



BAYSIDE PENINSULA CHILD & FAMILY  
SERVICES AND FAMILY VIOLENCE SERVICES  
**INTEGRATED PRACTICE  
PROTOCOLS**





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# ACKNOWLEDGEMENTS

We acknowledge Aboriginal people as Victoria's First Peoples and as the Traditional Owners and custodians of the land and water on which we live and work. We affirm the ongoing contribution of Aboriginal people that enriches communities and society more broadly. We are committed to working in partnership with Aboriginal and Torres Strait Islander people, families, elders, communities and organisations.

We acknowledge victim survivors of family violence, including children, and recognise that family violence is a gendered issue, with women overwhelmingly represented as victim survivors, and men overwhelmingly represented as perpetrators.

We embrace diversity in all its forms, and respect everyone's strengths and contributions irrespective of gender, ethnicity, culture, religious beliefs, sexual orientation and political views.

**Thank-you to the members of the Bayside Peninsula Integrated Family Services Alliance and Integrated Family Violence Partnership who made up membership of Integrated Practice Protocols Working Group for the development of these protocols:**

<b>Anglicare:</b>	<b>Mim Livingstone</b>
<b>Family Life / Orange Door:</b>	<b>Megan Page</b>
<b>Good Shepherd:</b>	<b>Livia La Rocca (co-chair), Linda Downing</b>
<b>Jewish Care:</b>	<b>Marilyn Kraner</b>
<b>Oz Child:</b>	<b>Lisa Sunderland</b>
<b>Peninsula Health:</b>	<b>Mari Barry</b>
<b>The Salvation Army:</b>	<b>Giselle Bailey</b>
<b>Uniting:</b>	<b>Kath Mackay (co-chair)</b>
<b>VACCA:</b>	<b>Shirley Slann, Marija Ivankovic, Daniel Laws</b>





# INTRODUCTION AND STRATEGIC CONTEXT

The Integrated Practice Protocols are a joint initiative of the Bayside Peninsula Integrated Family Services Alliance and the Bayside Peninsula Integrated Family Violence Partnership, to foster a culture of integrated practice between the two sectors, ultimately enhancing the service response and outcomes for clients.



**CHILD & FAMILY SERVICES** is an outreach service to vulnerable children (including unborns), young people (under 18) and their families. The Program operates under the Child Youth and Families Act 2005, and supports the ongoing safety, stability, and development of children, with service delivery underpinned by the DFFH Best Interest Case Practice Model (BICPM). Child & Family Services is provided by a range of community agencies in each DFFH area, which along DFFH and FSV, come together as an area-based Integrated Family Services Alliance, to foster an integrated service delivery system.



**SPECIALIST FAMILY VIOLENCE SERVICES** offer support to victim survivors or offer support to people who choose to use violence. Specialist services can provide one or more of the following; crisis intervention, outreach, case management, therapeutic recovery, and men's behavioural change programs. Organisations providing this type of service include The Orange Door and a range of not-for-profit community agencies. These services form part of DFFH area based Integrated Family Violence Partnership, which support local level system collaboration, integration, and innovation.

The Protocols draw on the findings and recommendations of the 2016 Royal Commission into Family Violence, including that existing systems, structures and services did not:

- reduce the frequency and impact of violence
- prevent violence through early intervention
- support victim survivors
- hold people who use violence to account for their actions
- coordinate community and government services



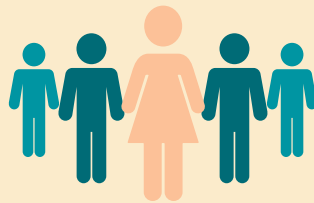
The findings of the Commission highlight multi-agency/sector collaboration and information sharing as key to building an integrated response to family violence that will help keep victim-survivors safe and people who use violence held to account.

The Commission findings also instigated the development of the MARAM legislative framework, to support services in effectively identifying, assessing, and managing family violence risk, and which includes the Family Violence and Child Information Sharing Schemes known as FVISS and CISS.

**The Protocols support the MARAM framework and its associated areas of responsibility, through focusing on three key areas of integrated and collaborative practice:**



**Secondary Consultations**



**Joint Practice**



**Practice development**

In addition to supporting the recommendations of the Royal Commission and MARAM alignment, the protocols speak to the key reform within the child and family services sector, the 2016 Roadmap for Reform: Strong Families, Safe Children.

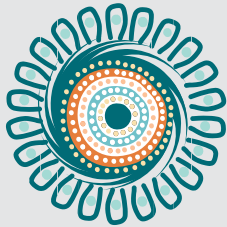
A key feature of this reform is a whole system model referred to as The Pathways Approach, which considers how all parts of the child and family system connect and work together to support vulnerable children and families, in addition to how the system connects to other service platforms, including the specialist family violence sector.

The Roadmap for Reform also promotes – as one of its key pillars - the development of Smart System Networks, to facilitate integrated practice and reduce silos across the service system.

The Protocols espouse an intersectional practice approach that understands family violence within a context of intersecting social disadvantage. Multiple diversity characteristics such as gender, ethnicity, socio economic status, sexual orientation, disability, age, and religion can interact on multiple levels to compound family violence risk and create overlapping experiences of discrimination.



Further to this, the protocols recognise the unique vulnerability and disadvantage of the following communities and therefore their priority in this space:



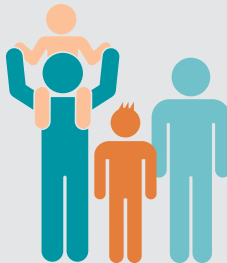
### **ABORIGINAL FAMILIES**

The protocols specifically consider the cultural safety needs of our Aboriginal families and reflect the principles of Dhelk-Dja Safe Our Way – Strong Culture, Strong People, Strong Families. The Dhelk-Dja principles include a focus on self-determination, collaboration and partnerships to guide how we work together with Aboriginal families, communities, and services to address family violence.



### **CALD FAMILIES**

Cultural safety is imperative in working with families from culturally diverse backgrounds or religious minorities. We respect the cultural rights and identity of these families and adopt a position of cultural humility to encourage workers in embracing a stance of curiosity, rather than acting on assumptions, which includes seeking input and advice, and working collaboratively with ethno-specific service providers.



### **LGBTIQ FAMILIES**

We acknowledge the historical injustice and trauma experienced by members of the LGBTIQ community, and that discrimination continues today. The protocols support the provision of safe and inclusive practice to LGBTIQ+ people experiencing intimate partner and family violence, including working collaboratively with specialist providers.



### **FAMILIES WITH DISABILITY**

Multiple and intersecting barriers to reporting, and accessing and obtaining support across the service system, can compound the risk and severity of family violence for people with a disability. With the rolling back of state-funded disability services due to the introduction of the NDIS, it is important that our services are responsive and accessible to adults and children with disabilities.



# SECONDARY CONSULTATIONS

Secondary consultations (consults) are a critical component to the services supplied to clients and contribute to a holistic approach to client work. It is important to note that when working with children and families, secondary consults should occur between child & family services as well as with specialist family violence services for women and men. Best practice principles identify that when working with Aboriginal and Torres Strait Islander people and/or those from culturally or linguistically diverse backgrounds, secondary consultation should be routinely sought from relevant Aboriginal and/or ethno-specific service providers to ensure culturally safe and appropriate service delivery.



## DEFINITION

Participation in secondary consultation facilitates the sharing of knowledge, increases practice confidence and builds capability. Secondary consults could be facilitated between family violence and child & family services specialist practitioners as well as with, or between, a range of intersecting specialist service providers including AOD, Mental Health and LGBTIQ+.

## SCOPE

Any secondary consultations will occur within the MARAM framework and align with Information Sharing legislation (CISS and FVISS) and uphold the best practice principles articulated in Child, Youth & Families Act (2005) and the Best Interests Case Practice Model (BICPM). Secondary consultations do not replace existing structures, including pre-allocation consultations with the Orange Door and panels for example high risk panels.

## PROCESS

Practitioners should consult with their Team Leader or Manager re: options and contacts for secondary consultations in the first instance.

The BPA SouthSafe website is also a good source of local provider information:

[www.southsafe.com.au](http://www.southsafe.com.au).



If required, the Family Services Alliance Facilitator - [fsalliance.bpa@anglicarevic.org.au](mailto:fsalliance.bpa@anglicarevic.org.au), and the Principal Strategic Advisor for the Family Violence Partnership – [southsafe@vt.uniting.org](mailto:southsafe@vt.uniting.org), can also provide advice on who to contact.

## CONSIDERATIONS FOR ABORIGINAL FAMILIES

Secondary consultation with Aboriginal agencies ensures greater understanding of the cultural and spiritual needs of Aboriginal and Torres Strait Islander individuals and families. These individual needs will undoubtedly differ from one another, but through consulting with Aboriginal agencies and service providers, a clear and conscious effort is made to provide a culturally safe, respectful and understanding foundation for engagement and meaningful outcomes.

Secondary consultation promotes self-determination for Aboriginal and Torres Strait Islander people by ensuring every effort is made to understand their needs with a holistic approach and cultural lens. Through consulting with Aboriginal services and agencies we can gain a greater understanding of family dynamics and expectations, cultural considerations and transgenerational trauma, which may hinder families from accessing services and systems who have previously been seen to ignore their cultural identity and safety, and in many cases, cause more harm than good.

The importance of recognizing an Aboriginal or Torres Strait Islander person's cultural identity, connection to country, their mob, and connection to community is imperative if the goal is to provide meaningful and client driven engagement and outcomes for families and individuals experiencing family violence.

## CONSIDERATIONS FOR CALD FAMILIES

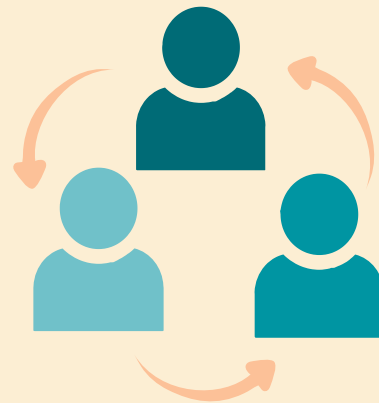
Secondary consultation with ethno-specific providers offers the opportunity to develop a richer understanding of the nuances that the intersections between culture, faith and violence and abuse can expose. It is reductionist to assume that a culture or religion is defined by a set of practices, a language, or faith observances. Diversity among CALD and minority religion communities in how culture and faith is experienced, communicated, and practiced is immense. There is risk in by-passing subtle yet important distinctions when relying on the grand discourses about a culture, or when we make assumptions about what someone's religious or cultural practice looks like. For instance, we have seen culture and faith used to justify coercive practices, legitimise controlling parental behaviours and restrict access in high risk situations. Furthermore, reliance on stereotypes or incorrect assumptions can undermine or irreparably damage the therapeutic relationship.





**When should a Specialist FV provider or IFS provider seek Secondary Consultation re: an individual or family who are from a CALD background of part of a minority religion:**

- At onset, when an individual/family from an unfamiliar CALD community or religious group is referred. Secondary consultation at that point in time offers something beyond the individual case and is used as an education tool to gather knowledge about cultural and faith practices, aids consideration of questions that should be asked of the family, helps determine interpreter needs, offers insight into community supports/ barriers and provides other information to build cultural capacity. Connecting with ethno-specific or community-based orgs also provides opportunity for building collaborative support between mainstream and CALD community sector, strengthening service response.
- During an assessment when responses, behaviour or the environmental context do not offer clear assessment information. A lack of insight into a particular faith or culture may serve to limit a more comprehensive assessment of the individual/ family and can become a barrier to determining not only need but risk.
- In the formulation of a plan. There may be community champions who can be engaged to support goals. Through secondary consultation with an ethno-specific service, insights often hidden from view about cultural communities can be exposed and connections facilitated.
- When cultural or faith practices or beliefs are being used to explain or justify negative actions. Secondary consultation can assist to decipher what is part of a faith doctrine and what is an interpretation that should be challenged with some guidance on how this can be done.





# JOINT PRACTICE

Joint practice can be the most effective way to support families with complex and diverse needs. When delivered together in coordinated, integrated ways, the combined expertise of family violence and child & family services (including culturally specific services) can achieve positive outcomes for vulnerable and/or at risk families that would not be possible through support by one service alone. Multi-agency collaboration is central to MARAM not only to support a shared understanding of family violence risk, but to develop coordinated action plans to achieve stability, stabilisation and recovery.

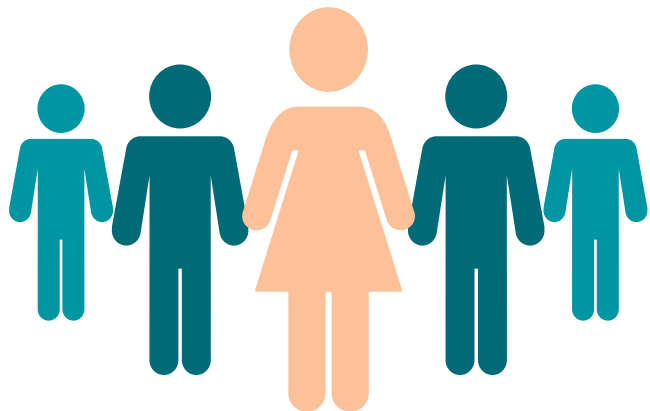
## DEFINITION

Joint practice is a collaborative approach to supporting families that brings together the expertise of multiple services to provide ongoing support to families at the same time. A family service or family violence service that has primary case management responsibility can initiate joint work with another family/family violence service with specialist knowledge and skills. Delivered together in a coordinated way, the services agree that their combined specialist skills will support a family to achieve positive outcomes. The nature and length of the joint practice will be negotiated between services, based on client needs.

## SCOPE

Joint practice will only occur with client consent and is subject to an assessment of risk, client need and the capacity of another service to accept the client.

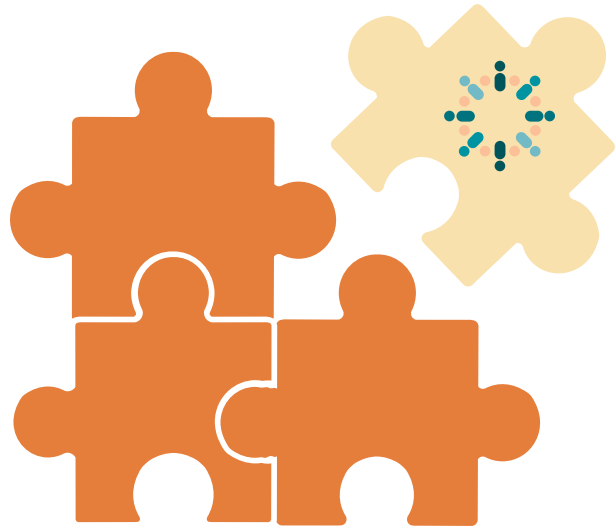
DFFH have endorsed agencies utilising joint practice, provided service provision is complementary, coordinated and does not duplicate services or support already being provided.





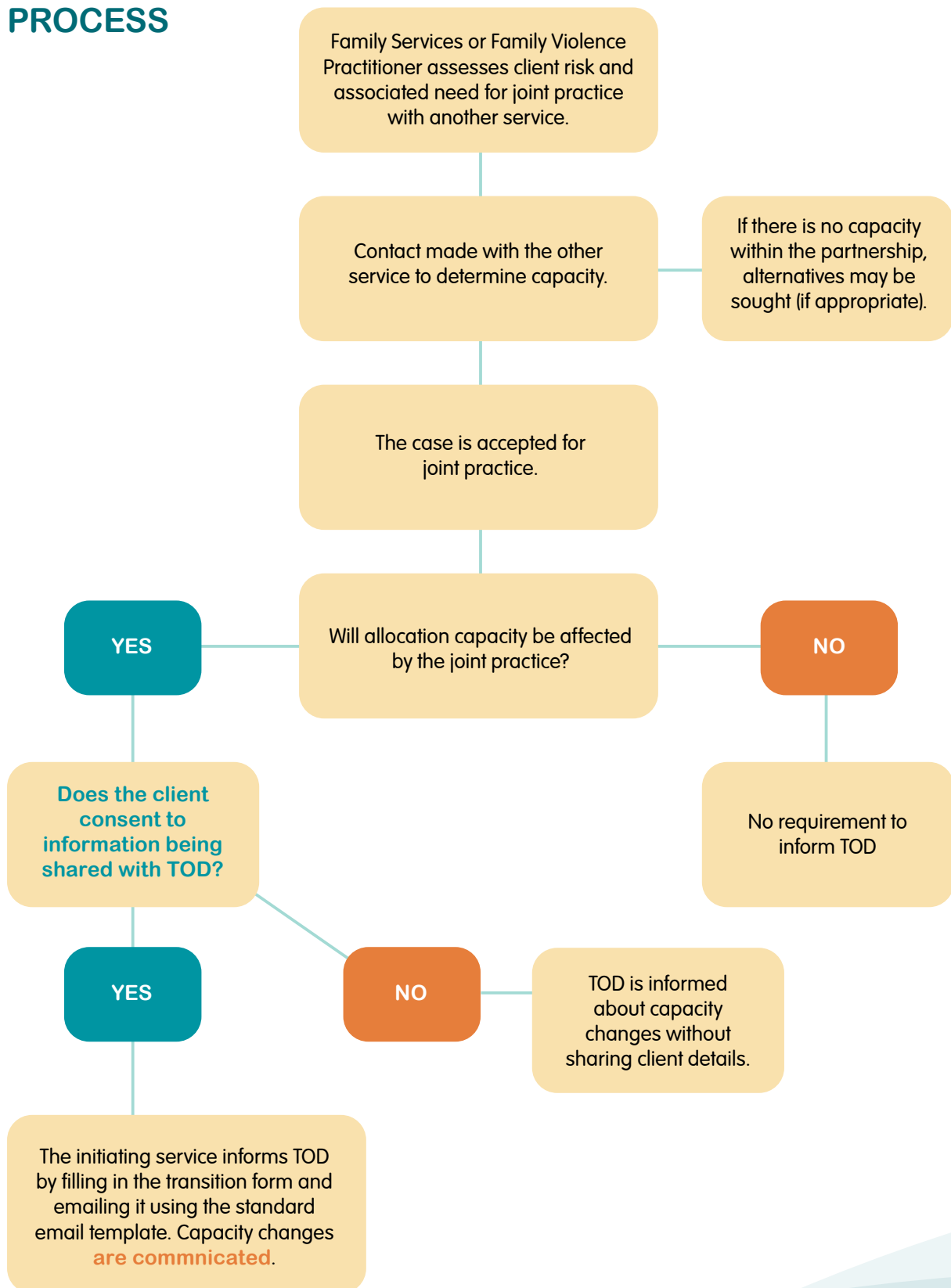
Where possible, the Orange Door will identify cases that require a joint response and make an allocation to both identified agencies. However, there may be instances where this does not occur at the time of intake. Should an agency assess a need for collaborative joint work, consultation and agreement should occur directly between them, including ascertaining eligibility.

To enable the Orange Door to track referrals and allocations through the system, and monitor agency capacity, the referring agency Team Leader will email a completed transition form to [bpa.referrals@orangedoor.vic.gov.au](mailto:bpa.referrals@orangedoor.vic.gov.au) and include a carbon copy (cc) to the receiving agency. The Orange Door will create a case and service plan. If the joint case is to count towards the agency's agreed Orange Door allocation capacity, the case must progress through the weekly Orange Door allocation meeting. Communication between organisations should occur regarding intervention and support being provided to the family and closure documents should be sent to the Orange Door at the cessation of service.





## PROCESS





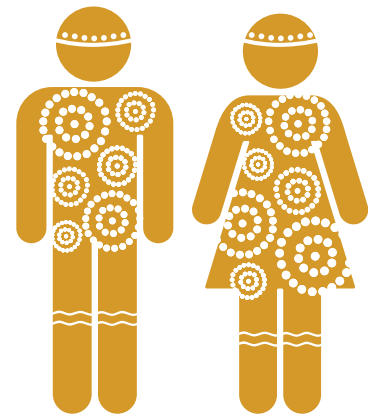
## CONSIDERATIONS FOR ABORIGINAL FAMILIES

Joint practice with Aboriginal agencies is crucial in supporting the engagement of Aboriginal and Torres Strait Islander families with mainstream providers, in fostering the establishment of trust, and in ensuring that service provision is provided in a holistic, culturally safe manner that promotes self-determination.

Joint practice can play a significant role in helping to reshape the experience of Aboriginal and Torres Strait Islander families with mainstream providers and promote a partnership approach.

Joint practice with Aboriginal agencies can significantly enhance the knowledge and professional development of mainstream practitioners, particularly in their understanding of family and community dynamics and expectations, cultural considerations and practices, the impact of transgenerational trauma, and the importance of connection to country, mob and community.

Working jointly will strengthen relationships between Aboriginal and mainstream providers and ultimately help support the safety and wellbeing of Aboriginal and Torres Strait Islander people.



## CONSIDERATIONS FOR CALD FAMILIES

Joint work through collaborative practice can offer a bridge to engagement and understanding for those working with CALD and faith-based communities. The insights of ethno-specific organisations into the multi-layered workings of a cultural or religious group can provide pathways for engaging service users and influencing attitudinal and behavioral change.

Relationships formed between workers across mainstream and ethno-specific service systems allow for ongoing connections that can aid in the formulation of case plans that are respectful of and sensitive to culture. These relationships can evolve into opportunities for joint practices that engage community and faith leaders, who often hold significant influence, in the evolution of change management strategies for the broader community. The formation of these relationships can also provide supportive, non-collusive community connections for people who use violence, keeping perpetrators in view and accountable.

Joint practice is of particular benefit when working with more marginal segments of minority communities, particularly those who experience a range of barriers when engaging with mainstream offerings that cannot be readily overcome.



# PRACTICE DEVELOPMENT

Bayside Peninsula Integrated Family Services Alliance and the Bayside Peninsula Integrated Family Violence Partnership regard practice development as one of the three key areas to support integration and collaborative practice.

## DEFINITION

Practice development aims to support practitioners to build and enhance their knowledge, understanding, skills and confidence in practice. Working in the area of child & family services and family violence it is vital that we look to build upon skills and develop collaboration across teams and agencies to ensure that we are working in the best interests for the clients that we support.



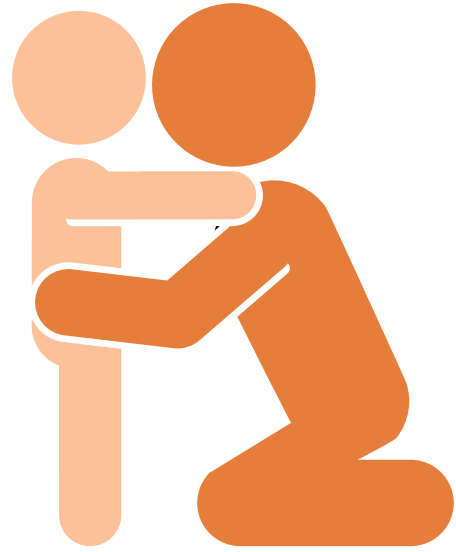
## SCOPE

Encouraging practice development that is delivered with both family violence and family service sector staff together supports opportunity to strengthen the response provided to clients. Areas that would be important to jointly focus on include, but are not limited to:

- Understanding of the Best Interest Case Practice Model (BICPM) and the responsibilities we have in assessing and managing child wellbeing.
- Collaborative MARAM training - Professionals from across the sector will explore how to contribute to risk assessment and collaborate for ongoing risk management, through respectful and sensitive engagement with victim survivors, information sharing, referral, and secondary consultation, with a focus on the on-going integration into practice to complement MARAM.
- A commitment to using the Safe and Together evidence informed model that identifies victim survivor strengths, impact on child and family functioning and holds men who use violence accountable for their actions and behaviours, and supporting the embedding of this model into practice through the joint attendance of Community of Practice.

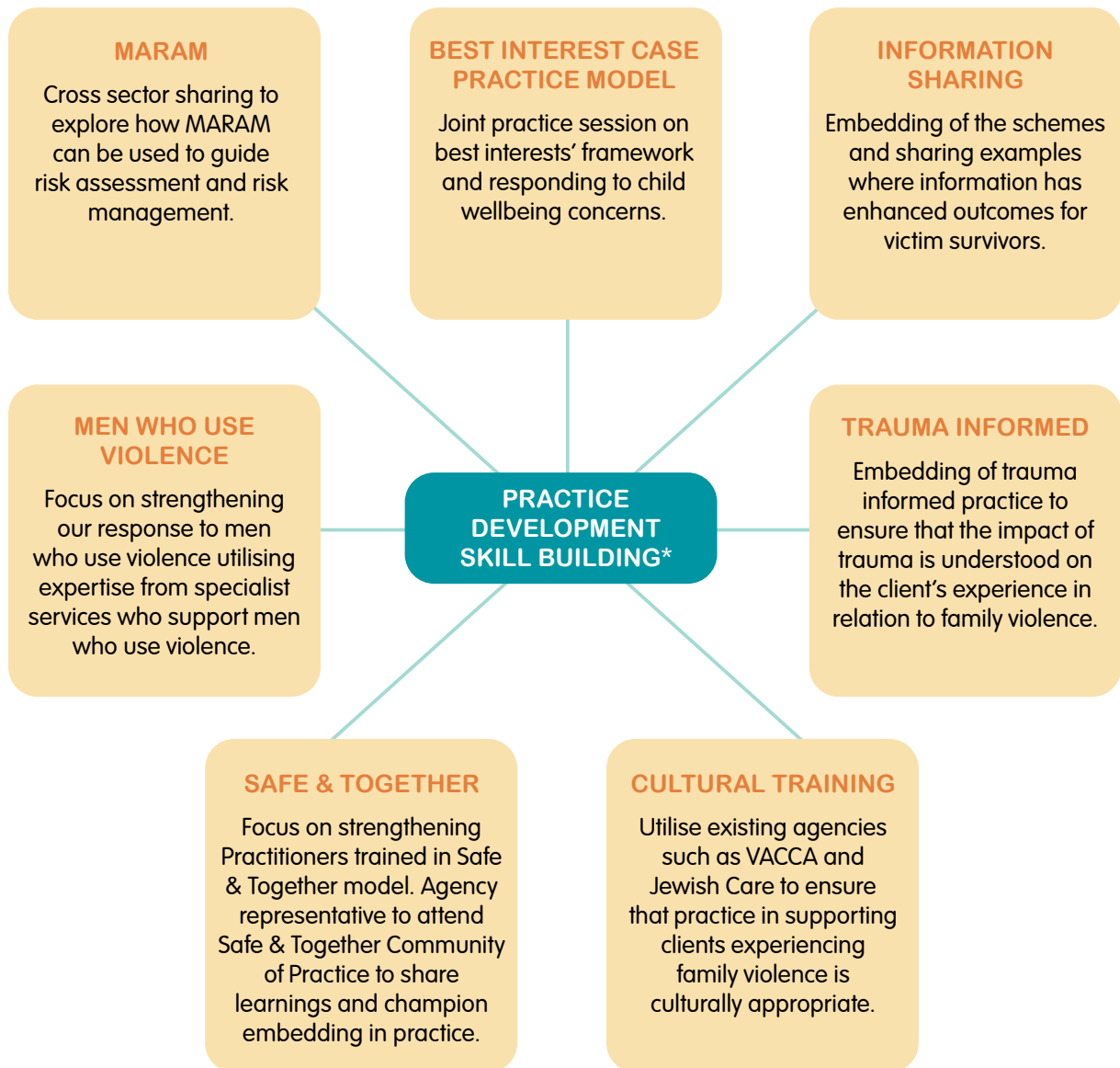


- Focus on Fathering – Developing skills and knowledge in the way we view fathering and the impact of violence on children.
- Strengthening our response to men who use violence and how to effectively and respectfully support them to address their violent behaviours and any underlying trauma. Broadening knowledge, confidence, and capability in working with men and establishing ways to open communication pathways through training, communities of practice or secondary consults.
- Embedding the Family Violence and Child Information Sharing Schemes (FVISS and CISS) so that there is a clear understanding of the schemes and how this supports our response to clients.
- Cultural training – looking at cultures, barriers, and success in supporting clients and clients seeking supports.
- Trauma informed framework embedded into practice, assessment, and advocacy. Practitioners are mindful of the impact trauma has on clients and viewing their experience through a trauma/family violence lens.
- Draw upon other practice frameworks such as motivational interviewing, communication skills, behaviour change and risk assessment.





## PROCESS



\* Note: This is not an exhaustive list - additional themes/areas will be added as needs are identified.





## CONSIDERATIONS FOR ABORIGINAL FAMILIES

Culturally safe and appropriate service provision is imperative to working with Aboriginal and Torres Strait Islander families, and it is critical that child & family services and family violence practitioners are encouraged and supported to continually develop their knowledge and skills in this area.

Whilst all practitioners are required to undertake foundational cultural competence training in accordance with the DFFH Human Services Standards, it is important there is ongoing encouragement and opportunities for practitioners to enhance their depth of knowledge and increase their cultural practice competence and confidence.

Utilising the secondary consultation and joint practice approaches for Aboriginal and Torres Strait families described in these protocols are themselves key strategies for practitioners to develop this practice wisdom, along with actively seeking out other opportunities including participating in cultural and community events, building working relationships with Aboriginal providers such as through co-location or mentoring, and prioritising the attendance of training, workshops or forums.

## CONSIDERATIONS FOR CALD FAMILIES

Given the diverse nature of our population, cultural competence training has long been identified as a fundamental requirement of all workers engaging in both child & family services and family violence work. Developing the practice knowledge and skills that enable effective and meaningful engagement requires a stance of cultural humility whereby assumptions are withheld and curiosity in the form of questions and narrative exploration opens up possibility of improved understanding, enables the development of pathways for intervention, and supports the service user's experience of cultural safety



Whilst an overarching framework such as that offered by cultural training can go some way towards building competence, training alone is not sufficient given the multiple and intersecting layers of diversity that exist within cultural communities. Utilising secondary consultation, engaging in joint practice and holding a stance of curiosity that genuinely seeks to understand without judgement whilst still holding safety as paramount is key and provides an offering that combined, can enhance the capacity of those working in mainstream child & family services and family violence fields to effectively support victim-survivors and their families

Mainstream workers should avail themselves of existing opportunities or proactively seek to engage, consult with, or work alongside ethno-specific services to further develop practice knowledge and wisdom.



# CASE PRACTICE EXAMPLES

## SECONDARY CONSULTATIONS



### CASE EXAMPLE 1

A partner contact practitioner was working with Amy\*, whose ex-partner was completing a men's behaviour change program. During conversations with Amy, she had spoken about her challenges in caring for her 3 children, 2 who have developmental delays. Amy highlighted the need for further parenting support as she was navigating being the full-time carer of the children, with her ex-partner not having contact with the children at this time.

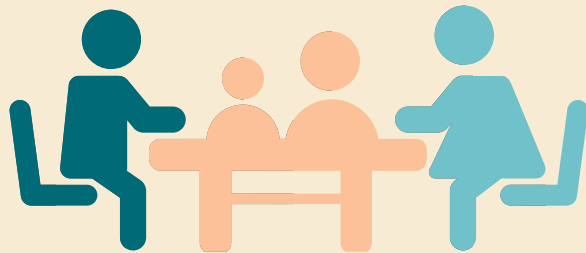
The partner contact practitioner reached out to a child & family services provider for the purpose of secondary consultation. This consultation was de-identified and the practitioner spoke with the provider about some of the issues experienced by Amy and the needs of the children. During this consultation it was agreed that Amy may benefit from a referral to child & family services. Information also shared during the consultation included applying for the child care subsidy when enrolling one of the children into child care and referral details in regards to play therapy. The partner contact practitioner then spoke with Amy, who provided consent for a referral to be completed to child & family services with a focus on parenting support. The practitioner completed the referral and ongoing consultation occurred between the partner contact practitioner, Amy, and the child & family services organisation. This level of consultation and support ensured that the children's voices were heard and the safety and well-being of the children remained a key focus.



## CASE EXAMPLE 2 – CALD FAMILY

A Men's Behaviour Change Program was experiencing difficulties with a mandated participant who was utilising religious scriptures to explain and in part justify the position they had taken in their role as father and husband. Whilst the program was able to challenge the violent behaviour, they were struggling to consider how to effectively address the more subtle coercive practices that the participant was attempting to rationalise, in a way that was religiously appropriate.

Having engaged Jewish Care for secondary consultation, an understanding of the religious sect that the client was affiliated with was developed, offering resources for challenging some of the explanations and statements the man was utilising. Further assistance was provided to link the organisation with a Rabbinic leader who was known to be a champion against family violence to actively engage in contradicting what was being espoused. The outcome was that the Men's Behaviour Program was then able to redirect justifying statements and manoeuvre the individual to more fully engage in the required attitudinal and behaviour change elements of the program. As cultural capacity was built, further opportunity was created for the participant to explore aspects of scripture or teachings that support respect or challenge violence.





## JOINT PRACTICE



### CASE EXAMPLE 1

The client (Jenny - 25 year old female with four children) was referred by The Orange Door for a dual family violence services and child & family services response, after identifying these dual needs at the initial intake stage, specifically:

- ongoing safety planning
- ongoing psychoeducation regarding family violence and the impact of family violence on children
- support to make the home safer and create / maintain a stable home environment for Jenny and child
- parenting support
- court / legal support
- financial support / support to manage finances / advocacy with Centrelink
- care team coordination
- social inclusion and connection to community given recent relocation.

The Orange Door referral was accepted by the family violence and child & family services agencies.

Correspondence between the family violence service and child & family services was established at commencement to clarify the dual response to the family. Child & family services requested the family violence case manager attend their first meeting with Jenny to build rapport, to complete the genogram and explore family violence risk mitigation strategies. In order to be client-centered, both agencies sought to conduct joint appointments with Jenny, where possible, throughout the support period. When not possible, each worker checked in with the other worker for updates following the appointment, including asking about any areas of support for Jenny and her child that their service could assist with.

The family violence and child & family services workers up-skilled each other regarding family violence risk and parenting capacity. Both practitioners shared their reflections and observations of the family to inform their ongoing risk assessment, goal setting and service response.

Due to the level of family violence risk there was a joint outreach to Jenny with the family violence case manager, Alexis Family Violence Response Model keyworker and Police. Email chains with Police included both the family violence and child & family services practitioners ensuring information sharing around family violence risk and safety. In addition, this communication assisted with the exploration of a safety audit and security measures on the residence. Correspondence and collaborative practice between family violence services and child & family services was consistent throughout support period.



## CASE EXAMPLE 2 – CALD FAMILY

A secular/mainstream family violence service provider was supporting a Jewish woman who had recently separated from her partner following a prolonged period of financial, emotional, and physical abuse. The worker was actively engaged in supporting the needs of the woman and her children with respect to safety planning, risk assessment and links to therapeutic supports, however felt less equipped to respond appropriately to support needs that intersected more strongly with cultural and religious observance.

The ethno-specific child & family services agency, in this case Jewish Care, was engaged to work alongside the mainstream worker to support service delivery related to cultural and religious need. This service was able to provide social housing within the geographic locale of the Jewish community, enabling the woman and her children to attend synagogue on Shabbat and more readily maintain their connection to after-school activities. Culturally appropriate food security support was put in place using existing connections with a kosher butcher and grocer, as well as the provision of Shabbat and yom tov (Jewish holiday) food parcels. Warm referral was provided to a community-based organisation to provide support to attend the beit din (Jewish religious court) to apply for the document of divorce, and the social worker was able to effectively engage the school, who was more receptive to working with a Jewish service, to support the needs of the children.

The collaboration between the mainstream staff member and the Jewish Care worker ensured not only a more holistic and appropriate service for the woman and her children, but also enabled the development of a strong working relationship for future secondary consultation and joint practice needs.





## PRACTICE DEVELOPMENT



### CASE EXAMPLE 1: SAFE & TOGETHER COMMUNITY OF PRACTICE

**Context:** The purpose of the Safe & Together Community of Practice (CoP) is to support practitioners to embed practice of the Safe and Together Domestic Violence informed model utilising an action learning process. More broadly, the Safe & Together CoP approach aims to shift practice, culture, and systems, as well as build collaboration across teams and agencies.

**Objectives:** To embed practice and lead systems change that:

- Shifts the focus to parenting responsibilities, parenting choices, and behaviour as a source of harm to children.
- Increases perpetrator accountability.
- Changes the way practitioners' practice with mothers, fathers, and children.
- Changes the way practitioners' document family violence, with an explicit focus on the behaviour as the source of harm and the focus of change.
- Explicitly frames harm in work with partner agencies, Police, Child Protection, Courts and other agencies and services.

Topics covered to encourage use of the model include:

- Partnering with adult survivor
- Mapping perpetrators patterns
- Multiple pathways to harm
- Working with fathers who use violence

By attending the Safe & Together Community of Practice (CoP), staff from family violence services and child & family services have developed an improved shared language and understanding which has improved support and advocacy for women and children experiencing family violence.

An example of this has been through the use of the perpetrator mapping tool which documents the level of violence and patterns or coercive control being used, and holding accountable men who use violence. The perpetrator mapping tool allows better understanding of the impact of the violence on the child and family functioning. This allows staff to make meaningful plans to intervene with men who use violence to improve child and family safety and functioning.

The use of this tool has increased skill development for staff and facilitated more collaborative practice given there is a shared lens and framework.

*Note: We recognise that Safe and Together is not the only evidence formed model that can be utilised in practice.*



## CASE EXAMPLE 2: JEWISH CARE ENCULTURATION PROGRAM TO BUILD CULTURAL INTELLIGENCE

One local initiative to support cultural intelligence and enhance service access and equity for members of multicultural communities is an intensive enculturation program offered by Jewish Care Victoria.

To accompany offerings of secondary consultation and joint practice, Jewish Care recognises that for those with regular exposure to the Jewish community, a base understanding of cultural and religious customs, traditions, values and practices, their meaning, and their intersection with service delivery, can enhance client engagement and support practitioner comfort.

To this end, Jewish Care offers a low-cost enculturation program to support sector knowledge and capacity-building. In this program, delivered flexibly over a 2 to 4-day period, participants are immersed in learning about the Jewish community including Orthodox religious practice and relevant community sites and services, particularly with respect to family violence and child wellbeing.

Examples of activities include: visits to synagogues; lectures by Rabbis and Rebbetzins; a visit to the **mikvah** (ritual baths); access to the Jewish Museum and Holocaust Centre; detailed information about Jewish values and expectations with respect to intimate relationships and family and communal life; the role of **kallah** (bridal) and **chatan** (groom) teachers; the impact of spiritual abuse, including get (Jewish divorce) refusal; and more.

As a concentrated, diverse and close-knit community, the Victorian Jewish community provides an example of the nuanced and inter-connected life that is typical of many multicultural and minority faith communities. Learnings from the enculturation program may offer insights for practitioners working with other diverse and/or faith-based communities.

Participants in the program have included the BPA Family Violence Partnership Graduate Year Program Social Workers. Feedback indicated that this experience increased the participants' comfort to engage with community members and offered them practical advice and guidance as to how to maintain cultural humility and develop cultural appropriate interventions when working with families from the Jewish community. It also further built their understanding of the role and value of working in partnership with ethno-specific services.

For more information about the enculturation program or to discuss your agency's needs, contact [cbarrett@jewishcare.org.au](mailto:cbarrett@jewishcare.org.au)



# ACRONYMS/GLOSSARY OF TERMS

Note: these provide a useful resource for acronyms and terms used within the sector - not all are used within the current document.

ACRONYM	MEANING
AFM	Affected Family Member
AFVPL	Advanced Family Violence Practice Leader
APL	Aboriginal Practice Leader
ATSI	Aboriginal and Torres Strait Islander
BPA	Bayside Peninsula Area
CALD	Culturally and Linguistically Diverse
CIP	Central Information Point. CIP reports requested by Orange Door Practitioners typically contain information from Victoria Police, corrections, courts and DFFH, and are stored on a Perpetrator's Case File.
CISS	Child Information Sharing Scheme
CBCP	Community Based Child Protection
CP	Child Protection
CRAF	Common Risk Assessment and Risk Management Framework
CRM	"Client Relationship Management" - refers to the database used by Orange Door workers
Cross Application/ Cross Orders	Refers to where the "AFM" and "RESP" have Intervention orders against each other concurrently
CWB	Child Well-Being





ACRONYM	MEANING
CYFA	Child Youth and Families Act
DFFH	Department of Families, Fairness and Housing
FDR	Family Dispute Resolution
FLC	Family Law Court
FVISS	Family Violence Information Sharing Scheme
FRC	Family Relationship Centre
FS	(Child &) Family Services
FSP	Flexible Support Package
FV	Family Violence
FVIO	Family Violence Intervention Order
FVPA	Family Violence Protection Act
FVS	Family Violence Services
FVSN	Family Violence Safety Notice
GSFV	Good Shepherd Family Violence
IFS	Family Violence Safety Notice
IRIS	Good Shepherd Family Violence
JAFM	Family Violence Safety Notice
KFS	Keeping Families Safe



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