

Information Sharing and MARAM

Maternal and Child Health (MCH) Conference

26 October 2018

Rachael Green (FSV)

Lisa Gandolfo (DET)

Stacey Gabriel (DET)

# The stories behind the reforms



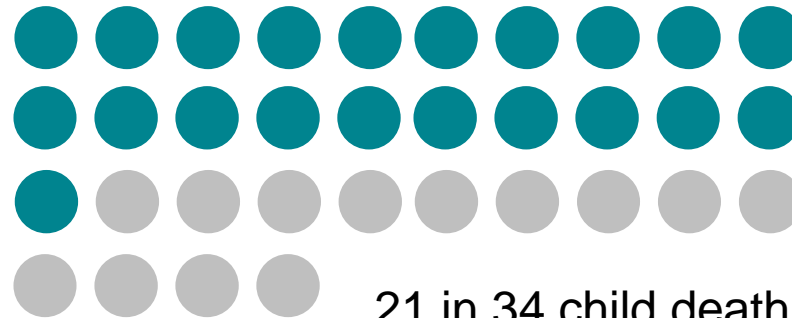
## Why are these reforms critical?



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



# Why are these reforms critical?



21 in 34 child death inquiries reviewed in 2016-17 related to inadequate information sharing and service collaboration.

## Why are these reforms critical?



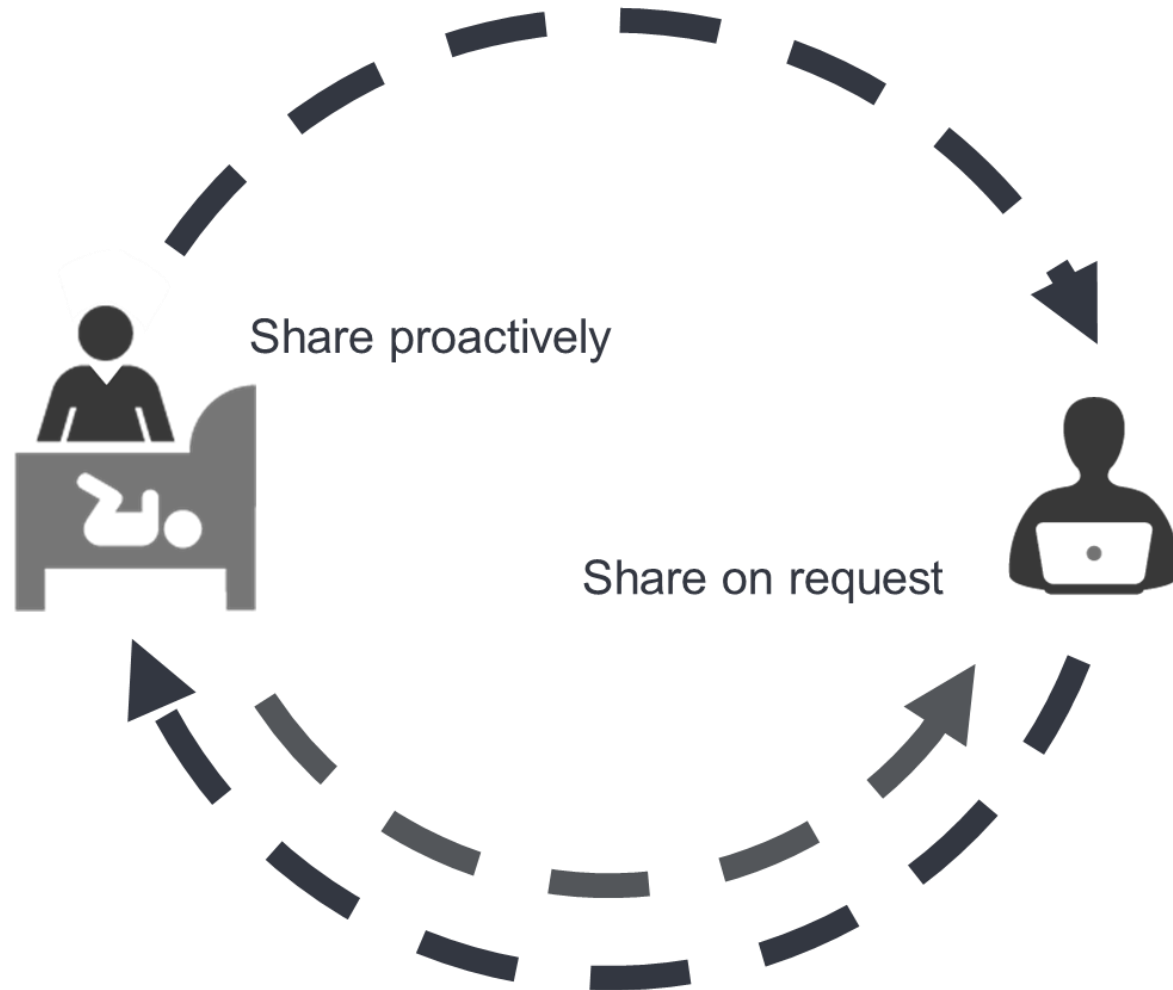
*In Australia, on average, one woman a week is killed by a current or former intimate partner.*



# Child Information Sharing - overview



# Child Information Sharing – how can information be shared?

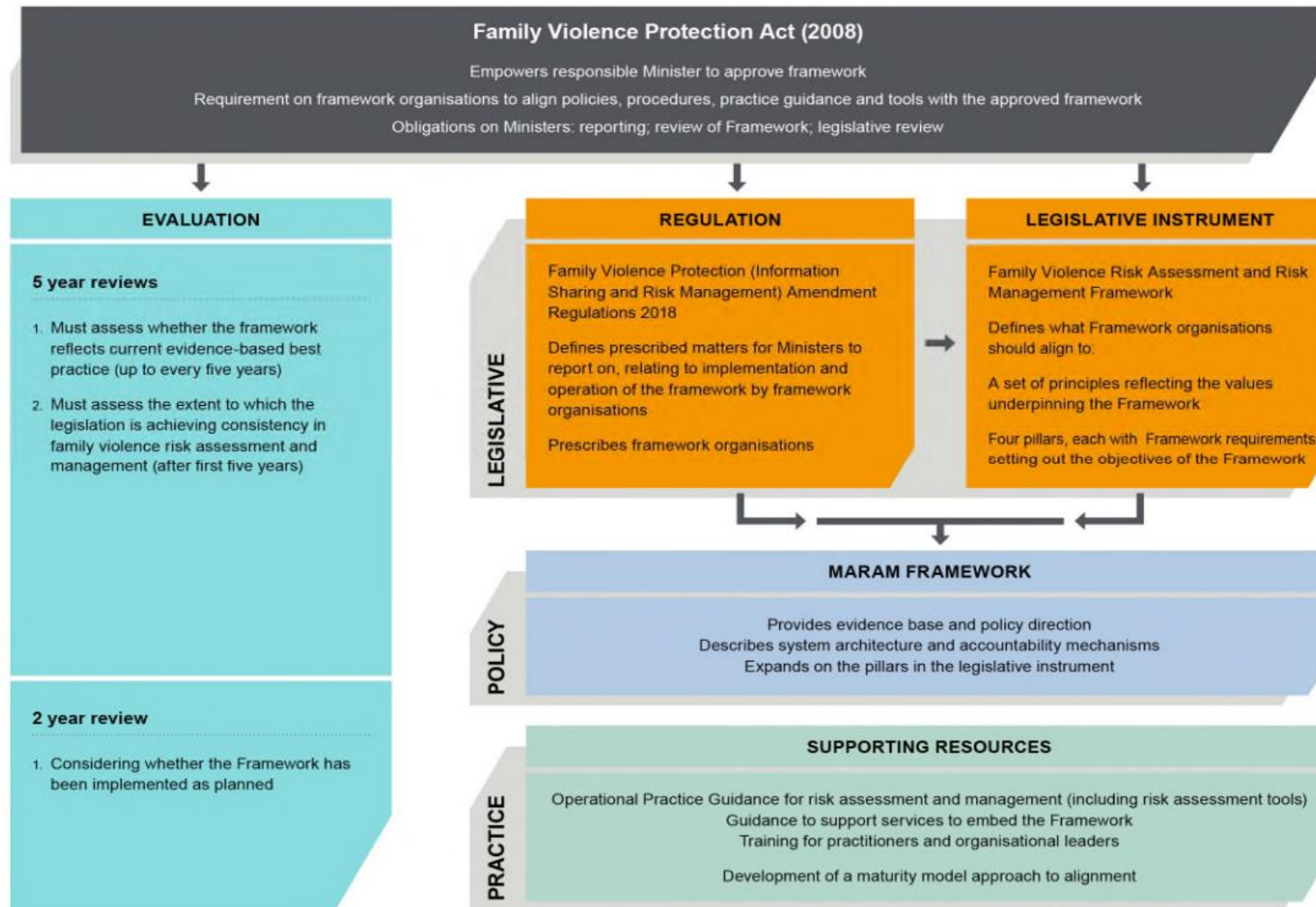


# Child Information Sharing – legislative principles





# MARAM – new system architecture



# The new MARAM - key points

- MARAM is now embedded in the Family Violence Protection Act 2008 (FVPA)
- Aim is to support consistent and widespread use of the Framework across the many sectors involved in risk assessment and management – in line with their responsibilities
- Recognition that across the service system, services and organisations will be at different starting points in terms of family violence literacy and practice
- Framework organisations are not expected to have fully aligned with MARAM from day one. Instead, MARAM alignment is progressive and will take time
- Contemporary tools about family violence risk, new practice guidance and tailored training is currently in development - will be progressively rolled out from later this year
- Focus on perpetrator actions and behaviours, and informs a shared responsibility to keep perpetrators in view and accountable for their actions

# Family Violence Information Sharing Scheme



# Who can share information?

## All reforms

- Alcohol and other drugs services
- Child protection
- Department of Health and Human Services Housing
- Designated Mental Health Services\*
- Homelessness services\*
- Justice Health (children and young people only)
- **Maternal and Child Health Services**
- Multi-agency Panels to Prevent Youth Offending
- Out-of-Home care services
- Perpetrator interventions, including trials under the Family Violence Perpetrator Intervention grants
- Registered community-based child and family services (including Child FIRST and Integrated Family Services)
- Risk Assessment and Management Panels
- Sexual assault support services
- Sexually abusive behaviour treatment services
- Specialist family violence services (including family violence counselling and therapeutic programs)
- The Orange Door (support and safety hubs)
- Victims Assistance Program services
- Victims of Crime Helpline
- Victoria Police
- Youth Justice funded community support services or programs
- Youth Parole Board (Secretariat)

## CISS & FVISS

- Commission for Children and Young People
- Disability Services Commissioner

## CISS only

- Registry of Births, Deaths and Marriages

## FVISS and MARAM only

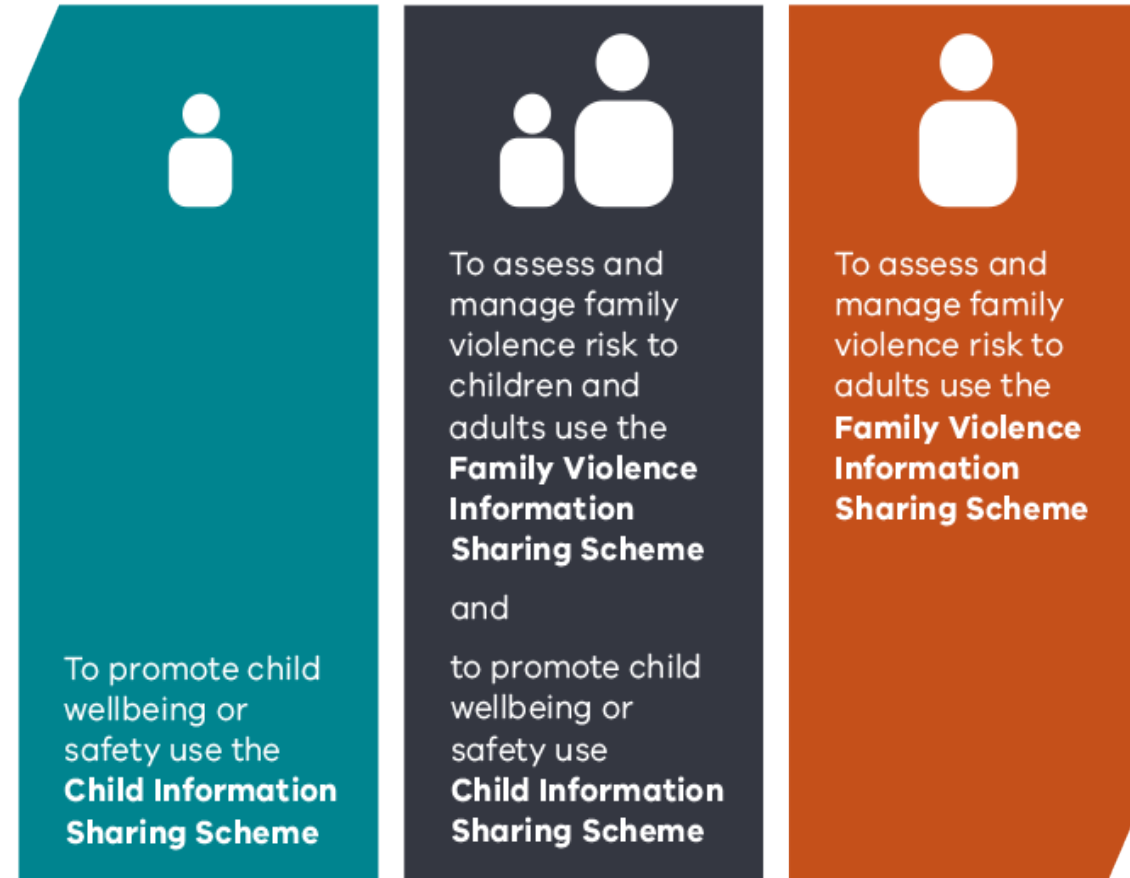
- Adult Parole Board
- Children's Court †
- Corrections Victoria funded or contracted rehabilitation and reintegration services or programs, prisoner services or programs and clinical services or programs for offender rehabilitation
- Corrections Victoria, including Community Correctional Services and privately operated prisons
- Court-ordered family violence counselling
- Family Violence Restorative Justice Service
- Justice Health funded or contracted services for adults
- Magistrates' Court †
- State funded Financial Counselling Program
- Tenancy Advice and Advocacy Program

\* Selected workforces or professionals

† May be prescribed under CIS pending legislative amendment

# Summary of the reforms

## Intersection of family violence and child information sharing schemes



Child best interests and developmental frameworks

Multi-Agency Risk Assessment and Management Framework

# Current role of MCH Nurses in identifying and assessing Family Violence Risk

## Providing an authorising environment

- MCH is a common point for identification and disclosure of family violence.
- MCH nurses use the CRAF (the Framework) to identify and assess risk as part of their everyday practice and to develop safety plans when family violence is disclosed.
- They can use the additional family consultation for more time with a family, referring them to other services for more support.
- The Royal Commission recommended that the Framework be redeveloped and strengthened in a number of respects including the need for **an increased focus on children.**
- The MARAM Framework combined with the Information Sharing Reforms will provide MCH nurses with the policies, tools and authorising environment to carry out this part of their practice.

# MCH Family Violence Training Needs Analysis

## Top training requests:

|  | %         |
|--|-----------|
| <b>Ongoing support for women not ready or a referral</b> | <b>84</b> |
| Risk assessment  | 79        |
| Electronic self help tools                               | 73        |
| Responding to women from migrant and refugee backgrounds | 72        |
| Addressing family violence for all family members        | 71        |

# MCH Family Violence Training (including MARAM) – 2019

## **One-day training for MCH leaders and coordinators (including non nurses) – March to June 2018.**

Topics will include:

- Family violence prevention strategies for teams including healthy relationships discussions and local government planning.
- Workplace safety and risk management; team management; quality control and continuous improvement; and reflective practice and supervision.
- Alignment to the MARAM Framework including core competencies for leaders.

## **One-day training for MCH nurses – mid to late 2019**

Topics will include:

- risk assessment and safety planning with diverse communities; brief responses to manage identified mothers and children; reflective practices and vicarious trauma building on MERTIL.
- Aligned to MARAM Framework, associated tools and practice guidance.

**Existing CRAF training continues. Visit [The Lookout](#) for more information.**



# Are all MCH nurses prescribed as information sharing entities?

## **Victorian MCH services are prescribed as ISEs, not individuals.**

MCH services should determine which individuals within their organisation can request and share information under these Schemes.

The following are examples of individuals within the MCH Service who may be authorised to request information:

- MCH nurses, including MCH Line nurses
- MCH coordinators or MCH Line managers
- allied health practitioners performing functions relating to the provision of a MCH program.

# What other supports will be provided to MCH services?

## **MCH Information Sharing Toolkit that includes:**

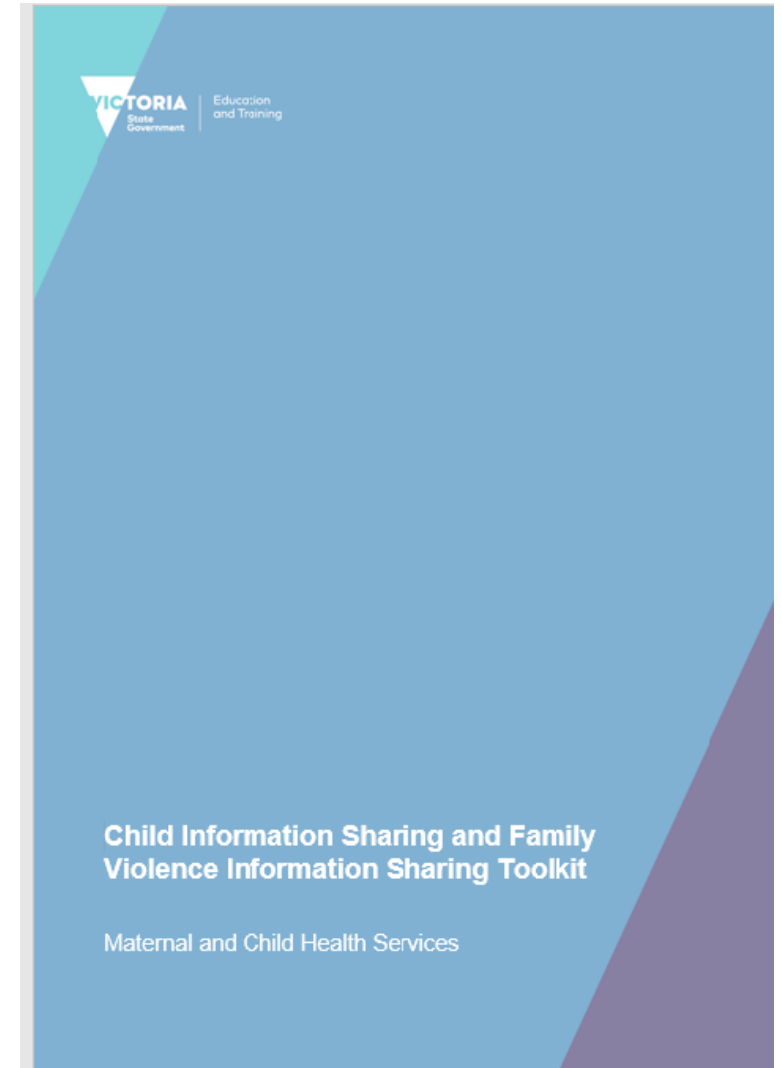
- Frequently Asked Questions
- Checklists on making and responding to a request for information under FVISS and CISS
- Checklists on record-keeping requirements
- Checklist for change management.

## **Information sharing and MARAM enquiry line:**

1800 549 646

An online **MCH training module** is being designed and will be available in late 2018

**MAV** will support MCH services to align policies and procedures to the MARAM Framework.



More information and training details

**[www.infosharing.vic.gov.au](http://www.infosharing.vic.gov.au)**

**Information sharing and MARAM enquiry line:**

1800 549 646

**Family violence Information Sharing Scheme and MARAM**

Email: [infosharing@familysafety.vic.gov.au](mailto:infosharing@familysafety.vic.gov.au)

**Child information Sharing Scheme**

Email: [childinfosharing@edumail.vic.gov.au](mailto:childinfosharing@edumail.vic.gov.au)

# Family Violence & Child Information Sharing Reforms

MCH and Child Protection Interface

Tracy Beaton & Anita Morris, Office of Professional Practice  
Statewide MCH Conference October 2018

## Reporting obligations – Reasonable grounds

A belief on reasonable grounds is formed if a reasonable person in the same position would have formed the belief on the same grounds. For example, there may be reasonable grounds when:

- **Professional observations** of the child's behaviour or development leads the mandated professional to form a belief the child has been abused or is likely to be abused
- **Signs of physical or sexual abuse** leads to a belief the child has been abused.

**Share** via a **report** to Child Protection. **Seek** via **local office** for an open case or via the **Information Exchange** team for a closed case.

## Shifting practice is about shifting culture – information sharing in a reformed landscape

Child Protection needs to assess risk to child through a developmental lens.

- Source of harm to the child – parent, child, environment?
- Is the **child** meeting their developmental milestones? If not, what have you observed? What are the underlying causes?
- The child's attachment relationship with the primary caregiver and each **parent's** capacity to parent. What is affecting this?
- Impact of family violence on child and on affected parent and opportunity to hear the child's voice
- Strengths and protective factors for child and parent(s)?

# A step-by-step guide to making a report to Child Protection or Child FIRST

## Protective concerns

You are concerned about a child because you have:

- received a disclosure from a child about abuse or neglect
- observed indicators of abuse or neglect
- been made aware of possible harm via your involvement in the community external to your professional role.

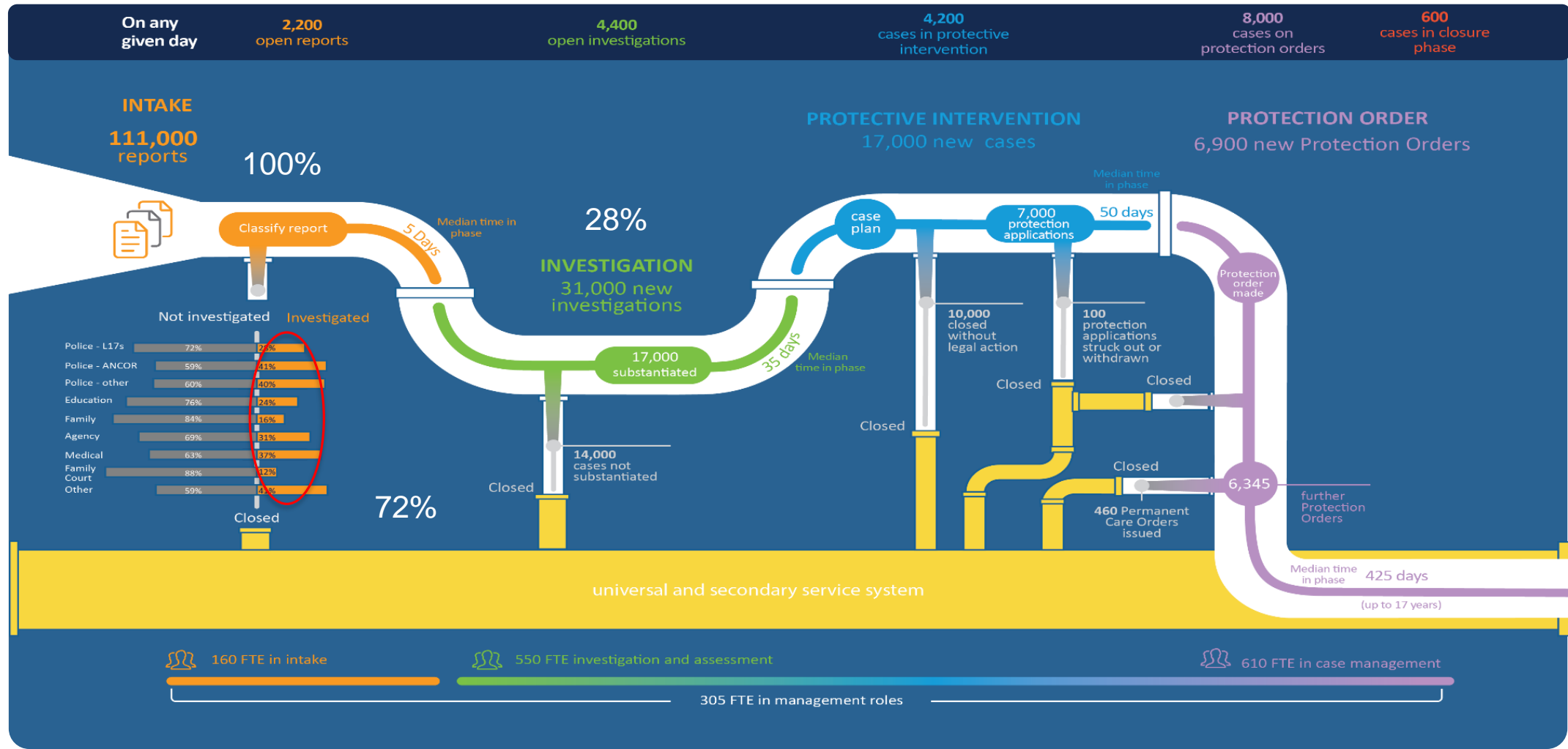
## At all times remember to:

- record your observations
- follow appropriate protocols
- consult notes and records
- consult with appropriate colleagues if necessary
- consult with other support agencies if necessary

| STEP 1 | RESPONDING TO CONCERNS   | STEP 2  | STEP 3   | STEP 4   |
|--------|--|---|--|--|
|        | <p>1. If your concerns relate to a child in need of immediate protection; or you have formed a belief that a child is at significant risk of harm*.</p> <p><b>Go to Step 4</b></p> <p>2. If you have significant concerns that a child and their family need a referral to Child FIRST for family services.</p> <p><b>Go to Step 3</b></p> <p>3. In all other situations</p> <p><b>Go to Step 2.</b></p> <p>* Refer to Appendix 2: Definitions of child abuse and indicators of harm in the Protocol – <i>Protecting the safety and wellbeing of children and young people</i></p> | <p>1. Consider the level of immediate danger to the child.</p> <p>Ask yourself:</p> <p>a) Have I formed a belief that the child has suffered or is at risk of suffering significant harm?</p> <p><b>YES / NO</b></p> <p>and</p> <p>b) Am I in doubt about the child's safety and the parent's ability to protect the child?</p> <p><b>YES / NO</b></p> <p>2. If you answered yes to a) or b)</p> <p><b>Go to Step 4</b></p> <p>3. If you have significant concerns that a child and their family need a referral to Child FIRST for family services.</p> <p><b>Go to Step 3</b></p> | <p><b>Child Wellbeing Referral</b></p> <p>1. Contact your local Child FIRST provider.</p> <ul style="list-style-type: none"> <li>• See over for contact list for local Child FIRST phone numbers.</li> </ul> <p>2. Have notes ready with your observations and child and family details.</p> | <p><b>Mandatory/Protective Report*</b></p> <p>1. Contact your local Child Protection Intake provider immediately.</p> <ul style="list-style-type: none"> <li>• See over for contact list for local Child Protection phone numbers.</li> <li>• For <b>After Hours Child Protection</b> Emergency Services, call <b>131 278.</b></li> </ul> <p>2. Have notes ready with your observations and child and family details.</p> <p>* <i>Non-mandated staff members who believe on reasonable grounds that a child is in need of protection are able to report their concerns to Child Protection</i></p> |

For further information refer to *Protecting the safety and wellbeing of children and young people – A joint protocol of the Department of Human Services Child Protection, Department of Education and Early Childhood Development, Licensed Children's Services and Victorian Schools*

# Flow of cases through the system – 2016/17





# Child Protection Reform

- Refresh of BICPM
- Revision of Victorian Risk Framework
- New Workforce Strategy including revised L & D Framework
- Tilting our Practice family violence model of practice
- Psychological support to practitioners

# Resources

## **Child Protection – Information Sharing**

Open cases – local office

Closed cases - Information Exchange Team on 1300 090 979 or by email at [info.exchange@dhhs.vic.gov.au](mailto:info.exchange@dhhs.vic.gov.au)

**Child Protection Manual** <http://www.cpmanual.vic.gov.au/>

## **Indicators of abuse**

<https://providers.dhhs.vic.gov.au/sites/dhhsproviders/files/2018-09/Indicators%20of%20abuse.docx>

## **Choosing Positive Paths – Resource kit**

<https://whwest.org.au/resource/choosing-positive-paths/>

# Thank you!

To receive this publication in an accessible format phone 03 9096 8427 using the National Relay Service 13 36 77 if required, or email [officeofprofessionalpractice@dhhs.vic.gov.au](mailto:officeofprofessionalpractice@dhhs.vic.gov.au)

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

© State of Victoria, Department of Health and Human Services October 2018

Except where otherwise indicated, the images in this publication show models and illustrative settings only, and do not necessarily depict actual services, facilities or recipients of services.

# Q&A with the Panel

## Facilitator

**Stacey Gabriel**, Director, Prevention and Health Promotion, DET

## DET

**Lisa Gandolfo**, A/Executive Director, Strategy and Integration

**Marcia Armstrong**, Principal MCH Nurse Advisor

## FSV

**Rachael Green**, Director, Risk Management and Information Sharing

## DHHS

**Anita Morris**, Family Violence Principal Practitioner, Office of Professional Practice