



MARAM

Practice Guides

Responsibility 5&6:
Information
Sharing with Other
Services, Including
Secondary
Consultation and
Referral

To receive this publication in an accessible format phone 1800 549 646, using the National Relay Service 13 36 77 if required, or email infosharing@familysafety.vic.gov.au

Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

© State of Victoria, Australia, Family Safety Victoria, July 2019.

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

The Victorian Government proudly acknowledges Victorian Aboriginal people as the first peoples and Traditional Owners and custodians of the land and water on which we rely. We acknowledge and respect that Aboriginal communities are steeped in traditions and customs built on an incredibly disciplined social and cultural order. The social and cultural order has sustained up to 50,000 years of existence. We acknowledge the ongoing leadership role of the Aboriginal community in addressing, and preventing family violence and join with our First Peoples to eliminate family violence from all communities.

ISBN 978-1-925947-32-8 (pdf/online/MSword)

Available at <https://www.vic.gov.au/maram-practice-guides-and-resources>

Contents

5.1	Overview	4
5.2	Purpose of Information Sharing	5
5.3	Information Sharing in Structured Professional Judgement	5
5.4	Reflecting on Safe Engagement, Including for Information Sharing Practice	6
5.5	Legal Authorisations to Share Relevant Information.....	7
5.6	The Family Violence Information Sharing Scheme.....	8
5.7	Risk-relevant Information	11
6.1	Purpose of Secondary Consultation and Referral.....	14
6.2	Responding to Barriers.....	16
6.3	Seeking Secondary Consultation and Making Referrals	17
6.4	Consent or Views on Secondary Consultation and Referrals	22
6.5	Record Keeping and Referrals	23
6.6	What's Next?	23

Responsibility 5 & 6: Information Sharing with Other Services (as Authorised by Legislation), Including Secondary Consultation and Referral

5.1 Overview

This guide is for all professionals to use when family violence is suspected or assessed as present and you determine that information, guidance, support or collaboration from another professional or service is required. Guidance is included on referral, information sharing — including under the Family Violence Information Sharing Scheme and Child Information Sharing Scheme and secondary consultation. These are key practice aspects for further risk assessment and management, and to respond to co-occurring issues related to wellbeing and needs.

In situations involving children experiencing family violence, professionals can use the Family Violence Information Sharing Scheme to request and share information in order to assess and manage family violence risk, as well as the Child Information Sharing Scheme for broader safety and wellbeing issues.

The guidance in this chapter is intended to be general as each individual victim survivor's level of risk, circumstances, wellbeing and needs will require a unique response and will build on the outcome of risk identification, assessment or management undertaken, or planned.

Key Capabilities

Professionals required to have knowledge of **Responsibility 5** should be able to:

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

Professionals required to have knowledge of **Responsibility 6** should be able to:

- Proactively share information relevant to the assessment and management of family violence risk, including under the Family Violence Information Sharing Scheme, privacy law or other authorisation at law
- Proactively share information relevant to broader safety and wellbeing issues for children using the Child Information Sharing Scheme
- Respond to requests to share information from other services.

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

Guidance which refers to a perpetrator in this guide is relevant to situations where an adolescent is using family violence.

Remember

Professionals and services are authorised to share information to inform risk assessment or management practice under a range of laws, including the Family Violence Information Sharing Scheme, the Child Information Sharing Scheme, the *Children, Youth and Families Act 2005* and relevant Australian privacy laws. The guidance in this chapter will focus primarily on using the Family Violence Information Sharing Scheme and the Child Information Sharing Scheme where family violence risk is present.

Organisations should assist professionals and services to understand and apply these Schemes and other authorisations to share information applicable to their service.

5.2 Purpose of Information Sharing

Effective information sharing is crucial in keeping victim survivors safe and holding perpetrators to account. Information can also be shared to promote the broader wellbeing and safety of children, which may or may not relate to their experience of family violence.

The Family Violence and Child Information Sharing Schemes aim to create a significant cultural shift in information sharing practice. These schemes are also underpinned by the MARAM Framework, as well as relevant best interests and developmental frameworks. Professionals in prescribed organisations all have a role in information sharing to improve risk assessment and management practice.

Many organisations, especially those with ongoing service engagement with perpetrators or victim survivors, hold information relevant to assessing and managing family violence risk or to promote the safety or wellbeing of a child. Effective information sharing between professionals supports risk assessment and management by bringing together information that would otherwise be unknown. This information can be used by relevant professionals to remove or reduce risk (as far as possible) or prevent escalation.

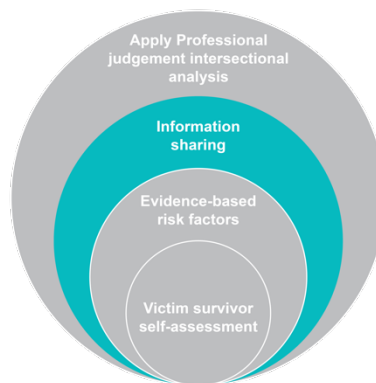
Risk is dynamic and can change over time. Professionals with responsibility for ongoing risk assessment should continue to share information to support updating of risk management and safety plans for the victim survivor, as well as intervention action planning for perpetrators of violence. This is particularly important for victim survivors who are not directly engaged with specialist family violence services in an ongoing way, but only at points of crisis or escalation.

Information sharing often means victim survivors don't have to repeat their story with each new service they engage with. It also enables new services to build on existing information.

5.3 Information Sharing in Structured Professional Judgement

Information sharing is a key enabler of the model of Structured Professional Judgement as it supports professionals to share information to inform risk assessment. Information sharing may be authorised under a range of laws such as the Family Violence Information Sharing Scheme, the Child Information Sharing Scheme, the *Children, Youth and Families Act 2005* or other relevant Australian privacy laws.

Figure 1: Model of Structured Professional Judgement



Sharing information assists professionals to identify additional risk factors or provide more information about known risk factors. This information can crucially inform the assessment of the level or seriousness of risk, and implementation of risk management responses as well as to promote the safety and wellbeing of children. Consider information sharing in each risk assessment you undertake, where services or engagement points are identified that may have information that would assist in the assessment or management process.

Key sources of information can be identified through consideration of protective factors or by using the genogram or ecomap exercises outlined in **Responsibilities 7 and 8**.

When assessing or managing risk to a victim survivor, consider how you might request and share information and ensure consent thresholds are met, where applicable. If consent for information sharing is not required, ensure that you take into account a victim survivor's views if appropriate, safe and reasonable, particularly in relation to any past or recent experiences of service barriers or discrimination. A victim survivor's views expressed regarding information sharing should inform:

- Your approach to the information you request or share voluntarily
- The professionals or services you are sharing information with voluntarily, and
- How you might share information in response to a request.

Information sharing with other professionals and services should be used in conjunction with information gained from a victim survivor, including their self-assessment of risk, information about risk factors present and related circumstances, needs or wellbeing issues, that have been identified through risk assessment.

5.4 Reflecting on Safe Engagement, Including for Information Sharing Practice

Each victim survivor, both adults and children, should be considered individually for the services or supports they may need. This may be the first time a victim survivor has had their family violence risk, wellbeing or needs assessed, or they may have previously been connected to services. You should enquire about this to identify if there are any barriers to connection, or opportunities to reconnect to supportive services (see also **Responsibility 4**).

You should discuss options with victim survivors on the approach to referrals, and secondary consultation, including ongoing assessment and management. This will include your approach to prioritise and coordinate connection and referral to services. Prioritisation will be informed by your determination of the seriousness of risk, if you are responding to a

crisis, and if connection to statutory service interventions are required. Responding to immediate risk is outlined in **Responsibilities 2 and 4**, and you may also use this guide to help you plan risk management responses and take action.

When seeking secondary consultation, making referrals or sharing information, you should be informed by an intersectional lens (See *Foundation Knowledge Guide Section 9.4* and **9.5**). In considering each service engagement, you should be guided by the individual's identity and tailor your approach to referral, secondary consultation or information sharing accordingly. For example, if the victim survivor has let you know they are Aboriginal, identify as belonging to a diverse community, or are a child, young person or older person, consider if your service engagement would benefit from specialist advice or support.

Ask if the victim survivor would like to be directly connected to a service that specialises in working with individuals from their community group, or if they are comfortable with you sharing information with or connecting to that service for secondary consultation. The practice guide for **Responsibility 1** will also assist with these aspects of practice.

Remember

Building and maintaining trust in the relationship with the victim survivor is essential to safe, ongoing engagement. It is particularly important to maintain trust and communication when connecting victim survivors to services and sharing information to promote their safety.

In most situations, referral does not mean you immediately cease your engagement with a victim survivor. Depending on your role, you will likely need to maintain engagement or continue to 'check in' with the victim survivor to support connection to a receiving service and respond to any issues that arise. This is also an important part of ongoing assessment and management of risk.

5.5 Legal Authorisations to Share Relevant Information

The Family Violence Information Sharing Scheme authorises organisations and services, prescribed through [regulations](#), to share relevant information to assess and manage family violence risk. Details of this scheme are outlined below and in the [Ministerial Guidelines](#). Organisations may also have other permissions to share information to inform risk assessment and support coordinated and collaborative responses.

The Child Information Sharing (CIS) Scheme also allows organisations and services prescribed under that scheme to share information with each other to promote children's wellbeing and safety.¹ This includes to promote the broader wellbeing and safety of children who experience family violence.

The CIS Scheme has been designed to complement the [Family Violence Information Sharing Scheme](#). Refer to the guidelines for the [CIS Scheme](#) for further information.

Remember

If there is a **serious threat** to the life, health, safety or welfare of a person (such as serious risk of family violence), under the FVIS Scheme and privacy law you can share

¹ Part 6A, *Child Wellbeing and Safety Act 2005*.

information, to lessen or prevent that threat without consent of any person. See [Office of Victorian Information Commissioner](#) for further information.

As outlined in **Responsibility 7**, if **serious risk** has been identified through assessment via the MARAM *Responsibilities for Practice Guide*, this **is considered to be an equivalent determination of 'serious threat'** for the purposes of sharing information to lessen or prevent a serious threat under these Acts.

5.6 The Family Violence Information Sharing Scheme

This section outlines key elements of the Family Violence Information Sharing Scheme (FVIS Scheme). **Detailed guidance on the operation and use of the scheme are available in the [Family Violence Information Sharing Guidelines](#).**

Organisations and services that are prescribed under the Family Violence Information Sharing Scheme are known as Information Sharing Entities (ISEs) and are authorised to share relevant information to assess and manage family violence risk.² The FVIS Scheme is intended to improve professionals' and services' ability to keep victim survivors safe and hold perpetrators in view and accountable for their actions and behaviours.

A subset of ISEs, known as Risk Assessment Entities (RAEs), have additional responsibilities to establish whether a risk of family violence is present, assess the level of risk posed and correctly identify the parties as the perpetrator or victim survivor through a comprehensive risk assessment.

A key component of the FVIS Scheme, is that information about an alleged perpetrator or perpetrator can be shared without their consent. Consent thresholds are further explained in Chapter 1 of the guidelines.

Some relevant sections of the guidelines are outlined below. However, you should refer to the guidelines for further information.

5.6.1 When can information be shared under the Family Violence Information Sharing Scheme?

There are two purposes for which ISEs can share information with each other under the FVIS Scheme:

- A family violence assessment purpose (to establish and assess risk):

The primary focus of a family violence assessment is on establishing whether a risk of family violence is present, assessing the level of risk the alleged perpetrator or perpetrator poses to the victim survivor, and correctly identifying the parties as the perpetrator or victim survivor.

² *Part 5A of the Family Violence Protection Act 2008 (the Act)*. This information sharing scheme was introduced pursuant to recommendation 5 of the Royal Commission into Family Violence, which acknowledged that organisations that work with victims and perpetrators of family violence collect a wide variety of information in order to keep victims safe and hold perpetrators to account. The Commission also identified barriers that prevent information from being shared as effectively as it could be and found that the failure to share crucial information with frontline workers can have catastrophic consequences.

- A family violence protection purpose (to manage the risk, including through ongoing risk assessment)

The family violence protection purpose means managing the risk of the perpetrator committing family violence, or the risk of the victim survivor being subjected to family violence. Information can be shared for this purpose when the presence of risk is known.

Managing risk involves removing, reducing or preventing the escalation of risk. As risk is dynamic and can change over time, information can be shared for ongoing risk assessment to monitor risk and escalation. For example, any ISE can request and share information from other ISEs to inform ongoing risk assessment and update risk management and safety plans with the victim survivor.

Remember

Any professional with a role in family violence risk assessment and management can undertake a risk assessment (in line with their role) under the MARAM Framework, such as screening, intermediate or comprehensive assessment. Information may be shared with all ISEs to undertake these functions to manage family violence risk.

Where it is not known whether family violence risk is present or the identity of a perpetrator is unknown or uncertain, then information may be shared with RAEs for an assessment purpose to establish risk or the identity of an alleged perpetrator.

If you have 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 the FVIS Scheme for a protection purpose.

5.6.2 Talking about consent and information sharing with a victim survivor

In order to provide effective support to victim survivors it is crucial for you to build and maintain relationships of trust with them. An important way of achieving this is through open and transparent communication. This means making it clear that although you and your service will maintain confidentiality where possible, information sharing and other laws mean that relevant information may be shared without consent in some circumstances.

Chapter 9 of the Family Violence Information Sharing Scheme Guidelines provides information on the essential elements of consent, how consent can be given, how it should be documented and what to do when consent is refused or withdrawn.

Under the Scheme, various consent thresholds apply when information is being shared to assess or manage risk to adult and child victim survivors of family violence.

- Perpetrators and alleged perpetrators of family violence: Consent of an alleged perpetrator or perpetrator **is not** required when sharing their information under the Scheme (Chapter 3)
- Adult victim survivor: Consent is required to share information about an adult victim survivor (a person who is 18 years or over), unless the ISE reasonably believes that sharing confidential information is necessary to lessen or prevent a **serious threat** to an individual's life, health, safety or welfare or the information relates to assessing or managing a risk to a child victim survivor (Chapter 4)
- Relevant third party: Consent is required to share information that identifies a relevant third party, unless the ISE reasonably believes that sharing confidential information is necessary to lessen or prevent a **serious threat** to an individual's life, health, safety or

welfare or the information relates to assessing or managing a risk to a child victim survivor (Chapter 4)

- **Child victim survivors:** Consent is **not required** from any person to share their information when you are assessing or managing risk for a child victim survivor (a child is someone who is under the age of 18 years, including infants and adolescents). However, where safe, appropriate and reasonable you should obtain the views of the child and/or other family members at risk of violence (including a parent who is **not** a perpetrator) prior to sharing their information (Chapter 5).

The Guidelines also provide information on having a conversation with an adult victim survivor about obtaining consent and limitations of consent (Appendix D) and a child victim survivor about their views and wishes (Appendix E) related to information sharing.

5.6.3 How can seeking consent or views inform your risk assessment or management planning?

Asking a victim survivor for their consent or views (as required) about what information is shared and the services you are sharing information with, can often assist you to understand more about the risk they are experiencing. This process can also highlight the barriers or discrimination a victim survivor may have experienced which may change the approach you take to secondary consultation or referral (see *Foundation Knowledge Guide Section 9.4* and *9.5*).

In situations where consent is not required (such as where there is a serious threat or if assessing risk to a child), you must seek the person's views on what information is shared and the organisations or professionals you propose to share information with (noting that you are never required to seek consent or views from an alleged perpetrator or perpetrator to share their information).

A victim survivor's views about information sharing can:

- Assist you to identify additional risk factors.
- Enable you to share information which would support culturally safe service from the receiving professional or service.
- Help you share information safely and mitigate future risk of unsafe information sharing by recording in safety plans any known issues with sharing to specific professionals or services.

Examples of where it may not be appropriate, safe or reasonable to seek views of a victim survivor are outlined in the [Family Violence Information Sharing Scheme Guidelines](#).

5.6.4 Information sharing under other laws

If you were already permitted to share certain information under existing privacy laws or another law before the Family Violence and Child Information Sharing Schemes commenced, you can continue to do so. The intersection of the Family Violence Information Sharing Scheme and other laws is outlined in Chapter 11 of the Family Violence Information Sharing Guidelines.

5.7 Risk-relevant Information

Understanding what information is 'risk-relevant' is central to family violence risk assessment and management practice. Also, information that is relevant for a family violence assessment or protection purpose can be shared under the FVIS Scheme.

Identifying what information is 'relevant' will:

- Be determined on a case-by-case basis for each victim survivor or perpetrator, depending on the family violence behaviours (**risk factors**) a perpetrator is using against a victim survivor, or each of their circumstances, or related wellbeing and needs to promote stabilisation and recovery
- Be information that supports your assessment of **current or future risk**, which can include a perpetrator's past behaviour. Information about a victim survivor's past behaviour is less likely to be relevant
- Depend on the **purpose** for which you are sharing the information, such as an assessment or protection purpose (see [Section 5.6.1](#) of this guide and Family Violence Information Sharing Scheme Guidelines for further information)
- Depend on your **role** and the role of the professional/service you are seeking information from or sharing information with
- **Depend on what action you want to take:**
 - Why are you seeking the information — how will this inform your family violence risk assessment or management role? (e.g. assessment or safety planning)
 - What action do you want the receiving professional/service to take from your sharing the information?

Risk-relevant information may be information about a perpetrator (their behaviour or circumstances) or a victim survivor (the risk they are experiencing and their circumstances) or another person. The information should be relevant to your decision-making for assessing or managing family violence risk, including stabilisation and recovery.

Information about perpetrator behaviour such as violence used against an adult or child, the presence of risk factors, or a perpetrator's circumstances, are an important first point of reference for understanding what information is risk-relevant. Information that relates to any of the family violence risk factors is described in detail in the *Foundation Knowledge Guide*, and within the guidance on risk assessment in **Responsibilities 3 and 7**.

Relevant information may also relate to a victim survivor or perpetrator's circumstances impacting risk management planning. These may include:

- Housing or employment of perpetrator (what is their location and whereabouts?)
- Health, mental health, or other wellbeing issues which influence behaviour, decisions or choices
- Are there family law orders or intervention orders in place (e.g. exclusion conditions on intervention orders).

Some of these relevant circumstances may be identified through the risk assessment discussion with a victim survivor, or through consideration of the protective factors and safety planning. Further guidance on identifying relevant information about a perpetrator's circumstances is outlined in **Responsibility 7**.

Risk management is **defined broadly to include stabilisation and recovery, such as the impact of family violence on wellbeing and needs**. Under the FVIS Scheme, this means risk-

relevant information for a victim survivor, includes information that relates to wellbeing and needs due to their experience of family violence.

Information relevant to promoting a child's wellbeing or safety can also be shared under the Child Information Sharing Scheme, including outside of the context of family violence.

Information can be shared under the Child Information Sharing Scheme if an ISE reasonably believes that sharing the information may assist another ISE to:

- Make a decision, an assessment or a plan relating to a child
- Initiate or conduct an investigation relating to a child
- Provide a service relating to a child
- Manage any risk to a child.

Information may be sourced from:

- Disclosure and/or risk assessment with a victim survivor
- Discussion from related third parties such as friends or family members
- Victoria Police family violence incident information (your service may receive L17 referrals)
- Court records (that are not excluded)
- Or other records from professional or therapeutic service and relevant databases.

The range of sources of direct disclosure will vary depending on your professional role. Other information can be requested through the schemes from other ISEs under the appropriate assessment or protection purpose, or other applicable authorisations.

If you are uncertain about what information is relevant to share, **seek secondary consultation** internally (within your organisation or service), or externally with a specialist family violence service. If you are concerned or unsure whether information is relevant, you can share information with a specialist family violence service through secondary consultation in a de-identified way.

Remember

You should be discerning about the information you are sharing. It is usually not appropriate to share 'whole records' without review of the content and scope of information contained within them, and you should be guided by the criterion above on the specific information that should be shared.

If working with the victim survivor you should seek their consent to share information, unless consent is not required, in which case you should seek their views, where appropriate, safe and reasonable to do so.

5.7.1 Sharing information relating to family violence risk for children and young people



Children should have their risk and related wellbeing and safety needs individually assessed as per guidance in **Responsibility 3**. Under the FVIS Scheme, information about any person that is relevant to assessing or managing family violence risk for a child can be shared by an ISE without the consent of that person.

However, where it is appropriate, safe and reasonable, you should seek the views of the child or young person, and a parent/carer who is not a perpetrator, on how their information is shared. These views should be taken into account when deciding what information should be shared, including what services you should voluntarily share this information with or how

MARAM Practice Guides:

information might be shared when you are obliged to share. Where you have safety concerns about how, when and with whom information is shared, including where doing so may increase risk, this should be reflected in risk management and safety plans (see **Responsibility 4**).

You should make clear to parent/carers (generally mothers) that are not perpetrators, that if their information is shared despite their views, it is being shared to assess or manage risk to a child.

5.7.2 Method of information sharing

The FVIS and CIS Schemes do not dictate that information has to be shared in a specific way. It is common for information to be shared with another professional by a range of methods, including verbally (face-to-face), email and phone. This may depend on the policies of your organisation or the urgency of the request or sharing, and will often depend on whether there is an existing professional relationship or this is the first time you have made contact with a service or professional.

When the information sharing request is time critical, you can phone a professional or service in the first instance. You could then choose to follow up by making the request or sharing the information in writing to enable you to document the request or sharing of information as part of your organisations good record keeping processes. When sharing and storing information, organisations should follow their obligations for data security under privacy law, if applicable.

You should refer to your organisational policies on information sharing methods to guide you, including your authorisation to share under applicable information sharing laws and how to keep records of any information shared.

If you are uncertain, prior to sharing information, confirm by following your internal processes, such as consulting with a senior practitioner or team leader, or by secondary consultation, to determine if the information you are sharing is **relevant to the purpose** (for an assessment or protection purpose for the FVIS, or to promote the wellbeing of a child under CIS). This will assist in the request process if the responding ISE raises questions about the relevance of information requested.

5.7.3 Collecting and recording information sharing

You should refer to your organisation or service's policies and procedures on record keeping in relation to information sharing. The Family Violence and Child Information Sharing Schemes have specific record keeping requirements that are aligned.

The [Family Violence Information Sharing Scheme Guidelines](#) provide advice on what is required in Chapter 10.

The [Child Information Sharing Scheme Guidelines](#) also include information on record keeping and information management in Chapter 5.

As specified in the Ministerial Guidelines, ISEs should take reasonable steps to correct information recorded or shared about any person if an ISE becomes aware that the information is incorrect. This applies if the information is about a victim, perpetrator or third party.

Professionals should refer to their organisation's policies and procedures to assist with correcting information. Inaccurate information should be corrected as soon as possible after you become aware the information is inaccurate and you should give prominence to

any correction on the client's file. This is particularly important if the information may put a victim survivor at risk or a victim survivor has been or may be misidentified as a perpetrator.

6.1 Purpose of Secondary Consultation and Referral

Seeking secondary consultation and referral, including by sharing information, are essential aspects of Structured Professional Judgement. These assist professionals to determine seriousness of risk, inform ongoing risk assessment and approaches to risk management and safety planning. Secondary consultation is also a key aspect of building a shared understanding of family violence and to develop system-wide consistent and collaborative practice (Pillar 2 of the MARAM Framework). Secondary consultation and referral necessarily involve a degree of information sharing.

Secondary consultation and referral involve you determining what response is required to respond to an individual's risk, or to support their wellbeing or needs, and identifying appropriate services that can assist.

Secondary consultation can take place for a range of reasons, including using the skills and knowledge of specialist family violence services to help you gain a further understanding of family violence risk and possible referral options. Secondary consultation can also occur with mainstream and other specialist services that have expertise to address wide-ranging needs. This can include: providing practical or therapeutic support; working with Aboriginal people or people who identify as belonging to diverse communities; working with children and young people; and, working with older people. Using secondary consultation can help professionals to build their own knowledge, establish working relationships across organisations, assist in applying an intersectional lens to Structured Professional Judgement (see *Foundation Knowledge Guide Section 9.5*), and to ensure assessment and management responses provided to victim survivors are culturally safe.

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

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

- What risks, needs or wellbeing issues are present that require response?
- What are the priorities, such as responding to risk, and how do these interact with the co-occurring priorities relating to wellbeing and needs, including the victim survivor's views?
- What actions or interventions (by whom, within what time-frame) would make a difference to an individual's safety, wellbeing or needs?
- The extent to which your organisation can facilitate these directly and what is your role
- Identifying which other professionals and or organisations might be responsible for providing resources, skills, practice expertise to respond.

If you are unsure which is the appropriate course of action for your role, you may wish to seek advice from your team leader or a senior practitioner to support you to determine which other professionals or services you could engage with in the circumstances.

Responding to risk, wellbeing and needs can support safety and promote stabilisation and recovery from family violence. Risk assessment and management (such as safety planning, secondary consultation and referral) will enable you to identify and address a range of risks, and related wellbeing and needs for victim survivors. Secondary consultation or referral may involve a range of services, such as specialist family violence services, Victoria Police, Child Protection, Child FIRST, or other advocacy, universal and general professional or therapeutic services.

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

- Specialist family violence services to establish the presence or analyse the level of risk, such as where there is uncertainty based on the available information
- Specialist family violence services where there is uncertainty about the identity of a perpetrator
- Specialist family violence services on the development and/or actioning of risk management and safety plans and responses
- Specialist family violence services with an expert knowledge of a specific diverse community and the responses required to address unique needs and barriers. Targeted services may also include community specific services, such as ethno-specific, LGBTIQ and disability services that focus on primary prevention or early intervention
- Services that provide targeted culturally safe services or liaison support, such as a cultural safety advisor for victim survivors who identify as Aboriginal or belonging to a diverse community
- Services that provide specialist support to children and young people
- Services that provide specialist support to older people
- Legal services
- Any service or professional where their involvement in collaborative responses would benefit a victim survivor, such as co-case management arrangements.

You may seek to **refer** a victim survivor to:

- Victoria Police where a crime may have been committed
- Child Protection or Child FIRST or other statutory services, as required
- A specialist family violence service for a comprehensive risk assessment or management response, including consideration for a RAMP response
- Other professionals with expertise or skill in supporting a victim survivor's wellbeing or responding to identified needs.

Note, you should continue to work with the victim survivor following referral to understand if their level of risk changes or escalates, and seek secondary consultation as required, until the receiving service is successfully engaged.

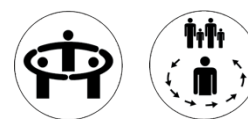
6.1.1 You need to consider your legal permissions to share information for secondary consultation and referral

Secondary consultations should be considered in line with your authorisations to share information. Secondary consultation **can occur** without any identifying information being provided regarding the victim survivor (that is, providing de-identified information) to seek guidance on possible next steps.

If you think the secondary consultation may lead to a referral and require you to disclose relevant identifying or personal information, you must do so according to your legal permissions and responsibilities. In these circumstances, prior to undertaking the secondary consultation you should seek consent from an adult victim survivor, or the views of an adult, child or young person, if a child or young person is at risk of family violence.

Consent is not required to share information about a perpetrator as long as it is shared according to a relevant purpose under the scheme, or in accordance with another legislative authorisation. See [Section 5.6.1](#).

6.2 Responding to Barriers



You should be mindful of barriers to service access that mean some victim survivors are less likely to follow up on a referral, particularly if they are not actively supported to connect to the next service (see *Foundation Knowledge Guide*). You should also be mindful of the effects of trauma, which may have significantly affected a person's manner of relating to the world, their sense of autonomy and their capacity to actively engage with the receiving and other services (see *Foundation Knowledge Guide* **Section 9.6**)

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

- Actual discrimination and negative treatment, or fear of discrimination from professionals and services, which could be based on recent and past experience(s)
- Language barriers
- Physical and communication access barriers
- A lack of trust in services.

You should actively respond to any barriers identified. This may include exploring alternative service options for referrals, or addressing any issues, such as information sharing with specific services where confidentiality has been raised as a concern by the victim survivor. This may be of particular concern for people who identify with smaller or isolated communities.

You should discuss with a victim survivor the purpose and options for proposed secondary consultation and referral. Ask if they have previously experienced barriers to accessing services, such as being provided inaccessible or unsafe services or experiencing discrimination. Exploring options can also ensure a victim survivor is aware of what support is available to them. This can dispel concerns about whether funding is available to support their referral options, and what other support they may be entitled to assist them to recover and stabilise following family violence or meet other wellbeing needs.

Victim survivors should be offered choices where possible in being referred to an organisation that specialises in working with their community. Aboriginal victim survivors, or people who have family members who are Aboriginal, may choose to use an Aboriginal or mainstream organisation. People from culturally, linguistically and faith diverse communities and LGBTIQ communities may also choose to access a specialist organisation. If there is no specialist service in your local area, you can support a receiving service to connect with a specialist service by secondary consultation to continue to facilitate safe engagement and service delivery.

You should ask a victim survivor if they have particular support approaches, needs or information you can provide to the receiving service in advance to support safe service delivery. This may include, for example, asking a victim survivor who is transgender or gender diverse if they would like you to share information about gender identity and their pronouns to ensure these are respected by the receiving service. You can also contact a service that you propose to refer a victim survivor to in advance in order to ascertain their level of competency in providing culturally safe services and ask directly about capacity to respond safely for the victim survivor's individual identity and experience needs.

It is important to consider whether secondary consultation or referrals may lead to disengagement of the victim survivor and think about how to facilitate referral in a more supportive way. Reflect on guidance in **Responsibility 1** to support safe engagement.

6.3 Seeking Secondary Consultation and Making Referrals

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

Professionals may also be subject to specific professional responsibilities in their role, including to report crimes and refer victim survivors to Victoria Police for further investigation, assistance and intervention.

As outlined in previous chapters, any agency, organisation or professional that identifies a victim survivor is at **serious risk**, including if there is an identified serious threat (see **Responsibility 3**), should immediately notify Victoria Police. This is also required when a victim survivor is NOT otherwise willing to receive assistance. You should also consider what other risk management actions are required in each circumstance, such as safety planning if reporting to Victoria Police may result in escalation of risk from a perpetrator.

If a crime has been committed, and there is no immediate danger, you should discuss with the victim survivor if you can support them to report to Victoria Police, or if they would like you to make a referral on their behalf.

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

6.3.2 Secondary consultation with specialist family violence services

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

- Understanding the **level of risk** and **intersectional needs**
- **Determining actions** in line with the assessed level of risk
- Determining whether a referral is required for a specialist family violence response.

Secondary consultation may result in a specialist practitioner supporting and working collaboratively with you to undertake intermediate assessment and management, or with you referring a victim survivor to the specialist service for them to complete comprehensive risk assessment and management. Secondary consultation with specialist family violence services can also assist with:

- Support to engage effectively and safely with victim survivors
- Building a shared understanding of family violence risk
- Information sharing to understand level of risk for the victim survivor/s
- Joint monitoring of family violence risk and the opportunity to explore or monitor escalation/changes in the risk level
- Convening coordinated or collaborative risk assessment or management support, as outlined in **Responsibility 9**, such as multi-agency meetings
- Active referrals when the level of risk has been assessed as elevated/serious risk.

If [The Orange Door](#) operates in your local area, this is often the best point of first contact for secondary consultation. Alternatively, you can identify your local specialist family violence service by searching [The Lookout](#) website.

6.3.3 Secondary consultation with mainstream, universal and other specialist services

A range of professionals may be able to assist in supporting a victim survivor's engagement with you for family violence risk assessment or management, or to respond to other wellbeing issues or needs. This may include seeking information from a professional already engaged with a victim survivor or perpetrator to inform your risk assessment or management planning.

This may also relate to an individual's circumstances, age or identity such as to assist in safe engagement or to address barriers, structural inequality or discrimination an individual may have experienced (see *Foundation Knowledge Guide Section 9.4*). Secondary consultation could also be to support:

- Collaborative risk assessment, risk management or co-case management
- Culturally safe engagement with Aboriginal people or people from culturally and linguistically diverse communities
- Engagement with people who identify as belonging to diverse communities such as people with disabilities, people from LGBTIQ communities and people experiencing mental health issues (see *Foundation Knowledge Guide* for detail and definitions for diverse communities)
- Engagement with children, young or older people.

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

6.3.4 Referral

Referral is the process of connecting victim survivors (adult or child/ren) to information or services that are outside your organisation's practice area. This includes early intervention when family violence first occurs, to avoid or respond to escalation or crisis and additional harm, and to support stabilisation and recovery from family violence. Referral is an important part of the risk management process.

Where you have identified a victim survivor to be at 'elevated' or 'serious risk', you should refer them to specialist family violence services for comprehensive risk assessment and management. Making referrals can also lead to increased understanding of risk through sharing of relevant information — including perpetrator behaviour — that can be used for ongoing risk assessment, management and safety planning.

Specialist family violence services triage responses to referrals, with actions taken for higher risk cases as a priority. Where you have an ongoing service engagement with a victim survivor and you have referred them to a specialist family violence service, you should continue to engage with the victim survivor about their experience of risk, i.e. to monitor their level of risk, and provide support as needed.

Referrals can also support wellbeing or 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 issues. Referrals are made to meet a range of service needs. For example, an older person experiencing family violence might need access to advice and support including legal advocacy or financial counselling to respond to the impact of family violence.

6.3.5 Enabling successful referral

Responding to a victim survivor's risk, wellbeing or needs includes a discussion with them about their priorities, concerns or barriers to engagement with other services. Safety issues should be identified and any approach or options for referral should not compromise their safety. To assist successful referral, consider:

- The level of distress a victim survivor is experiencing, and their readiness (personal and circumstantial) to receive and take up the referral
- Experiences of trauma for the victim survivor, which may affect their capacity to actively engage with a receiving service (see *Foundation Knowledge Guide Section 9.6*)
- What other support the victim survivor may need to ensure they can access the service (interpreters, transport, childcare, speaking to a new worker while you are present etc.)
- Identifying services the victim survivor is already engaged with (which may be done through the ecomap exercise, see **Responsibility 8, Attachment 15**), who may be re-engaged, brought into the support network or alternatives identified
- Providing options and choice in services — you can provide information about a range of options and services, recommendations and let the victim survivor decide which services they want to use
- Providing support and prioritisation of referral options for the victim survivor responding to the level of risk, fear, safety and needs
- Complete referral forms together with the victim survivor where appropriate
- Gaining consent/views (in accordance with Child and Family Information Sharing Scheme authorisations and privacy laws) to follow up with the referral to the organisation as required (e.g. your risk assessment of the child/ren may be dependent on the adult's engagement with other parts of the service system, such as a drug and alcohol organisation or child and family services)
- Contact the agency receiving the referral to:
 - Ensure it is appropriate
 - Ascertain any waiting times
 - Advocate for your client to receive service
 - Provide relevant information to ensure the receiving service can meaningfully connect with the victim survivor
 - Discuss roles and responsibilities
 - Develop a case management protocol, if appropriate
- Managing expectations of the victim survivor regarding the options available and support they can expect to receive from each service, as well as maintaining contact during waiting periods
- Sharing relevant information with other professionals and services to ensure safety and minimising the need for the victim survivor to repeat information they have previously disclosed (any risk assessments undertaken should form part of the referral)

- Where possible, engaging support of case management service who can assist in service navigation and follow-up
- Checking information with the victim survivor that you intend to share with the receiving service to ensure it is accurate
- Follow up with the victim survivor for feedback about the referral to ensure it was effective. Follow up can continue to support the engagement and ensure any issues that arise are addressed, and reduce likelihood of a victim survivor disengaging
- Feedback processes with the receiving service or professional to support or respond to any engagement issues that may arise and to prevent disengagement.

Referral processes can occur by telephone, in face-to-face settings, by written communication (including e-mail), or a combination of these channels. A referral may combine aspects of each of these processes. For example, referrals may be warm/active or facilitated and informal (information only). Considerations in choosing which process to make a referral may include the victim survivor's:

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

Table 1: Processes for making a referral

<p>Informal referral (information provision)</p>	<p>Provide verbal or written information about other services. Do not assume that the person will follow up on the information and make contact.</p> <p>If this type of referral is made, you should check at a later appointment if they have made contact and, if not, explore the reasons why.</p> <p>There may be various reasons for not making contact with the service. If this has occurred, you may offer to provide warm or facilitated referral to overcome any barriers.</p>
<p>Warm (or active) referral</p>	<p>Actively connect the victim survivor 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.</p>
<p>Facilitated referral</p>	<p>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 victim survivor from having to repeat their story.</p> <p>You may also consider asking the victim survivor if they would like you to prepare a letter or other communication for them to take</p>

to other services that provides foundational information to enable safe engagement, such as about medical or mental health issues, medication, communication assistance needs, identity characteristics and pronouns.

A number of considerations apply when making referrals. The central objective of making referrals is to first address the family violence risks and safety for the victim survivor (adult and child) and then to connect to services to address their needs and wellbeing concerns. You should consider and work with the victim survivor to reduce or remove barriers to engaging with the service being referred to, which might include:

- Fear of escalation of risk from the perpetrator, including if they become aware of service interventions and information sharing
- Impacts from experiences of trauma
- Physical, practical and communication access barriers
- Previous negative experiences of services and forms of structural inequality and discrimination the person may have experienced that have led to disengagement.

6.3.6 What information should be contained in a referral?

Work with the victim survivor on completing the referral forms or letter. Discuss with them the information you intend to share, and seek their consent, or their views, as required.

When referring to:

- Specialist family violence services: This will include the completed risk assessment and risk management and safety plans
- Other professionals and services: Relevant information from risk assessments or circumstances impacting risk, wellbeing or needs.

Consider including all relevant information for the purpose of the engagement, as well as information that will support safe engagement, such as information about the level of risk, a person's identity, experience, wellbeing or other needs.

You may also share information related to addressing barriers to service engagement previously experienced, age and developmental stage (if referring a child or young person), or any other barriers to actively address in the new service engagement.

See [Section 5.7](#) of this chapter on how to determine what is relevant to be shared through information sharing.

6.3.7 Which organisations might referrals be made to?

Referral pathways may need to be wide-ranging but staged to accommodate the needs of each adult and child victim survivor. In the first instance, referrals should be focused on addressing any immediate risk, fear or safety. Referrals could include:

- Supporting a victim survivor to report to police, or referral to specialist family violence services, including for a RAMP response
- Child Protection or Child FIRST, where you identify serious concern for a child or young person, or as required under any mandatory reporting obligations, or there are other wellbeing concerns identified
- Referral to a legal service or to a court if the victim survivor wants to apply for an intervention order, or to seek legal advice

- Referral to a targeted specialist community service, such as services specialised in supporting Aboriginal people or people from diverse communities, or children, young or older people
- Universal or mainstream professional supports, including advocacy or therapeutic responses to provide supports for wellbeing or needs, or to promote or strengthen protective factors.

6.3.8 Good referral practices between professionals and services

Good referral practice needs services and organisations to embed, support and enable this practice through relevant policies, procedures and other guidance and resources. This can include:

- Maintaining a list of professionals or services that you or your organisation has good working relationships with or MoUs, and their roles and responsibilities, with the names of key people who might be of assistance
- Understanding eligibility and the intake processes of other services and organisations
- Establishing an understanding between services/organisations, documented in a Memorandum of Understanding or a referral protocol or pathways
- Developing and using referral forms that include agreed information, minimising the need to ask the same questions
- Providing advocacy support for victim survivors who require assistance accessing services
- Reviewing referral processes with other agencies to identify improvements
- Linking with Regional Integration Coordinators to understand local governance and strengthen networks between mainstream, universal and specialist family violence services.

6.4 Consent or Views on Secondary Consultation and Referrals

The purpose and requirements of the Family Violence Information Sharing Scheme are outlined in Sections 5.5 and 5.6, including seeking the victim survivor's consent or views on information sharing and consent requirements.

Where identifying information is going to be shared, victim survivors should be involved in making decisions about referral and secondary consultation wherever possible. You should outline and clearly explain the service referral options and purposes for secondary consultation.

Ideally, victim survivors will consent to you sharing information with another person or service as part of making a report to Victoria Police, Child Protection, or a referral to another service provider. However, if they do not consent, the FVIS Scheme permits information sharing without consent in certain situations where relevant thresholds are met:

- A person experiencing family violence **should be informed** that you are able to share information about risk to children **without consent**, but that you will always let them know when this is going to occur, if safe, appropriate or reasonable
- If sharing without consent, **you must seek their views**, if safe and reasonable to do so. Seeking views can inform how information is requested and from what professionals or services, and may inform you on how to do this safely.

For further information on information sharing for referrals, including where information can be shared without consent, refer to the [Family Violence Information Sharing Guidelines](#).

6.5 Record Keeping and Referrals

You should make file records of information you share with other professionals and services, and details of referrals. You should also **keep records of consent or views to information sharing and referrals**, as required under the Family Violence and Child Information Sharing Schemes and other legal authorisations and privacy laws.

Further information on record keeping is outlined in Chapter 10 of the [Family Violence Information Sharing Guidelines](#), and Chapter 5 of the [Child Information Sharing Scheme Guidelines](#).

6.6 What's Next?

Information sharing can continue to inform your actions for risk assessment and practice, depending on your role, under **Responsibilities 3–4**, or **7–8**.

In some situations, it may be necessary to convene a coordinated response to family violence risk, or safety and wellbeing for children. If this is the case, refer to **Responsibility 9** for further information.

Ongoing risk assessment and management is also a part of practice. You should regularly review the appropriateness of referrals and follow up with services on the success of the referral and how you can continue sharing information to inform your risk assessment or management approaches. For more information about ongoing risk management practice, refer to **Responsibility 10**.

6.6.1 Document in your organisation's record management system

In addition to **Section 6.5**, it is important to document the following information in your service or organisation's record management system:

- Copy of any risk assessment or safety plan you share with another services
- Under what permission you requested or shared information e.g. Family Violence Information Sharing Scheme, Mandatory Reporting, other privacy law
- What organisation or service was contacted for secondary consultation and who did you speak with
- Method of request (email, fax, telephone)
- What information was requested, the date of request
- If and what information was shared, the date, who the information was shared to
- If a referral was made — to who and the purpose
- Views of the victim survivor around secondary consultation
- Outcomes of secondary consultation and referral.