



Out of School Hours Care Program  
312 Childs Road, Mile Park  
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ABN No. 77 054 042 361

# FAMILY VIOLENCE SUPPORT

QUALITY AREA 2 | VERSION 1.3

## PURPOSE



This policy is to support staff at St Francis of Assisi OSHC to :

- identify and respond to family violence
- understand and fulfill their service's responsibilities under the Family Violence Multi-Agency Risk Assessment and Management Framework (MARAM), and
- explain the supports available for children, parents, and staff experiencing family violence.
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## POLICY STATEMENT

### VALUES

St Francis of Assisi OSHC is committed to:

- zero tolerance to family violence
- promoting collaborative, multi-agency practice and information sharing
- promoting a shared understanding of family violence across the community, including Aboriginal and diverse communities
- providing a culturally safe response, recognising victim survivor as the expert in their own experience and including and supporting them to make decisions about their own safety and wellbeing.

## SCOPE

This policy applies to the approved provider, persons with management or control, nominated supervisor, persons in day-to-day charge, educators, staff, students, volunteers, parents/guardians, children, and others attending the programs and activities of St Francis of Assisi OSHC.

RESPONSIBILITIES	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	educators and all other staff	Parents/guardians	Contractors, volunteers and students
R indicates legislation requirement, and should not be deleted					
Fulfilling legal obligations, including mandatory reporting and duty of care obligations ( <i>refer to Definitions</i> ) ( <i>refer to Attachment 1</i> )	R	R	R		R
Undertaking child safety reviews and developing an action plan to maintain Child Safe Standards ( <i>refer to Definitions</i> ) at St Francis of Assisi OSHC	R	√	√		√
Following processes in identifying family violence ( <i>refer to Attachment 2</i> )	R	R	R		R
Ensuring processes for responding to and reporting are followed when there are significant concerns for the safety, health or wellbeing of a child at the service	R	R	R		R
Creating a culturally safe environment ( <i>refer to Definitions</i> ) for safe disclosure of family violence and respond to disclosures sensitively, with empathy and without judgement	√	√	√		
Ensuring all staff understand their responsibilities for the wellbeing and safety of the children at St Francis of Assisi OSHC and for MARAM Responsibility 1 and contributing to MARAM Responsibilities 2, 5, 6, 9 and 10	R	R	√		√
Collaborating with specialist services to make an informed decision and promote collaborative practice around children and families where relevant ( <i>refer to Attachment 2</i> )	√	√	√		
Identify 2 to 3 staff members to be MARAM nominated staff with responsibilities for screening for family violence, safety planning and providing ongoing support	R	R			
Ensuring MARAM nominated staff complete relevant department training	R	R			
Ensuring that MARAM nominated staff understand their responsibilities and are supported for: <ul style="list-style-type: none"> <li>screening for family violence</li> <li>making basic safety plans</li> <li>making referrals to specialist services and collaborating to provide ongoing support to the child, young person or their family</li> </ul> making and responding to FVISS and CISS requests.	R	R			

Following processes in identifying family violence ( <i>refer to Attachment 2</i> )	R	R	R		R
Ensuring the staff onboarding processes is updated and that staff are aware of their responsibilities and trained, as required	R	R	R		R
MARAM nominated staff					
Attending MARAM training for nominated staff – <a href="#">refer to Training for the information sharing and MARAM reforms</a> , under ‘Education workforces’		√	√		
Using the Family Violence screening tool if they have: <ul style="list-style-type: none"> <li>received a disclosure of family violence</li> <li>observed signs of trauma that may indicate a child is experiencing, or is at risk of experiencing family violence</li> <li>observed family violence risk factors</li> <li>observed narratives or behaviours that indicate family violence</li> <li>completed or received a completed Family Violence identification tool and/or Family Violence screening tool from a colleague (<i>refer to Attachment 3</i>)</li> </ul>		√	√		
Following the instructions in the Family violence screening tool to respond to family violence in accordance with the <a href="#">Four Critical Actions</a> , including by: <ul style="list-style-type: none"> <li>developing a safety plan using the Family violence basic safety plan template (<i>refer to Attachment 4</i>) after completing a Family violence screening tool (<i>refer to Attachment 3</i>) that identifies current family violence and if the child, young person and/or adult victim survivor parent or carer is open to receiving support</li> <li>making and responding to FVISS and CISS requests</li> <li>making referrals to specialist services (<i>refer to Sources</i>) and collaborating to provide ongoing support to the child, young person or their family</li> <li>working with other staff who suspect a child or young person is experiencing family violence, or who have received a disclosure from a student</li> <li>keeping appropriate records.</li> </ul>		√	√		
All Staff					
Engaging respectfully, sensitively and safely with people who may be experiencing family violence		√	√		√
Using the Family violence identification tool ( <i>refer to Attachment 2</i> ) to record information if they: <ul style="list-style-type: none"> <li>receive a disclosure of family violence</li> <li>observe: <ul style="list-style-type: none"> <li>signs of trauma that may indicate a child or young person is experiencing, or is at risk of experiencing, family violence</li> <li>family violence risk factors</li> <li>narratives or behaviours that indicate family violence (<i>refer to Attachment 2</i>)</li> </ul> </li> </ul>		√	√		√

Following the instructions in the Family Violence identification tool to respond to family violence in accordance with the <a href="#">Four Critical Actions</a>		√	√		
Staff identified by St Francis of Assisi OSHC to use the Information Sharing Schemes ( <i>refer to Definitions</i> ) can proactively share and request relevant information and must respond to requests from other information sharing entities ( <i>refer to Definitions</i> ) under the Child Information Sharing Scheme and Family Violence Information Sharing Scheme. Both schemes are relevant where a child is involved in a family violence context.	R	R	R		
Sharing relevant information under privacy law or other legislative authorisation ( <i>refer to Privacy and Confidentiality policy</i> ).	R	R	R		
Maintaining co-operative relationships with appropriate services and/or professionals in the best interests of children and their families	√	√	√		
Notifying the approved provider or person with management or control immediately on becoming aware of a concern, complaint or allegation regarding the safety, health and welfare of a child at St Francis of Assisi OSHC		R	R	R	R
Ensuring current record keeping systems meet record keeping requirements ( <i>refer to Privacy and Confidentiality Policy</i> )	R	R			
Keeping up to date and complying with any relevant changes in legislation and practices in relation to this policy	R	√	√		√



## BACKGROUND AND LEGISLATION

### BACKGROUND

Family violence is a widespread and serious problem in Australia, which can have serious consequences for individuals, families and the community. Family violence has profoundly negative effects on children, whether they are directly targeted, witness the violence or are aware of the violence in the family. Children can suffer from a variety of physical, spiritual, emotional, mental and developmental effects as a result of family violence. Long term effects of trauma from family violence can be carried into adulthood and result in a range of detrimental emotional, mental and behavioural problems.

Family violence differs from other forms of violence; it is generally underpinned by a pattern of coercion, control and domination by one person over another. While family violence can begin at the start of a relationship, it can also increase and change over time. There are times where there is increased risk, including pregnancy and separation (or attempted separation). Family violence is generally part of a longer-term pattern, rather than a one-off event.

The Family Violence Multi-Agency Risk Assessment and Management Framework (MARAM) is a framework describing best practice for family violence risk assessment and management, based on current evidence and research. There are 10 responsibilities underpinning MARAM. The responsibilities are shared across the service system to support consistent and collaborative practice.

Under MARAM, ECEC services have 6 responsibilities relating to 'identification and screening'. These are:

- Responsibility 1: Respectful, sensitive and safe engagement
- Responsibility 2: Identification of family violence
- Responsibility 5: Seek consultation for comprehensive risk assessment, risk management and referrals

- Responsibility 6: Contribute to information sharing with other services (as authorised by legislation) (this includes FVISS and can also include CISS)
- Responsibility 9: Contribute to coordinated risk management
- Responsibility 10: Collaborate for ongoing risk assessment and risk management.

ECEC staff are not required to undertake Responsibilities 3 and 4: Intermediate Risk Assessment and Management, and Responsibilities 7 and 8: Comprehensive Risk Assessment and Comprehensive Risk Management and Safety Planning. These responsibilities are undertaken by other services, including Child Protection, family violence specialist services and Victoria Police.

The Family Violence Information Sharing Scheme (FVISS) (*refer to Definitions*) has been established under Part 5A of the Family Violence Protection Act 2008, enabling relevant information to be shared between prescribed information sharing entities [ISEs] (*refer to Definitions*) to assess and manage family violence risk. The Child Information Sharing Scheme [CISS] (*refer to Definitions*), established under Part 6A of the Child Wellbeing and Safety Act 2005, enables prescribed ISEs (*refer to Definitions*) to share information with each other in order to promote the wellbeing and safety of children, including in situations where family violence is suspected or established as being present. Guidelines issued under each of the information sharing schemes require ISEs (*refer to Definitions*) to refer to the MARAM Framework where family violence is present.

The Information Sharing Schemes does not change child safety obligations. It complements existing privacy laws (*refer to Privacy and Confidentiality Policy*) and will enhance the ability of early education and care services to meet child wellbeing and safety responsibilities under the Child Safe Standards (*refer to Definitions*) and comply with mandatory reporting and other reporting obligations.

The Information Sharing Schemes will enable services to request and share information and collaborate earlier and more proactively to support outcomes for children and their families and streamline their experience across services. It removes barriers for ISEs (*refer to Definitions*) to share information as they allow information to be shared before serious risk or threat occurs, allowing earlier identification of needs or issues and early support for children and families. Furthermore, while mandatory reporting is often a one-way information exchange, CISS (*refer to Definitions*) and FVISS (*refer to Definitions*) allow ISEs (*refer to Definitions*) to request information back and have an ongoing dialogue to promote the wellbeing and safety of children and manage dynamic risks.

Child Link is a Victorian Government digital tool designed to enhance child safety and wellbeing by sharing critical information about children and their families among authorised professionals. It consolidates data from services like Maternal and Child Health, early childhood education, and schools, allowing practitioners to identify needs and vulnerabilities earlier. By facilitating informed decisions and collaboration, Child Link helps prevent harm and improve support for children. Security and privacy measures are strictly upheld, and access is limited to roles responsible for child safety, such as educators and health worker

## LEGISLATION AND STANDARDS

Relevant legislation and standards include but are not limited to:

- Child Safe Standards (Vic)
- Child Wellbeing and Safety Act 2005
- Child Wellbeing and Safety (Information Sharing) Regulations 2018 (Vic)
- Children, Youth and Families Act 2005 (Vic)
- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- Family Violence Protection Act 2008
- Family Violence Protection (Information Sharing and Risk Management) Regulations 2018
- National Quality Standard, Quality Area 2: Children's Health and Safety and Quality Area 6: Collaborative Partnerships with Families and Communities
- Privacy and Data Protection Act 2013 (Vic)



## DEFINITIONS

The terms defined in this section relate specifically to this policy. For regularly used terms e.g. Approved provider, Nominated supervisor, Notifiable complaints, Serious incidents, Duty of care, etc. refer to the Definitions file of the PolicyWorks catalogue.

**Child:** a person who is under the age of 18 years (which includes infants and adolescents).

**Child Information Sharing Scheme (CISS):** enables Information Sharing Entities (ISEs) (refer to Definitions) to share information to promote the wellbeing or safety of children.

**Child Protection Service (also referred to as Child Protection):** The statutory child protection service provided by the Victorian Department of Health and Human Services, to protect children and young people at risk of abuse and neglect. This service also works closely with Family Services (including Child FIRST) to support the assessment and engagement of vulnerable children and families in community-based services

**Child Safe Standards:** Promotes the safety of children, prevent child abuse, and ensure organisations have effective processes in place to respond to and report all allegations of child abuse.

**Culturally safe:** to practice in a culturally safe way means to carry out practice in collaboration with the service user, with care and insight for their culture, while being mindful of one's own. A culturally safe environment is one where people feel safe and where there is no challenge or need for the denial of their identity.

**Duty of Care:** a common law concept that refers to the responsibilities of organisations and staff to provide people with an adequate level of protection against harm and all reasonably foreseeable risks of injury. In the context of this policy, duty of care refers to the responsibility of education and care services and their staff to provide children with an adequate level of care and protection against foreseeable harm and injury.

**Family violence:** behaviour that occurs in family, domestic or intimate relationships that is physically or sexually abusive; emotionally or psychologically abusive; economically abusive; threatening or coercive; or is in any other way controlling that causes a person to live in fear for their safety or wellbeing or that of another person. In relation to children, family violence is also defined as behaviour by any person that causes a child to hear or witness or otherwise be exposed to the effects of the above behaviour. This definition includes violence within a broader family context, such as extended families, kinship networks and communities.

**Family Violence Information Sharing Scheme (FVISS):** enables Information Sharing Entities (*refer to Definitions*) to share information to facilitate assessment and management of family violence risk to children and adults.

**Information Sharing Entities (ISEs):** are authorised to share and request relevant information under the Child Information Sharing Scheme and the Family Violence Information Sharing Scheme (the Schemes) and required to respond to requests from other ISEs. All ISEs are mandated to respond to all requests for information.

**Mandatory reporting:** The legal obligation of certain professionals and community members to report when they believe, on reasonable grounds, that a child is in need of protection from harm.

A broad range of professional groups are identified in the Children, Youth and Families Act 2005 as 'mandatory reporters', including:

- all educators with post-secondary qualifications in the care, education or minding of children and employed or engaged in an education and care service or a children's service
- all proprietors, nominees of a children's service, approved providers, and nominated supervisors of an education and care service.
- educators registered with the Victorian Institute of Teaching (VIT).
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**Orange Door:** A free support network for individuals and families experiencing family violence or requiring assistance with child and family wellbeing. It offers a centralized, accessible service where people can access safety planning, risk assessments, and connections to appropriate supports, including family violence services and family support programs.



## SOURCES AND RELATED POLICIES

### SOURCES

- 1800RESPECT (24/7): [www.1800respect.org.au](http://www.1800respect.org.au)
- Child Link: <https://www.vic.gov.au/child-link-resources>
- Child protection in early childhood (PROTECT): [www.education.vic.gov.au](http://www.education.vic.gov.au)
- Djirra: <https://djirra.org.au/>
- Family Violence Multi Agency Risk Assessment and Management Framework Practice Guides: [www.vic.gov.au](http://www.vic.gov.au)
- Information Sharing and Family Violence Guidance and Tools: <https://www.vic.gov.au/information-sharing-guidance-and-tools>
- InTouch: [www.intouch.org.au](http://www.intouch.org.au)
- MARAM training: <https://www.vic.gov.au/training-for-information-sharing-and-maram#non-accredited-maram-training>
- Men's Referral Service: [www.ntv.org.au](http://www.ntv.org.au)
- Respectful Relationships program: <https://www.vic.gov.au/respectful-relationships>
- Safe Steps: <https://www.safesteps.org.au/>
- Sexual Assault Crisis Line: <https://www.sacl.com.au/>
- Sexual Assault Services Victoria: <https://www.sasvic.org.au/>
- The Orange Door: <https://orangedoor.vic.gov.au>
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### RELATED POLICIES

- Child Safe Environment and Wellbeing
- Compliments and Complaints
- Delivery and Collection of Children
- Incident, Injury, Trauma and Illness
- Inclusion and Equity
- Interactions with Children
- Participation of Volunteers and Students
- Privacy and Confidentiality
- Staffing
- Supervision of Children

## EVALUATION

In order to assess whether the values and purposes of the policy have been achieved, the approved provider will:

- seeking feedback from educators, staff, parents/guardians, children, management and all affected by the policy regarding its effectiveness. This can be done via surveys, questionnaires and formal or informal interviews with stakeholders
- monitoring implementation, compliance, complaints and incidents in relation to the policy and procedures
- keeping up to date with current legislation, research, policy and best practice
- observing changes to the service environment e.g. increased/decreased enrolments
- revising the policy and procedures in light of the above
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk (*Regulation 172 (2)*).



## ATTACHMENTS

- Attachment 1: Mandatory reporting
- Attachment 2: Identifying family violence
- Attachment 3: Screening For Family Violence for MARAM Nominated Staff
- Attachment 4: Safety Planning for Maram Nominated Staff
- Attachment 5: Providing Ongoing Support
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# FAMILY VIOLENCE SUPPORT

QUALITY AREA 2 | VERSION 1.3

## ATTACHMENT 1. MANDATORY REPORTING

Early childhood Education and Care services are well placed to identify family violence risk, respond to disclosures, and support affected students and families.

Mandatory reporters include Victorian Institute of Teaching registered early childhood teachers, early childhood workers, other persons in licensed and approved early childhood services are also mandatory reporters. This includes:

- all educators with post-secondary qualifications in the care, education or minding of children and employed or engaged in an education and care service or a children's service
- the proprietor or primary nominee of a children's service, or the approved provider or nominated supervisor of an education and care service.

All mandatory reporters must make a report to Victoria Police and/or DHHS Child Protection (*refer to Definitions*) as soon as practicable if, during the course of carrying out their professional roles and responsibilities, they form a belief on reasonable grounds that:

- a child has suffered, or is likely to suffer, significant harm as a result of physical injury and/or sexual abuse; and
- the child's parents have not protected, or are unlikely to protect, the child from harm of that type.

It is a criminal offence not to report in these circumstances.

Mandatory reporting requirements, duty of care and the Child Safe Standards (*refer to Definitions*) must be followed as outlined on the [PROTECT website](#).

Refer to the *Child Safe Environment Policy* and/or the [Four Critical Actions for early childhood services](#) as a reference guide on how to report and respond to disclosures, suspicions or allegations of child abuse including family violence.

For more detailed information and guidance on responding to child abuse and family violence under PROTECT, refer to: [Identifying and Responding to All Forms of Abuse in Early Childhood Services](#).

## ATTACHMENT 2. IDENTIFYING FAMILY VIOLENCE

ECEC services must use MARAM processes to identify and respond to family violence. Using the [Family violence identification tool](#) ensures staff are meeting their service's MARAM responsibilities.

All staff can use the Family violence identification tool to record information if they:

- receive a disclosure of family violence
- observe:
  - [signs of trauma that may indicate a child or young person is experiencing, or is at risk of experiencing, family violence](#)
  - [family violence risk factors](#)
  - [narratives \(for example, statements or stories\) or behaviours that indicate a person is using family violence.](#)

ECEC staff must act, by following the [Four Critical Actions](#), as soon as there is an incident, a disclosure or a suspicion that a child has been, or is at risk of being, abused. They do not have to directly witness the child abuse or know the source of the abuse.

The tool is self-contained and includes instructions. The information staff record in this tool will help them decide next steps.

### Observable signs of trauma in children and young people

The trauma of experiencing family violence may manifest in children and young people in different ways, depending on their age or stage of development. There are a range of behaviours service staff may observe in children which may indicate that they are experiencing family violence, or another type of abuse or harm.

If staff observe [signs of trauma that may indicate a child or young person is experiencing, or is at risk of experiencing, family violence](#), they can use the [Family violence identification tool](#) to record them.

### Family violence risk factors

Family violence risk factors are associated with family violence occurring and/or strongly linked to the likelihood of a perpetrator killing or seriously injuring a victim survivor.

It is important that service staff can recognise family violence risk factors, as they are vital for Child Protection, Victoria Police or family violence specialist services to understand and determine level of risk.

If staff observe or become aware of [family violence risk factors](#), they can use the [Family violence identification tool](#) to record them.

### Narratives and behaviours which may indicate an adult is using violence

Staff may suspect an adult is using family violence due to the person's account or description of experiences, themselves and their relationships (their narrative) or behaviours towards family members or professionals. To help staff avoid collusion, it is useful to understand the narratives and behaviours which may be demonstrated by an adult using violence.

If staff observe or become aware of [narratives \(for example, statements or stories\) or behaviours that indicate a person is using family violence](#), and record them, and keep in the child's file.

### Young people using family violence

For adolescents and young people (aged 10 to 18 years old), staff should use the term 'young person who uses family violence', rather than 'perpetrator'.

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

Young people using violence must still be accountable for the use of violence and to learn skills and abilities to move away from the use of violence.

Violence used by young people can be towards:

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

Working collaboratively with children, young people and adult victim survivors from diverse communities

When engaging with children, young people and adult victim survivors with diverse identities, backgrounds or circumstances, service staff must ensure that equity is upheld and diverse needs are respected in policy and practice.

This can be done through the following actions:

- recognise diverse backgrounds, needs and circumstances
- identify and address challenges that people experience due to their diverse attributes
- put in place policies and strategies to help meet diverse needs
- participate in professional development and practice.

For more information, refer to [Child Safe Standard 5](#)

### Aboriginal communities, family violence and cultural safety

When working with Aboriginal people and communities, staff should:

- acknowledge and respond to fears about Child Protection and the possibility of children being removed from their care when working with adult victim survivors
- make referrals to Aboriginal community-controlled organisations that support Aboriginal led decision making wherever possible (for nominated staff only)
- use a strengths-based approach that respects and values the collective strengths of Aboriginal knowledge, systems and expertise. Aboriginal people are the experts in their own lives
- acknowledge that family violence against Aboriginal people can include perpetrators denying or disconnecting victim survivors from cultural identity and connection to family, community and culture
- understand that Aboriginal family violence may relate to relationships that aren't captured by the Western nuclear family model, for example, uncles and aunts, cousins and other community-and culturally-defined relationships.

For more information, refer to [Child Safe Standard 1](#)

### Engaging with someone who is suspected or known to be using violence

There may be times when staff come into contact with people (such as a parent, carer or adolescent) who they suspect may be using family violence.

Staff can use the [Family violence identification tool](#) to record any [narratives \(for example, statements or stories\) or behaviours that may indicate an adult is using family violence](#).

It is the role of specialist family violence services to safely communicate with a person using violence and engage them with appropriate interventions and services.

If you are concerned for your safety or that of someone else, contact the police, and call 000 for emergency assistance.

### Avoiding collusion

The term 'collusion' refers to ways that staff might (usually unintentionally) reinforce, excuse, minimise or deny a person's use of violence and the extent or impact of that violence. It can be expressed in a nod of agreement, a sympathetic smile or by laughing at a sexist or demeaning joke. Collusion can happen when a person's excuses for violence are accepted without question.

Staff must actively avoid collusion by:

- not speaking directly with a person about their use of family violence (suspected or confirmed) – this is the role of specialist family violence services. Instead, talk to your service or service's leadership team
- not asking a victim survivor questions in front of a person who may be using violence – this may increase the risk for a child and their family.

### How to talk about family violence

There may be times when staff need to talk to a child, young person and/or adult victim survivor about family violence. For example, they might need to:

- respond immediately if a child, young person and/or adult victim survivor discloses family violence to you
- start the conversation if you suspect a child, young person and/or adult victim survivor is experiencing some wellbeing concerns or not acting like their usual selves (for example, by asking prompting questions).

Staff should only talk to a child, young person and/or adult victim survivor if it is safe, appropriate and reasonable to do so.

## ATTACHMENT 3: SCREENING FOR FAMILY VIOLENCE FOR MARAM NOMINATED STAFF

### Family violence screening tool

MARAM nominated staff must use MARAM processes to identify and respond to family violence, including asking screening questions. Using the [Family violence screening tool](#) ensures service staff are meeting their service's MARAM responsibilities.

MARAM nominated staff can use the Family violence screening tool if they:

- receive a disclosure of family violence
- observe:
  - [signs of trauma that may indicate a child or young person is experiencing, or is at risk of experiencing, family violence](#)
  - [family violence risk factors](#)
  - [narratives \(for example, statements or stories\) or behaviours that indicate an adult is using family violence](#)
  - have completed or received a completed [Family violence identification tool](#) and/or Family violence screening tool from a colleague.

The Family violence screening tool will guide nominated staff through the decision-making process to determine how to respond.

If nominated staff receive a Family violence identification tool from another staff member, they should refer to the information in the tool to support their engagement with the victim survivor.

Nominated staff can ask screening questions directly of a child or young person and/or adult victim survivor – if safe, reasonable and appropriate to do so.

Staff should not seek the views and wishes of a child, young person or family member in the following circumstances:

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

The Family violence screening tool is intended to be used as a living document, as family violence is defined by a pattern of behaviour, meaning it is likely to require ongoing support. Nominated staff can use the Family violence screening tool to record and collate new observations they make over time.

### Protective factors

Protective factors are strengths or conditions that increase a child or young person's (or adult's) safety from family violence.

Protective factors can include a person's:

- involvement with their service community
- involvement with their broader community (sports clubs and so on)
- relationship with protective family members
- independence (employment, finances, vehicle)
- involvement with professionals who have 'eyes-on' the person experiencing family violence, such as teachers, childcare workers, community welfare workers, or community health workers who observe and record concerns.

Nominated staff can use the 'Record more information relevant to the above...' section of the [Family violence screening tool](#) to record protective factors.

### Information sharing

Nominated staff may use the Child and Family Violence Information Sharing Schemes to share the Family violence screening tool when referring the victim survivor to a specialist family violence service, which will provide comprehensive risk assessment and management.

For more information, refer to: [Child and Family Violence Information Sharing Schemes](#) and the *Child Safe Environment and Wellbeing Policy*.

### Misidentification of the predominant aggressor

It may be difficult to determine who the 'predominant aggressor' or perpetrator is in a family violence situation, particularly if more than one person is using violence.

It is not the role of staff to identify the predominant aggressor when identifying and responding to family violence, including when completing the tools. The information recorded in the tools will support specialist services to correctly identify the predominant aggressor, and tailor their response accordingly, to avoid misidentification.

## ATTACHMENT 4: SAFETY PLANNING FOR MARAM NOMINATED STAFF

Staff must use MARAM processes to identify and respond to family violence, including safety planning. Using the [Family violence basic safety plan](#) ensures service staff are meeting their service's MARAM responsibilities.

Nominated staff can develop a safety plan using the Family violence basic safety plan if they identify current family violence using the [Family violence screening tool](#) and if the child, young person and/or adult victim survivor parent or carer is open to receiving support.

The Family violence basic safety plan consists of strategies victim survivors can use to keep themselves safe. It should be tailored to their circumstances and consider their safety and wellbeing needs. A victim survivor's Family violence basic safety plan should reflect their views and wishes and the victim survivor should be involved in its development wherever possible.

Nominated staff may use the [Child and Family Violence Information Sharing Schemes](#) to share the Family violence basic safety plan when referring the victim survivor to a specialist family violence service, which will provide comprehensive risk assessment and management. Specialist family violence services are responsible for comprehensive safety planning. The service's primary and ongoing responsibility is for the child or young person's safety at the service.

Safety plans should be kept at the service. For safety reasons, nominated staff must not provide copies to the child or young person, or the adult victim survivor. This can increase risk if the person using violence accesses it.

Staff must follow the [Privacy and Confidentiality Policy](#).



## ATTACHMENT 5: PROVIDING ONGOING SUPPORT

Family violence risk assessment and management is an ongoing process. Reporting and referral does not mean the risk has ceased. Service staff should provide ongoing support and monitor if risk changes or escalates, requiring further support. Service staff can use the [Family violence identification tool](#) and [Family violence screening tool](#) to record new or updated information about family violence risk.

Services contribute to coordinated risk management by:

- participating in or establishing a multidisciplinary support team to coordinate ongoing support for children and their families where necessary. This team could be internal, comprised of staff working with the child and family, or have external services participate such as Maternal Child Health, The Orange Door or Victoria Police
- notifying other services if you identify any changes in risk or if a planned risk management strategy is not implemented or fails
- maintaining visibility of the perpetrator by sharing relevant information about the perpetrator with specialist family violence services for risk assessment and management purposes
- being open with the child, young person or victim survivor that you are working with other services to support them whenever it is safe, reasonable and appropriate to do so. This will support a person-centred approach so that they feel supported to share their views.