Coordinated Responses:

Using MARAM, FVISS and CISS to support collaboration

Centre for Excellence in Child and Family Welfare
SAFE+EQUAL
No to Violence
Leading the change to end male family violence in Australia

Acknowledgement of Country

We acknowledges Aboriginal and Torres Strait Islander peoples as the traditional and ongoing custodians of the lands on which we live and work.

We pay respects to Elders past and present.
We acknowledge that sovereignty has never been ceded and recognise First Nations peoples' rights to self-determination and continuing connections to land, waters, community and culture.

This resource aims to assist Specialist Family Violence Victim-Survivor Services, Perpetrator Intervention Services and Child and Family Services to work collaboratively across prescribed sectors. It aims to enhance understanding of how the Multi-Agency Risk Assessment and Management Framework (MARAM), Family Violence Information Sharing Scheme (FVISS), and Child Information Sharing Scheme (CISS) can be applied to reduce family violence risk, and enhance child wellbeing or safety.

Our three sectors have been operating under these reforms since 2018, working hard to implement these important changes.

In April 2021 phase 2 of the reforms saw additional organisations and services prescribed, including education and health workforces. Integral to these reforms is the importance of collaborative practice to ensure appropriate responses across the service continuum.

This resource contains three practice examples, separated into several sections each with reflective questions. Each example contains further reading and resources to support best practice. It may be used individually, in one-on-one sessions, or group sessions to improve capacity to utilise MARAM, FVISS and CISS when working with a range of prescribed services.

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Child and Family Services

Practice Example Resource

Part 1 - Background:

Peter (he/him) is a widowed father of 15-year-old Jess (they/them) who is non-binary. Jess came out as non-binary when they were 13. Jess' mother passed away when Jess was 10. Before Jess' mother passed away, the family were close and had no contact with child and family services. After Jess's mother passed away, Jess' maternal grandparents stepped in to support the family, often staying at the house a couple of times a week.

Ever since Jess' mother passed, Peter has developed an alcohol addiction. Initially, Peter started using alcohol to cope with losing his wife, but quickly became dependant on it. Most nights Peter goes to the local pub after work for a drink, and usually comes home intoxicated. After a verbal dispute incident with Jess' maternal grandparents, Peter was referred to an Alcohol & Other Drugs (AOD) service to support his use of alcohol. The AOD assessment revealed that Peter started using alcohol to cope with losing his wife.

After an incident where Peter was driving Jess whilst under the influence of alcohol, they were involved in a car accident that required police and medical intervention, and Jess sustained minor injuries, Child Protection (CP) became involved. As such, CP conducted an initial investigation. Peter was anxious that Jess would be taken away from him due to his use of alcohol. However, with the support from Jess' maternal grandparents and Peter complying with his AOD treatment, Peter was able to prove that his home was safe for Jess resulting in CP closing the case. After the initial contact with an AOD service, Peter's alcohol abuse subsided for a short period of time but seemed to increase as Jess started to explore their gender identity.

As such, Peter has not been supportive about Jess' gender identity as he believes that it is a phase and something that Jess will come to regret. When Peter drinks he uses Jess' dead name, the wrong pronouns, and says that he wishes Jess was 'a girl like her mother'. When Peter starts with this behaviour, Jess usually retreats to their room and has since grown despondent to the situation, believing that their father's views are set in stone.

[1] Note - Dead name' refers to the person's name prior to transitioning.
Peter uses the wrong pronouns when talking to or about Jess – Jess' pronouns of they/them will be used throughout the case study other than when quoting Peter.

Questions:

- Are there any family violence and/or wellbeing risk factors that are apparent? If so, what are they?
- Are there any opportunities to share information from either a CP or AOD perspective? If so, what are they?

Practice Tip:

When sharing or requesting information, ISEs should consider recording the following good practice considerations:

- When making a request record: the date of the request, the name of the ISE that the request was made to, the information that was sought, the reason why the information was sought.
- When disclosing information record: how the threshold for sharing under the scheme was met, what the views of the child and/or relevant family member were about information sharing, if the child and/or parent/carer was not notified that their information was or would be shared and the reason why.

Part 2 - Current Situation:

Recently, Jess has become isolated and withdrawn from others. Due to his use of alcohol, Peter hasn't taken notice of this behaviour as the relationship between himself, and Jess has grown strained. Jess continues to go to school as they don't want to stay in the house with their father, however, they do not participate in class or interact with their friends. Jess has also started sleeping in class and grows increasing irritable when asked questions.

Peter has little to no involvement with Jess' schooling, choosing to only occasionally pick Jess up from school. On the days Peter does pick Jess up, teachers supervising school pick-ups notices that, Peter calls Jess by their deadname, that Jess grows withdrawn when around their father, and does not make eye contact with him.

On a hot summer's day, Jess' homeroom teacher, Mr. Green, notices that they are wearing a jumper with long sleeves. Concerned about Jess, the teacher asks if they're too hot wearing long sleeves, and why don't they take off their jumper. At this comment, Jess grows irritable and leaves the classroom. Mr. Green seeks Jess out to see if they wanted to talk about anything, but Jess says they are fine, they're just tired. Still concerned about Jess' behaviour and briefly aware of Peter's involvement with an AOD service, Mr. Green notifies the school counsellor, Megan, about Jess' behaviour.

Questions:

- **When observing Jess' behaviour and presentation, how would you record and share this information?**
- **Based on the information in Part 1 and Part 2 are indicators of family violence risk present?**
- **Based on these indicators and wellbeing concerns, how would you use MARAM and the Information Sharing Schemes to promote Jess' wellbeing and/or safety?**

Practice tip:

- Consider who holds the information within your organisation (wellbeing teams, practitioners, team leaders, etc.), and who can access this information and for what reason.
- What processes do you have in place for information sharing? Share some good practice examples for sharing information with your team.

Part 3 - Service Involvement:

The school counsellor seeks out Jess and asks them to have a chat. While talking to Megan, Jess expresses that they no longer feel interested in things they like, they are always tired, and have trouble focusing.
Concerned about Jess' behaviour and presentation – wearing long-sleeved clothes on hot days, disengagement from school (not participating in class), lack of interest in social activities, and irritability – Megan recognises these signs of trauma for a young person that may indicate family violence is occurring. Using the MARAM Screening Tool, Megan asks Jess about what may be causing the signs of trauma. To further inform the Screening Tool, Megan requests information using the Family Violence Information Sharing Scheme (FVISS) and Structured Professional Judgement to identify whether family violence is present and if family violence support would be required. At this stage, family violence risk is not indicated, however the Megan will continue to monitor in case the situation changes.

Megan has significant concerns about Jess' wellbeing and discusses this with Peter. After this discussion, Megan makes a referral to Child FIRST /The Orange Door (TOD) after gaining consent from both Peter and Jess. This referral is informed by the observations that the school has made regarding Jess' behaviour as well as Peter's relationship with Jess. While referring Peter and Jess to Child FIRST[2]/The Orange Door (TOD)[3], Megan notes that an intermediate level MARAM assessment for victim survivors has been conducted with Jess and no family violence was identified. However, if there are any changes in risk an assessment should be conducted again. Additionally, Megan also offers Jess ongoing support while they are at school, as well as introducing Jess to the queer support groups that run at their school.

During the initial Child FIRST assessment, the Child FIRST worker, Nina, asks the family whether there has been any previous involvement with child and family services prior to this engagement. Peter reveals that CP has previously briefly engaged with the family around his use of alcohol, but the case was closed. Based on this information from Peter, Nina contacts CP seeking information around the relationship between Peter and Jess at that time. It is revealed that the case was closed due to Peter successfully complying with his AOD treatment and being able to provide a safe and stable home environment for Jess.

Practice Tip:

- Child aware practice needs to occur from a client's first contact with a service through to their follow-up and the duration of the support. Organisations are required to build a workplace culture that consists of a range of practices that keep the child in focus.
- When meeting with a child or young person for the first time, introduce, provide information about their rights and what to expect from your service (ask them if they have any expectations of you, confidentiality vs privacy, etc.).

[2] Family services aim to promote the safety, stability and development of vulnerable children, young people and their families, from birth to 17 years of age, by providing case work service and linking families with relevant support services.

[3] Depending on the region, families may be referred to The Orange Door who serve the same role as Child FIRST in terms of being able to link in with parenting support.

During the initial assessment with the family, Peter and Jess are both closed off and do not speak more than one sentence answers. Based on their behaviours, Nina decides to assess the family separately from one another. During Peter's assessment, Peter discusses his use of alcohol and behaviour towards Jess with Nina.

Peter also mentions that his late-wife's parents are anxious about engaging with Child FIRST/ TOD due to the stigma of being referred to these services. In Jess' assessment, they reveal to Nina that they have been self-harming due to their situation at home with their father.

As a result of these initial separate assessments, Nina seeks more information to inform what her next steps will be. As the initial assessment with the school indicated that family violence is not present, it is determined that FVISS is not the appropriate scheme to be using for information sharing. As such, Nina uses the Child Information Sharing Schemes going forward to request information about Peter's previous AOD treatment from the AOD service, specifically regarding what supports were offered during and after treatment, as well as, if any parenting behaviours were discussed with Peter as part of the treatment. Additionally, Nina seeks information from Jess' school regarding their behaviour – Megan provides information that Jess has been showing symptoms of depression and also had begun to isolate and disengage from school.

Practice Tip:

- Typically, support services are designed and targeted towards adults and caregivers, however it's important to acknowledge that children and young people have their own individual experiences and challenges that require additional unique service responses. Approaches to working with all family members that consider the individual needs and views benefits the entire family.
- It is essential to consider the child's experience because: each child is unique, their safety is paramount, no other individual or service may be aware of the child's situation, and children and young people are victim survivors in their own right. (ask them if they have any expectations of you, confidentiality vs privacy, etc.).

Based on the information requested, Nina refers Peter and Jess to the following services:

- Due to Jess' self-harm and symptoms of depression, Nina refers them to the Child and Youth Mental Health Service (CYMHS). They assess Jess as experiencing major depression, and at significant risk of misadventure[4] due to the severe nature of some of their self-harm, as well as of moderate risk of suicide.

- Nina also helps Jess connect Rainbow Door to access LGBTIQA+ specific advice and support from an experienced LGBTIQA+ peer.

- Nina refers Peter to an AOD service for his continued use of alcohol. Nina explains that to prevent further escalation of the situation and the requirement of a crisis response, it is necessary for Peter to seek AOD treatment.

As these services are Information Sharing Entities (ISEs), they do not require consent from any person to share relevant information with other information sharing entities. This is the case as under CISS, consent is not required to share information if the professional considers sharing would promote the wellbeing or safety of a child. However, information sharing entities should seek and take into account the views of children and family members about information sharing if appropriate, safe, and reasonable to do so.

Questions:

- **What considerations should Nina make in responding to both Peter and Jess?**

- **How should Megan and Nina safely engage with Jess as an LGBTIQA+ person? What support could be provided to them?**

- **Can Nina or any other services pro-actively share information?**

[4] 'Misadventure' refers to unexpected and accidental death due to risk that was taken wilfully.

[5] Note: People who identify as LGBTQIA+ can experience LGBTQIA+-specific forms of family violence which focus on a person's sexuality, gender identity or expression, or intersex status, in addition to the same forms of family violence as people who do not identify as LGBTQIA+. This can include; threatening to 'out' a person or disclose their HIV status, preventing a person from accessing gender affirming hormones, telling a person no one will help them because the support services are homophobic, telling a person they 'deserve' the abuse because of their sexuality, among other forms of violence. To find out more please visit **here.**

Part 4 - Action:

Child and Youth Mental Health Service (CYMHS)

Jess is initially reluctant to engage with CYMHS because they believe they will have a limited understanding of their experiences as a non-binary person. Jess reports to the practitioner, Danielle, that they have had bad experiences with health services as they were repeatedly misgendered. Danielle offers to refer Jess to a LGBTIQA+ specific service, however, Jess declines. During Jess' initial assessment Danielle asks Jess specific questions regarding their experience as a non-binary person. Jess discloses that their father hasn't been supportive of their gender identity and about his alcohol abuse, and that this is the first time that they've discussed how their identity has been used against them (i.e., using Jess' dead name or the wrong pronouns)[5].

As both the school and the mental health service are ISEs, Danielle requests information from the school about Jess' mental health and wellbeing concerns they have noted using CISS. The information sought by Danielle, helps inform her response to Jess and ensures that the supports that Jess is provided are appropriate and effective.

Rainbow Door

The worker from the Rainbow Door provides Jess with information about peer support groups that they could get in contact with along with other resources to help Jess as a non-binary person. The worker makes a warm referral for Jess once they identify a peer support group that they would like to be a part of.

Practice Tip:

- Professionals should be aware of their own preconceptions and biases when engaging with children and families navigating identities, backgrounds or circumstances different to their own.

AOD Service

Peter reengages with an AOD service to address his continued use of alcohol. There he meets with an AOD worker to complete an initial Comprehensive AOD assessment.[6] As part of the assessment, the AOD worker commences the intermediate level MARAM assessment for people using family violence. They identify the use of alcohol as present (evidence-based risk factor for FV) and observe Peter to use derogatory language about LGBTIQA+ people, particularly his child, Jess (this is an observable indicator). At this stage, family violence risk is not indicated, however the worker will continue to monitor in case the situation changes. The assessment results in an initial treatment plan for Peter to address his use of alcohol. The worker also considers it useful to connect Peter with an LGBTIQA+ parenting service to help him understand and support Jess better.

Transcend Australia

The AOD refer worker puts Peter in contact with a professional from Transcend Australia who helps Peter find a peer support group of parents and carers who are also navigating a similar experience of having a child who identifies as trans, gender diverse or non-binary.

The services working together (CYMHS, AOD service, Jess' school, and Child FIRST) have agreed to maintain contact and proactively share information as well as scheduling care team meetings when required in order to support Jess' wellbeing and safety.

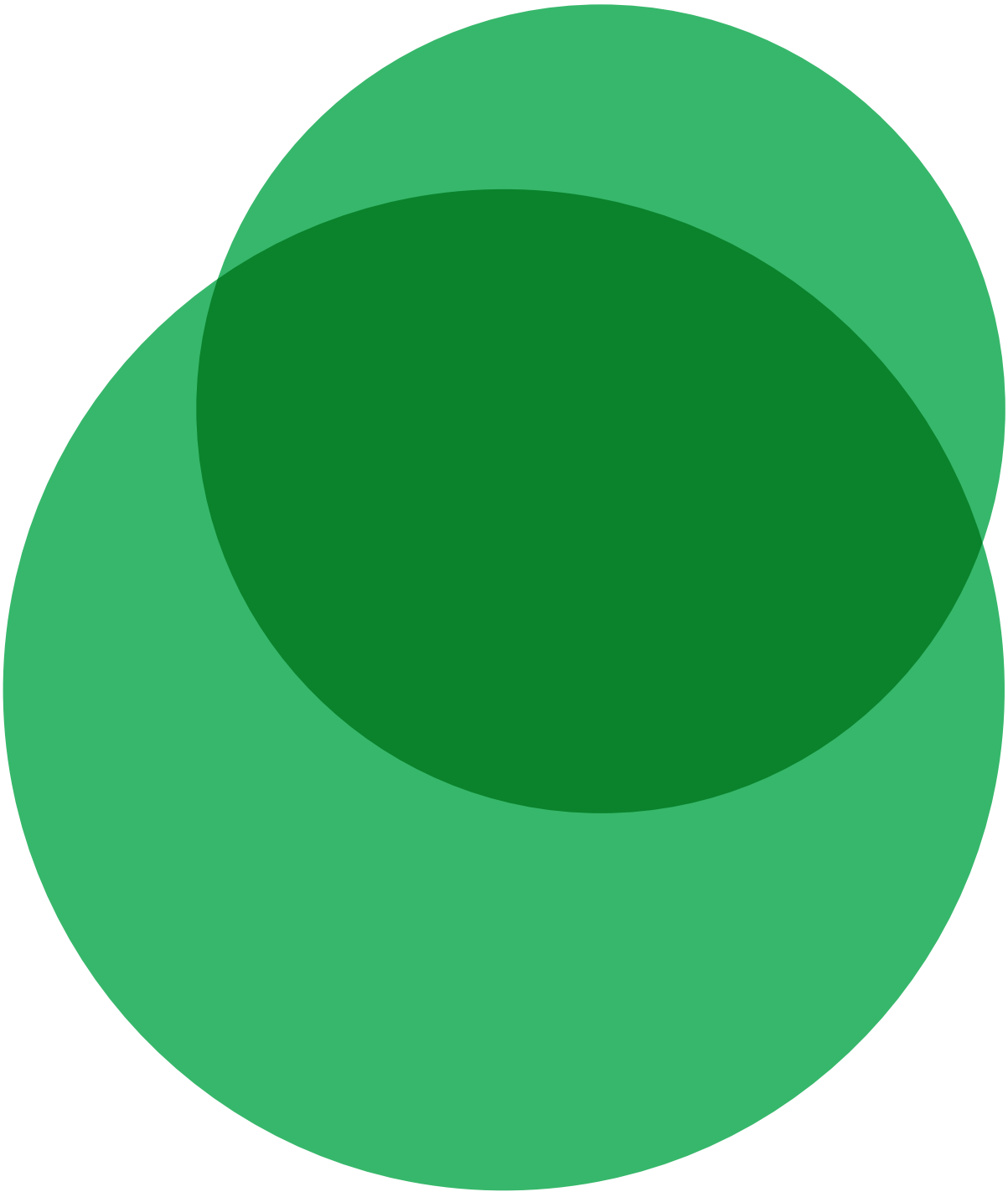
Questions:

- **What record keeping responsibilities do each of the services have?**
- **Where else can information be sought from?**
- **What are some other considerations that can be made for ongoing case management and review?**

[6] The comprehensive assessment tool supports treatment providers to determine the level and type of treatment and support required by a presenting client - https://www.health.vic.gov.au/aod-treatment-services/intake-process-and-tools.

Perpetrator Services

Practice Example Resource



Part 1 - Background:

The Men's Referral Service (MRS) received a Family Violence Report (FVR) on a Saturday. Police were called out to Frank and Lola's unit, where they live with their 11-year-old daughter Pip. Neighbours reported hearing property being damaged and loud screaming and told Police they often heard arguments from inside their unit, which is directly next door. Police noted Frank was intoxicated and called an ambulance as Frank had thrown a mug at Lola's face causing bleeding. They issued a Family Violence Safety Notice (FVSN) with Frank listed as respondent, immediately excluding him from the home.

MRS Counsellor Lisa, later engaged with Frank for a comprehensive risk assessment and Frank informs Lisa that he is Aboriginal. Lisa further explores with Frank any presenting needs that could be addressed to help manage risk. When Lisa asked about anything like this happening before, Frank reported that they argue 'like any regular couple, and I've pushed her a couple of times, just to give her a fright'. Information from child protection noted their involvement with Frank and Lola since pregnancy with Pip. The information highlights a history of physical and verbal abuse perpetrated by Frank. Frank recently lost his permanent employment and is only working on a casual basis, which he said he finds 'frustrating' since he sees himself as the 'bread winner'.

Frank states that Lola was being 'dramatic' and there was no need for the ambulance to attend, 'she barely had a scratch on her'. Lisa offers a referral to the local ACCO for Frank to have more culturally supportive service to conduct the risk assessment and work on risk management. Frank reported he did not feel the referral would work for him as he knows the mob that work there.

Lisa has made a referral to a perpetrator accommodation service. Alongside the referral, Lisa shared the partially completed comprehensive risk assessment that was done over the time of her engagements with Frank.

Questions:

- **Given Frank has declined a referral to an ACCO how can Lisa ensure culturally appropriate engagement?**

- **What risk factors are identified in Frank's assessment with Lisa?**

Part 2:

Frank is required to engage in family violence counselling while accommodated. He alludes that he has been monitoring Lola's phone and following her to work to, 'check she's not lying about where she is'. With more free time due to a reduction in work hours, Frank has also started to drink every day and gamble more frequently.

James, counsellor at accommodation service, sought a secondary consultation with an ACCO to support safe engagement with Frank. James was able to ask more about his mob and if he is connected to his community and culture. This led to James being able to identify Frank's strengths and protective factors, including culture, by listening to Frank's whole story, working from a narrative strength-based trauma informed framework.

When asked about his contact with the service, Frank says to James that he 'can't believe he is here' and that 'he can't believe Lola would do such a thing to their relationship'. He mentions that 'she won't return my calls'. James identifies that Frank is denying his behaviours and shifting the blame to Lola for the current situation. He has also noted that Frank is breaching his FVSN, which has the condition of no contact. Frank is yet to attend court for the intervention order hearing, which is scheduled for the following week.

When James asks about what the safety notice and potential future intervention order would mean to him, Frank says 'I don't know what I would do if I couldn't see Pip for years'. Frank further reports he wants to go home, but knows that that probably won't happen, saying 'I think she's done with me'.

Once longer-term housing is secured, James provides some options for Frank to continue with his behaviour change. James suggests that Frank could engage with an ACCO from another region that offers Men's Behaviour Change Program (MBCP) where his family may be unknown. James provided Frank with alternative options in different regions. James refers Frank to AOD counselling, and shared the risk management plan he has developed.

Questions:

- **Who would you proactively share some of the information about his monitoring of Lola and his more frequent alcohol consumption and gambling with?**

- **Given the FVSN breaches and upcoming intervention order hearing, what services should James share information with to manage risk to Pip and Lola?**

- **How else can James manage risk to Lola and Pip? What might risk management look like in your role?**

Part 3:

MBCP Intake worker Louise receives the referral with the risk assessment and risk management plan. Louise requests information from the temporary accommodation program and AOD service prior to engagement. Lola is already engaged with a specialist victim survivor service, following the FVR, and the family safety contact worker and other service are working collaboratively to address the risk presented by Frank to Lola and Pip.

During week 10 of MBCP Frank disclosed to the group that he has been going to Pip's school to see if he can see her during lunchtime. Frank says, *'I bloody hope child protection and the courts allow me to see Pip at the end of this bloody program, I just want my family back and then I wouldn't have to go to school during the day'.*

Questions:

- **What information is risk relevant to share with Lola during the MBCP?**
- **In week 10, Frank discloses information about attending Pip's school, what would you do with this information?**

Practice Tip:

- Using fathering as a motivation to change can be a useful tool when engaging with men who use violence. To be safe when doing so please reference the following MARAM Adult Person Using Violence Practice Guides: **Foundation Knowledge Guide, Responsibility 3, Responsibility 4**

Specialist Family Violence Victim-Survivor Services:

Practice Approach

Part 1 - Background:

Sarah is a Family Violence Practitioner at the local Orange Door. She completes an intake with May (30-year-old woman) who has a daughter Louise (8 years old). Last night, May's ex-partner and Louise's father Alex sent a series of abusive texts to May including threats to attend Louise's outpatient hospital appointment in two days' time.

May and Louise are protected on a Family Violence Intervention Order (FVIO) with Alex as the respondent. Alex has breached the FVIO via text message three times since it was put in place two months ago. They moved address a week ago and Louise starts at a new school next week. May has not disclosed these details to Alex.

There is past child protection involvement due to Alex's violence. May is overwhelmed with the recent move, and is very fearful as this is the first time Alex has threatened to see her and Louise since the FVIO was put in place.

Questions:

- **What questions does Sarah need to consider in her risk assessment and safety planning for both May and Louise?**

- **Where can Sarah seek information to inform her risk assessment?**

Part 2:

Sarah completes risk assessments with May for both her and Louise. Alex was highly controlling of where May went, who she spoke to, what she wore and ate. He made frequent threats to kill May, undermined her parenting, and was verbally abusive towards Louise.

Sarah explores further Louise's out-patient appointments. Louise was diagnosed with Type 1 Diabetes Mellitus six months ago, and the family attends the outpatient clinic to learn how to manage this. Alex insisted on providing most care to Louise, and sometimes threatened to withhold Louise's insulin to force May to comply with his demands. Alex also prevented Louise from learning about and managing her diabetes. May reports Louise's doesn't understand her illness and May is struggling to understand how to support her and provide care. May hasn't disclosed the family violence or informed the hospital about their new address and school.

As Sarah works in the Orange Door she requests a Central Information Point (CIP) report to inform the family violence risk assessments. This combines perpetrator information from Court Services Victoria, Victoria Police, Corrections Victoria and the Department of Families, Fairness and Housing. Sarah can also seek information from any Information Sharing Entity (ISE) that she believes may hold relevant information.

Questions:

- **How can Sarah engage with the outpatient clinic at the hospital as part of coordinated risk management?**

- **What risk relevant information should Sarah share?**
  What risk relevant information might the hospital hold?

Practice Tip:

- The MARAM victim-survivor practice guides include questions and practice guidance on assessing risk directly with children where appropriate, safe and reasonable to do so. Within this example, Sarah may not be able to engage directly with Louise right now. Sarah should consider if and how she can facilitate this in subsequent engagements.

Links to further information can be found in resources (Link).

Part 3:

Sarah prioritises contacting the hospital given Alex's threats. She discusses coordinating risk management and supports for May and Louise. Sarah speaks with clinic Social Worker Leanne and explains Alex's use of family violence, including controlling and threatening Louise's diabetes management, the threat to attend the hospital for the upcoming appointment, and the ongoing risk posed to her and May.

She shares Louise's comprehensive risk assessment to support ongoing risk assessment and management, collaborative practice and to reduce the need for May and Louise to repeat their story. Leanne proactively shares under FVISS that staff initially thought Alex presented as an 'attentive' father, but became concerned after observing controlling behaviours. Staff also noted May and Louise attended their last appointment alone, and both seemed a bit confused and overwhelmed. However, Louise's diabetes appears well managed at present.

Sarah and Leanne discuss support and safety planning options. Leanne suggests placing an alert on Louise's patient file, and informing her treating team of the family violence impacts, risk and safety plan. Leanne advises they can also cease correspondence to Alex, and revoke access to the portal with Louise's medical information, upcoming appointments and addresses. She agrees to contact May to discuss these measures, as well as offer to change the upcoming appointment to a different day or conduct the appointment via Telehealth. Leanne advises she will also offer social work support to Louise and May, to ensure they are better supported to understand treatment and management, and commence engagement with Louise's new school on a Diabetes Action Plan.

Questions:

- **How can Sarah work with Louise as a victim-survivor in her own right?**

- **What support & options could Sarah provide to Louise as a child**

Final tips

Sarah should consider what further direct supports Louise might need in relation to her experience as a child victim-survivor. This can be done directly with Louise, or including May to support the relationship impacted by Alex's use of violence. This might include but is not limited to:

- Direct engagement with Louise for risk assessment and management where it is safe, appropriate and reasonable (see 'practice tips'). Sarah should consider Louise's resilience and her own safety planning that she has enacted to date.
- Seeking opportunities for direct engagement with Louise about her experiences and how she feels about them (see 'useful resources' for further information).
- Contacting Louise's existing supports or making referrals, such as to children's therapeutic programs.
- Engaging the school wellbeing team to directly support Louise in a smooth school transition, and to support ongoing family violence risk assessment and management.
- Utilising the Orange Door's child wellbeing practitioners as appropriate such as via secondary consultation, referral or joint allocation.
- Coordinating risk management with any services identified in information sharing as engaged with Alex.

Sarah should also consider that Louise is a child victim-survivor with a chronic illness, and has started a new school. Sarah could consider if it would be appropriate and how to engage with the school, coordinate any relevant supports or enhance supports that are already in place, and facilitate appropriate connections between Louise's new school and the hospital.

Resources:

Child and Family Services

Multi-Agency Risk Assessment Management Framework (MARAM):

- **Family Violence Multi-Agency Risk Assessment and Management Framework**
- **MARAM Framework on A Page**
- **MARAM Responsibilities Decision Guide**
- **Foundation Knowledge Guide**
- **Victim Survivor-Focused Practice Guides**
- **Perpetrator-Focused Practice Guides**

Information Sharing Schemes:

- **Child Information Sharing Scheme and Family Violence Information Sharing Scheme Fact Sheet**
- **Information Sharing Entities (ISE) Online List**
- **Tips for Information Sharing Record Keeping**
- **Information Sheet:** Working collaboratively with other professionals to improve the wellbeing and safety of common clients, especially children, young people and their families (CFECFW)

Child Information Sharing Scheme (CISS):

- **Child Information Sharing Scheme Ministerial Guidelines**
- **Child Information Sharing Scheme Summary**
- **CISS Example Record Keeping Form** (direct .docx download)

Family Violence Information Sharing Schemes (FVISS):

- **Family Violence Information Sharing Guidelines**
- **Family Violence Information Sharing Scheme Overview Diagram**
- **FVISS Example Record Keeping Form** (direct .docx download)

LGBTIQA+:

- **Gender Identity and Mental Health (Headspace)**
- **Gender & Sexuality Inclusive Practice Guide (VincentCare)**
- Rainbow Door - **https://www.rainbowdoor.org.au/**
- Transcend Australia - **https://transcend.org.au/**
- **A Guide for Parents and Carers: Supporting your Trans, Gender Diverse or Non-binary Child at School**

Perpetrator Services

No to Violence's (NTV) Men's Referral Service (MRS) respond to L17 reports Friday evening- Sunday evening due to The Orange Door being a Monday-Friday service only.

- MRS line: 1300 766 491 or for more information on what NTV's Men's Referral Service (MRS) does and offers please click **here**
- Referring a client to Men's Accommodation and Counselling Service (MACS), more information can be accessed **here**
- **MARAM Adult Person Using Violence Practice Guides**
- **MARAM Foundation Knowledge Guide**
- **Family Violence Information Sharing Scheme Ministerial Guides**
- **Child Information Sharing Scheme Ministerial Guides**
- **Family Safety Advocate Work**
- **Men's Behaviour Change Minimum Standards**

Specialist Family Violence Victim-Survivor Services

- FVISS Ministerial Guidelines APPENDIX E: Tips for a conversation with a child victim survivor or parent who is not a perpetrator.
- FVISS Ministerial Guidelines Chapter 5 Sharing information to assess and/or manage risk to a child victim survivor

Multi Agency Risk Assessment and Management Victim-Survivor Practice Guides

- **Learning from Lived Experience –** a guide for professionals supporting children and young people experiencing family violence
- The **Practitioner's Toolkit** from State-wide Children's Resource Program
- **Association for Children with a Disability resources** written by families for families
- **Kids R Central Tools and Resources** to support working with children, young people and their families