well with peers, difficulties relating to adults)
- acting like a much younger child
- poor school performance
- often being tired and/or falling asleep in class
- poor coping skills
- sleep issues
- bed wetting
- excessive washing
- frequent illness

a primary school-aged child continued

- complaining of headaches or stomach pains
- self-harm
- displaying maladaptive behaviour
- displaying aggressive behaviour
- displaying sexual behaviour or knowledge unusual for the child's age
- telling someone sexual abuse has occurred
- complaining of pain going to the toilet
- enacting sexual behaviour with other children
- excessive masturbation
- being frequently hungry
- being poorly nourished
- stealing food
- having poor hygiene
- wearing inappropriate clothing (e.g. wearing summer clothes in winter)
- staying at school outside school hours
- being unsupervised for long periods
- not having their medical needs attended to
- being abandoned by their parents.

an adolescent

- as for primary school aged children, and also:
- school refusal/avoidance (absenteeism/disengagement)
- criminal or antisocial behaviours, including using violence against others
- eating disorders
- substance abuse
- depression
- suicidal ideation
- risk-taking behaviours
- anxiety
- pregnancy
- controlling or manipulative behaviour
- obsessive behaviour
- homelessness or frequent changes in housing arrangements.

Table 4: Signs of trauma that may indicate family violence is occurring for adults

Form	Signs of trauma that may indicate family violence is occurring for adult victims	
Physical	<ul style="list-style-type: none"> • bruising • fractures • chronic pain (neck, back) • fresh scars or minor cuts • terminations of pregnancy 	<ul style="list-style-type: none"> • complications during pregnancy • gastrointestinal disorders • sexually transmitted diseases • strangulation.
Psychological	<ul style="list-style-type: none"> • depression • anxiety • self-harming behaviour • eating disorders • phobias • somatic disorders 	<ul style="list-style-type: none"> • sleep problems • impaired concentration • harmful alcohol use • legal and illegal drug use • physical exhaustion • suicide attempts.

Form	Signs of trauma that may indicate family violence is occurring for adult victims	
Emotional	<ul style="list-style-type: none"> • fear • shame • anger • no support networks 	<ul style="list-style-type: none"> • feelings of worthlessness and hopelessness • feeling disassociated and emotionally numb.
Social/financial	<ul style="list-style-type: none"> • homelessness • unemployment • financial debt 	<ul style="list-style-type: none"> • no friends or family support • isolation • parenting difficulties.
Demeanour	<ul style="list-style-type: none"> • unconvincing explanations of any injuries • describe a partner as controlling or prone to anger • be accompanied by their partner, who does most of the talking • anxiety in the presence of a partner 	<ul style="list-style-type: none"> • recent separation or divorce • needing to be back home by a certain time and becoming stressed about this • reluctance to follow advice.

Attachment 7: How do children experience family violence?

Family in the context of Family Violence

Family violence can take many forms and can occur in many different family contexts. It can occur within extended families, kinship networks, inter-generational relationships and through family-like or carer relationships. Intimate partners in heterosexual or same-sex relationships; or parents/step-parents, family members and non-family carers, can perpetrate violence against people they are caring for. Children can use violence and/or be victims of violence within their family or intimate partner relationships (i.e. dating violence).

Children and young people can experience family violence directly or indirectly (i.e. being exposed to the violence perpetrated against a parent or other family member).

When responding to children experiencing family violence either directly or indirectly, it is important to remember that:

- children are not passive witnesses or secondary victim survivors, they are victim survivors in their own right, with their own needs and experiences
- the impacts of family violence on children are profound and can impact their long-term development, even when they are not directly targeted or do not see or hear the violence
- infants and young children can sense and understand what is occurring
- the longer that a child experiences or is exposed to family violence, the more harmful it is.

For more information, see: *Identifying and Responding to All Forms of Abuse in Victorian Schools* or *Identifying and Responding to All Forms of Abuse in Early Childhood Services*.

A child or young person might be a victim of family violence in the following ways:

- being hit, yelled at, or otherwise directly abused
- being injured
- being sexually abused
- experiencing fear for self
- experiencing fear for another person, a pet or belongings
- seeing, hearing or otherwise sensing violence directed against another person
- seeing, hearing or otherwise sensing the aftermath of violence (such as broken furniture, smashed crockery, an atmosphere of tension)
- knowing or sensing that a family member is in fear
- being told to do something (such as to be quiet or to 'behave') to prevent violence
- being blamed for not preventing violence
- attempting to prevent or minimise violence
- attempting to mediate between the perpetrator and another family member
- being threatened or co-opted by the perpetrator into using violent behaviour against another family member
- being co-opted into supporting the perpetrator or taking their side
- being isolated or socially marginalised in ways that are directly attributable to the perpetrator's controlling behaviours.

Attachment 8: Adolescent family violence

Adolescent family violence language and considerations

For adolescents and young people (aged 10 to 18 years old¹), the term 'adolescent who uses family violence' is used, rather than 'perpetrator'.

It is important that this distinction be made from adults, as a more nuanced therapeutic response needs to be considered due to age, developmental stage and that they may be victim survivors of family violence as well.

We avoid labelling these adolescents as 'violent', as it can lead to internalising within their identity and does not acknowledge their behaviour can be occurring within a trauma response.

Similar to adult perpetrators, family violence by adolescents is about patterns of power and coercive control. As with adult perpetrators, adolescents must still be accountable for the use of violence and to learn skills and abilities to move away from the use of violence.

Types of adolescent violence

Violence by adolescents can be towards:

- a. a parent, carer or siblings, other family members including grandparents, pets
- b. their own intimate partner.

Drivers of adolescents who use family violence may be significantly different to adult perpetrators. Research shows a correlation with factors including mental illness, drugs and alcohol use, acquired brain injuries and certain types of disabilities. Existing data shows a high proportion of young people have, or are experiencing family violence themselves.

Therefore therapeutic approaches which recognise their age, stage, experience of trauma and/or family violence need to be considered. Evidence shows interventions are more effective in addressing issues or preventing escalation of behaviours if adolescents who use family violence are identified at earlier ages.

Adolescent violence in the home

The prevalence of adolescents using family violence is thought to be widely underreported, with estimates that one in 10 incidents reported to police in Australia involve an adolescent. It may not be seen as an issue by the family until it reaches a specific level of severity. Family members often feel shame, responsibility and that they will be disbelieved or blamed. Parents often want to protect their child, avoid Child Protection or police involvement and see reconciliation as the ideal outcome.

Like adult family violence, adolescent family violence can involve all types of abusive behaviours that instill fear, harm, control, threaten or coerce. Most incidents of violence are committed by male adolescents against their mothers, but not as highly gendered as adult intimate partner violence.

The impact on family members can be significant and severe and their safety and wellbeing must also be supported.



All parts of the family violence system need to recognise that young people can be both victims and users of violence in the home, sometimes at the same time. Young people should not be stigmatised; nor should their parents and family members, whose safety is paramount.

Royal Commission into Family Violence, 2016



¹ Although at 18 years, the young person is treated as an adult by the legal system.

Adolescent partner violence

Adolescents can experience family violence from partners, boyfriends or girlfriends in the same way that family violence is experienced in adults. Young people may also be too fearful of further abuse, violence or reprisals, or the social impacts of seeking help to disclose or act on behaviours.

It is commonly experienced through:

- technological monitoring or abuse
- physical violence and threats
- controlling behaviours
- forced or coerced sex
- financial abuse (such as taking or breaking phones)
- emotional abuse.

Some of these behaviours are also criminal offences.

Adolescent victim survivors may accept these behaviours or not identify them as problematic for a range of reasons:

- behaviours are not seen as abuse or as a form of family violence
- lack of awareness of the legal and financial consequences of some actions
- the relationship has priority and behaviours are accepted as part of love and trust building
- behaviours are accepted as part of gendered norms which normalise men's dominance and control over women.

Frequently asked questions

What does it mean for organisations to be prescribed as an ISE?

An Information Sharing Entity (ISE) is an organisation or service that has been prescribed under the Reforms. ISEs are authorised to share information and are required to respond to requests for information from other ISEs as relevant, including:

- providing all or some of the information requested if, in their professional judgement, the requirements for sharing are met
- refusing to provide all or some of the information requested if, in their professional judgement, the requirements for sharing are not met, and providing the requesting ISE with the reason for the refusal in writing
- proactively sharing and requesting information from other ISEs to promote a child's wellbeing or safety, or where the information is relevant for family violence risk assessment and management
- ensuring all shared information is stored securely.

In Phase Two, centre-based education and care services; schools; system and statutory bodies; and education health, wellbeing and inclusion workforces will be prescribed as ISEs.

Further information, including a more detailed list of authorised organisations, can be found online, see: vic.gov.au/information-sharing-entity-list.

Who can share information in my centre, school or organisation?

ISEs must clearly identify those roles in the organisation that are authorised to make or respond to requests, and proactively share information under the Child Information Sharing and Family Violence Information Sharing Schemes (the Schemes) on behalf of the ISE.

ISEs must be satisfied that any roles authorised to make decisions under the Schemes on their behalf are:

- employed or otherwise contracted by the ISE in a professional capacity that includes the exercise of skills reasonably transferable to the identification or management of child and/or family wellbeing or safety, and the appropriate and sensitive management of confidential information
- sufficiently competent in the use of the Schemes
- wherever possible, have regular direct engagement

with the children and/or families whose information may be shared or requested, and/or the children in whose interest information may be shared or requested.

Key Message



Sharing under the Child Information Sharing Scheme (CISS) and the Family Violence Information Sharing Scheme (FVISS) occurs at the organisation or service level. This supports the intention of the Reforms to increase service to service collaboration and early intervention to best support children, young people and their families. This includes shared responsibility across the service system for assessing and managing family violence risk.

Staff who have direct day-to-day engagement with children and families are best placed to draw on their contextual knowledge and exercise their professional judgement with respect to sharing information with other ISEs.

The examples below do not limit who can perform other functions under the Schemes (e.g. administration or having conversations with children and their family members about information sharing).

- Examples of professionals **who can make decisions under the Schemes** and share confidential information include educators, school teacher, child protection practitioner, maternal and child health nurse, psychologists employed by schools or centres, year level co-ordinators.
- Examples of professionals who cannot share confidential information and are not prescribed under these Reforms include private psychologists, a member of a parent committee of an independent kindergarten, a member of a school board or school council, school administration staff members and volunteer soccer coach.

ISEs must also ensure that people exercising administrative functions, such as storing and transmitting information, are competent in the appropriate, sensitive and compliant management of confidential information.

How can information be shared by my centre, school or organisation?

Information can be shared verbally or in writing – professionals should follow their organisation's processes

for sharing information and be mindful that other ISEs may also have specific processes in place for operational reasons.

ISEs must keep records when sharing information proactively or in response to a request, and all records must be stored securely.

When information is shared verbally with other ISEs, you also need to document the details of the interaction.

This could be done in case notes or using your current practice of recording these types of conversations.

Some ISEs have their own forms for information sharing requests, such as:

- [Victoria Police - online request form](#)
- [Corrections Victoria](#)
- Child Protection - Schools can request information from, or share information with, Child Protection at a local level. For example, with a department case worker currently involved with a student or family.

In circumstances where the existing worker is unknown, or if the information is historical or relates to a closed Child Protection case, schools can contact the Information Sharing Unit:

Email: info.exchange@dhhs.vic.gov.au

Phone: 1300 090 979.

Education and care services should follow the processes of prescribed statutory authorities when requesting information under the schemes.

What are the rules for people working in ISEs who are subject to professional codes?

Some professionals (such as psychologists, social workers and nurses) working in ISEs are subject to professional codes that govern how they handle information about the children they are working with. Where this information is held by the ISE it is in scope for sharing if the requirements are met, remembering that only the parts of the information that are necessary to promote child wellbeing or safety, or relevant to the assessment or management of family violence risk, can be shared.

For example, a psychologist employed by a school is part of the school and the information collected by the psychologist is information held by the school, so any parts of this information that meet the requirements can be shared, and must be shared on request. Professionals and ISEs must use their professional judgement to

determine which parts of this information are necessary or relevant to share for the intended purpose.

What are my organisation's record keeping obligations?

All information requested and shared, whether proactively or in response to a request, must be documented. You are also legally required to keep accurate records of all information shared and the information that you refuse to share.

Organisations and services can determine their own policies and procedures for record keeping **as long as the minimum requirements are met**, as set out by the legislation. It is also good practice to include existing processes that ISEs have in place, such as documenting case notes, as part of the record keeping.

When a request has been received, ISEs are required to record:

- the name of the ISE that requested the information
- the information that was requested
- the date on which the ISE made the request
- if refusing a request, the request and the reason it was refused.

When sharing information proactively or in response to a request, the following **must** be recorded:

- the name of the ISE that received the information
- the date the information was shared
- a record of the information that was shared
- copies of any of the following documents where available and relevant to the sharing of information:
 - a family violence risk assessment in relation to the child and any relevant family members, as defined under the [Family Violence Multi-Agency Risk Assessment and Management Framework \(MARAM\)](#)
 - a family violence safety plan in relation to the child and any relevant family members, as defined under MARAM.

When sharing about:

- adult victim survivors of family violence or third parties under FVISS (where a child is at risk)
- a child's parent under CISS

- child victim survivors of family violence
- any child in order to promote their wellbeing or safety you **must** record:
 - whether you sought their views about sharing their information
 - if their views were not sought, the reason why
 - if they were informed that their information was shared.

When sharing about adult victim survivors of family violence or third parties (where no child is at risk) you **must** record:

- whether information was shared with consent and whether the consent was written, verbal or implied
- if the information was shared without consent, the reason why
- if the information was shared without consent, whether the person was informed that their information was shared without consent.

General guidance on effective records

In general, good records are:

- clear and concise
- stored securely
- reliable and accurate
- relevant and current
- inclusive
- objective.

It is important that case notes are simple, concise and in dot point form. Recording in this way minimises irrelevant information that is not pertinent to the Schemes being recorded. Any language used in the record should be non-judgemental and free of assumptions. Observations should be identified and children's/families' words should be clearly recorded in the notes.

For further information, see the integrated record keeping checklist in the *Toolkit*.

Key Message



Record keeping – responding to a request:

- information shared
- date information was shared
- ISE who requested the information
- ISE receiving the information (if applicable)
- whether the views of the child, parent or carer were sought and obtained before the information was shared
- if the views were not sought, why?
- whether the child, parent or carer was notified that their information was shared
- copies of supporting documents.

What are ISEs' privacy and confidentiality obligations when using CISS and FVISS?

The Information Privacy Principles (IPPs) apply to all Victorian public sector organisations. The Health Privacy Principles (HPPs) apply to anyone who collects, holds or uses health information.

Proactive sharing under CISS and FVISS meets the IPP and HPP exception of being 'required' or 'authorised' under law where it meets the requirements for sharing. Privacy laws do not prevent you from using the Schemes to proactively share confidential information (including personal, sensitive and health information) with other ISEs where it meets the requirements for sharing.

Other exemptions from the IPPs and HPPs when using the Schemes:

- you do not have to collect personal or health information directly from the person whose information it is; you can collect it from another ISE as long as it meets the [requirements under the Schemes](#)
- you do not need consent from the person whose information it is before collecting their information from another ISE under CISS
- if you receive information from another ISE under CISS you do not need to provide the person whose information you receive with a collection notice.

All other IPPs and HPPs apply (e.g. data security, access and correction, maintaining current and accurate information, secondary use and in respect of the further disclosure of the confidential information).

ISEs that are not Victorian public sector organisations are also bound by the IPPs (including exceptions) when handling confidential information collected under the Schemes.

ISEs should also have procedures in place for dealing with complaints made in relation to the Schemes, including privacy complaints by individuals, and should make these available.

Are contracted external support workers and educational support staff working with children with disabilities authorised to share information?

Any information collected by, held by or accessible to a prescribed ISE can be shared under the Schemes. This includes information collected by external support workers and educational support staff working with children with disabilities, who are contracted or employed in ISEs, as long as the information is accessible to the ISE, for example, in a shared database or case management system.

Information provided to the ISE by external support workers and educational support staff under other permissions (for example, through privacy, employment or contract laws or shared service agreements) can also be shared by the ISE under the Schemes – the ISE is not required to have collected the information itself.

How do ISEs manage information sharing complaints under the Schemes?

ISEs should update their existing complaints policies and procedures to enable them to receive and respond to complaints in relation to the Schemes, in compliance with the regulations under each scheme.

Complaints about how an organisation is applying the Schemes should be made to the organisation in the first instance. ISEs should have policies in place about how to respond to privacy complaints, as well as any other complaints about decisions made by the organisations regarding information sharing.

If these complaints can't be resolved locally with the relevant ISE, then:

- under Victorian Law – contact the Office of the

Victorian Information Commission (OVIC) or the Health Complaints Commissioner (HCC) if they relate to health information

- under Commonwealth Law – contact the Office of the Australian Information Commissioner (OAIC).

These policies and procedures should be made available so that those whose information is shared are aware of their right to make a complaint.

For more detailed information, see the complaints checklist in the *Toolkit*.

How will the Reforms impact current policies and processes, including in relation to student enrolments, transitions and transfers?

ISEs will be required to update local policies, procedures and processes to align with CISS and FVISS, and over time to MARAM.

The Schemes must not be used to unlawfully restrict, limit or remove access to education services, for example, to 'screen' children, and families prior to enrolment contrary to the best interests of a child or young person.

For government schools

The Department will review and align relevant policies and guidance via the *Department's Policy and Advisory Library* (PAL) for schools before Phase Two commences. If government schools are required to update any local school policies, in addition to following updated Department policies, the Department will ensure the relevant templates on the School Policy Templates Portal are updated to assist government schools with this process.

The Department is developing further contextualised practice guidance to support centre-based education and care services; schools; system bodies; and education health, wellbeing and inclusion workforces. This will support you to identify and respond to family violence and meet your obligations to align with MARAM.

For further advice regarding exceptional cases for sharing information prior to enrolment, contact the Department's Privacy Team via email at privacy@education.vic.gov.au.

For Catholic and independent schools and non-government services

You will be required to review, update and/or develop policies and processes to align with the Reforms. The

Department may be able to provide some customised support to culturally embed changes with your staff. This may include support with workforce capacity building, tailored sessions for your workforces and organisational support with implementation processes and procedures. Please contact us at childinfosharing@education.vic.gov.au.

What procedures do ISEs need to follow when there is cross-border or interstate information sharing?

CISS and FVISS apply to ISEs within Victoria only. Other Australian states and territories will have their own privacy legislation or rely on the federal legislation, all of which is comparable to Victorian privacy legislation.

Any cross-border sharing should occur as permitted by other laws, including information handling processes when sharing information about a child.

There may also be additional legislative requirements for other states and territories with regards to child information sharing or family violence information sharing that ISEs may need consider.

Transfer of information overseas may have different protections; if this is required, government schools and Departmental employees should contact the Department Privacy Team at privacy@education.vic.gov.au for advice.

What is the Family Violence Multi-Agency Risk Assessment and Risk Management Framework (MARAM)?

MARAM is the policy framework describing best practice for family violence risk assessment and management, based on current evidence and research. It is embedded in law through Part 11 of the *Family Violence Protection Act 2008 (FVPA)* and establishes the foundations for a state-wide approach and shared responsibility for identifying and responding to family violence.

Practice guides can be found online, see: vic.gov.au/maram-practice-guides-and-resources.

MARAM contains four key components:

- 10 principles that establish the aims and objectives of MARAM while guiding responses to family violence, two of which relate specifically to the experiences of children
- four pillars, which support the structure of MARAM and set out requirements for organisations to align

their policies, practice guidance, procedures and tools with MARAM

- 10 responsibilities for family violence risk assessment and management, which is found in Pillar 3
- Structured Professional Judgement found in Pillar 2 - a guide for determining the level of family violence risk.

For more information see the *Family Violence Multi-Agency Risk Assessment and Management Framework (MARAM)*.

The Department is developing further contextualised practice guidance to support centre-based education and care services; schools; system bodies; and education health, wellbeing and inclusion workforces. This will support you to identify and respond to family violence and meet your obligations to align with MARAM.

What does it mean to be prescribed as a MARAM organisation?

The *Family Violence Protection (Information Sharing and Risk Management) Regulations 2018* prescribe a broad range of services working with children and families as 'MARAM organisations'. Prescribed Framework organisations are **required to align their policies, procedures, practice guidance and tools with MARAM**.

Centre-based education and care services; schools; system bodies; education health, wellbeing and inclusion workforces; and the Department are expected to be prescribed as MARAM organisations from Term 2 (19 April 2021).

Alignment will take time. You are not expected to have fully aligned with MARAM from day one. You will be supported to ensure that:

- professionals in your organisation understand the dynamics and indicators of family violence through training and guidance materials
- professionals in your organisation understand their roles and responsibilities to identify and respond to family violence, which can include utilising assessment guidance materials provided through targeted training and resources
- organisational policies, procedures, practice guidance and tools are aligned with MARAM through utilising example templates and guidance tools provided
- statutory bodies are not expected to be prescribed

as a MARAM framework organisation or be required to align policies, practice guidance, procedures and tools with MARAM. However they may choose to voluntarily align with MARAM.

How will MARAM be implemented compared to the Schemes?

Information sharing requests will be responded to by educational settings from the date of prescription. In contrast, MARAM is a maturity model that will be implemented in stages and evolve over time with a focus on practice change and the development of consistent practice. Centre-based education and care services; schools; system bodies; education health, wellbeing and inclusion workforces; and the Department will be supported to align with MARAM over time.

Each educational setting will assess where they are at, build upon existing staff skills in family violence identification and response, and align with MARAM. Centres and schools that are implementing *Respectful Relationships* may meet the MARAM pillars and some of the responsibilities of MARAM.

How will the Department support us to align with the four pillars of MARAM?

Centre-based education and care services; schools; system bodies; education health, wellbeing and inclusion workforces; and the Department will be prescribed in regulation as MARAM organisations from Term 2 (19 April 2021). MARAM organisations are required by law to align their relevant policies, procedures, practice guidance and tools with the four pillars of MARAM.

Leaders must:

- understand which roles and responsibilities apply to professionals in their settings
- ensure professionals in their settings have the knowledge, support and training to undertake their roles and responsibilities for identifying and responding to family violence.

See [Part 2 – Implementing the Reforms](#) for more information on roles and responsibilities for identifying and responding to family violence in education settings.

The Department is developing further contextualised practice guidance to support centre-based education and care services; schools; system bodies; and education health, wellbeing and inclusion workforces. This will support you to identify and respond to family violence and meet your obligations to align with MARAM.

Abbreviations and key terms

Aboriginal family violence

Aboriginal communities define family violence more broadly to include a range of physical, emotional, sexual, social, spiritual, cultural, psychological and economic abuses. Family violence against Aboriginal people may occur in families and intimate relationships, as well as violence from people outside of the Aboriginal community who are in intimate relationships with Aboriginal people, and violence in extended families, kinship networks and community violence (page 20 of the *Family Violence Multi-Agency Risk Assessment and Management Framework (MARAM)*).

Adolescent who uses family violence

A young person who chooses to use coercive and controlling techniques and violence against family members, including intimate partners. Adolescents who use family violence often coexist as victims of family violence and therapeutic responses should be explored.

Alleged perpetrator

The term most commonly used in Victoria to describe a person where there is not sufficient information for an Information Sharing Entity (ISE) to form a reasonable belief that a person poses a risk of family violence. Information about alleged perpetrators can only be shared with Risk Assessment Entities (RAE) for a family violence assessment purpose (see further reference to perpetrators below).

CISS

The Child Information Sharing Scheme (CISS), which is established under Part 6A of the *Child Wellbeing and Safety Act 2005*. The Scheme enables information to be shared by organisations and services prescribed as ISEs to promote the wellbeing or safety of a child or group of children under the age of 18 years.

Confidential information

For the purposes of the Schemes, the term 'confidential information' includes:

- health information and identifiers for the purposes of the *Health Records Act 2001 (VIC)*
- personal information for the purposes of the *Privacy and Data Protection Act 2014 (VIC)*, including sensitive information (such as a criminal record), and unique identifiers
- personal information for the purposes of the *Privacy Act 1988 (CTH)*, including sensitive information.

CRT

Casual Relief Teaching.

The Department

Department of Education and Training.

DHHS

Department of Health and Human Services.

Disclosure

In the context of the Schemes, this is defined as sharing confidential information for the purpose of promoting the wellbeing or safety of a child or group of children.

In the context of family violence, this is defined as when someone tells another person about violence that they have experienced, perpetrated or witnessed.

EAP

Employee Assistance Program.

Family

For the purposes of the Family Violence Information Sharing Scheme (FVISS), the definition of a family member under the *Family Violence Protection Act 2008* is broad and includes relationships of a former or current intimate partner; genetic or kinship family member; or a family-like relationship, for example, an unpaid carer.

Family violence

Family violence is defined in the *Family Violence Protection Act 2008* as:

- behaviour by a person towards a family member that:
 - is physically or sexually abusive
 - is emotionally or psychologically abusive
 - is financially abusive
 - is threatening or coercive
 - in any other way, controls or dominates the family member and causes that family member to feel fear for the safety or wellbeing of that family member or that of another person.
- behaviour that causes a child to hear, witness or otherwise be exposed to the effects of any behaviour referred to above.

Aboriginal community definitions of family violence include extended family, kinship networks, elder abuse and exclusion or isolation from Aboriginal culture and/or community by non-Aboriginal perpetrators.

FVISS

The Family Violence Information Sharing Scheme (FVISS), which is established under Part 5A of the *Family Violence Protection Act 2008*. The scheme enables relevant information to be shared between certain prescribed entities, namely Risk Assessment Entities (RAE) and Information Sharing Entities (ISE), to assess and manage family violence risk, including risks to child, adolescent and adult victim survivors.

FISO

A *Framework for Improving Student Outcomes* (FISO) for government schools only.

Health, wellbeing and inclusion workforces

Department of Education and Training workforces, comprised of Student Support Services (psychologists, speech pathologists and social workers), Primary and Secondary School Nurses, Koorie Engagement Support Officers, Visiting Teachers, their managers and other professionals, who work together as integrated, multi-disciplinary teams to provide support to government schools and students across Victoria.

ISE

An Information Sharing Entity (ISE), which is a prescribed organisation (or part of an organisation) that is authorised to share confidential information with other prescribed organisations to:

- promote wellbeing or safety of a child or group of children - under the Child Information Sharing Scheme (CISS)
- assess and manage family violence risk - under the Family Violence Information Sharing Scheme (FVISS).

A list of authorised organisations can be found online at vic.gov.au/information-sharing-entity-list.

Information Sharing and Family Violence Reforms (the Reforms)

The collective term used in the Department for the Child Information Sharing Scheme (CISS), the Family Violence Information Sharing Scheme (FVISS) and the *Family Violence Multi-Agency Risk Assessment and Management Framework* (MARAM)

Information Sharing Schemes (the Schemes)

The collective term used in the Department for the Child Information Sharing Scheme (CISS) and the Family Violence Information Sharing Scheme (FVISS).

Intersectionality

The interconnected nature of social categorisations – such as gender, sexual orientation, ethnicity, language, religion, class, socioeconomic status, ability or age – which create overlapping and interdependent systems of discrimination or disadvantage for either an individual or group. Family violence can be experienced differently by individuals based on how different parts of their identities interact with each other. This can also affect how individuals access and experience the family violence service system if they seek support.

MARAM or MARAM Framework

The *Family Violence Multi-Agency Risk Assessment and Management Framework* (MARAM), which is established under Part 11 of the *Family Violence Protection Act 2008*. MARAM is a risk assessment and management tool which sets out a shared understanding of family violence practice across the Victorian service system. It is used collectively across all government and non-government services to ensure consistency of intervention for children and families.

MARAM practice guides

MARAM practice guides and resources can be found online, see: vic.gov.au/maram-practice-guides-and-resources

MARAM organisation (prescribed organisation)

An organisation prescribed by regulation under Part 11 of the *Family Violence Protection Act 2008* to commence alignment of their policies, procedures, practice guidance and tools to the *MARAM Framework*.

Perpetrator

The term most commonly used in Victoria to describe a person if it is reasonably believed that there is a risk they may commit family violence. Aboriginal and Torres Strait Islander peoples and communities may prefer to use the term 'person who uses family violence' over perpetrator. It is not an appropriate term to use to describe adolescents who use family violence.

Prescribed organisation or person

An organisation that has been determined under the Schemes, either as an Information Sharing Entity (ISE) or Risk Assessment Entity (RAE) as relevant. The organisation will be prescribed as an ISE or an RAE, which means they will be authorised to share information and required to respond to requests for information from other ISEs or RAEs as relevant.

RAE

An Information Sharing Entity (ISE) also prescribed to be a Risk Assessment Entity (RAE) under the Family Violence Information Sharing Scheme (FVISS). RAEs can request and receive information from any ISE for a family violence assessment or protection purpose, in response to a request or through proactive sharing from another ISE.

The Orange Door

The Orange Door is a free service for adults and children who are experiencing or have experienced family violence and families who need extra support with the care of children.

Third party

Any person other than the child or the child's family members when using the Child Information Sharing Scheme (CISS) or the victim survivor or perpetrator when using the Family Violence Information Sharing Scheme (FVISS). Third parties include friends, neighbours, colleagues or workmates whose confidential information may be relevant to promoting the wellbeing or safety of the child or group of children (CISS) or is relevant to assessing or managing risk of family violence (FVISS).

Victim survivor

A person about whom it is reasonably believed that there is a risk the person may be subjected to family violence. This includes adults or children who have disclosed family violence or who have been identified as affected by family violence. Aboriginal and Torres Strait Islander peoples and communities may prefer to use the term 'person experiencing family violence' over victim survivor.

VEYLDF

Victorian Early Years Learning and Development Framework.

