

PRACTICE GUIDES

RESPONSIBILITY 5: SECONDARY CONSULTATION AND REFERRAL, INCLUDING FOR COMPREHENSIVE FAMILY VIOLENCE ASSESSMENT AND MANAGEMENT RESPONSE

RESPONSIBILITY 5

Secondary consultation and referral, including for comprehensive family violence assessment and management response

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5 SECONDARY CONSULTATION AND REFERRAL, INCLUDING FOR COMPREHENSIVE FAMILY VIOLENCE ASSESSMENT AND MANAGEMENT RESPONSE

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 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.

KEY CAPABILITIES

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

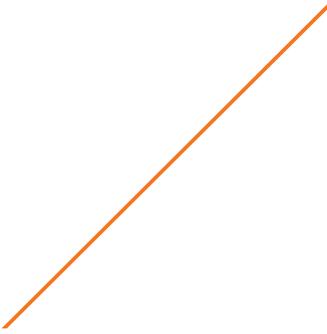
- ... Seek internal supervision through their service or organisation
- ... Consult with family violence specialists to collaborate on risk assessment and risk management for adult and child victim survivors and perpetrators
- ... Make active referrals for comprehensive specialist responses, if appropriate.

5.2 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, or 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.

5.2.1 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 Family Violence Information Sharing Scheme, or in accordance with another legislative authorisation. See **Responsibility 6**.

5.3 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, 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.

5.4 SEEKING SECONDARY CONSULTATION AND MAKING REFERRALS

5.4.1 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**).

5.4.2 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.

5.4.3 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, and 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.

5.4.4 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.

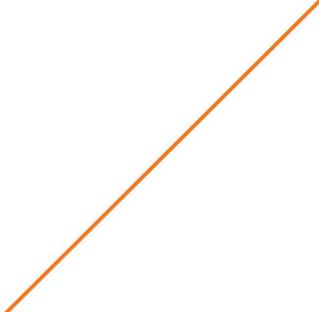
5.4.5 Enabling successful referral

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, Appendix 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 the Child and Family Violence Information Sharing Scheme)

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 the support of a case management service
- ... 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

Informal referral (information provision)	<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>
Warm (or active) referral	<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>
Facilitated referral	<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 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.</p>

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.

5.4.6 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 **Responsibility 6** for information on determining what is relevant to be shared through information sharing.

5.4.7 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.

5.4.8 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 and Principal Strategic Advisors to understand local governance and strengthen networks between mainstream, universal and specialist family violence services.

5.5 CONSENT OR VIEWS ON SECONDARY CONSULTATION AND REFERRALS

The purpose and requirements of the Family Violence Information Sharing Scheme are outlined in **Responsibility 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](#).

5.6 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](#).