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| Specialist Family Violence Advisor program in mental health and alcohol and other drug services |
| Guidelines |
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# Background

The *Royal Commission into Family Violence 2016* made 227 recommendations to improve the way authorities, systems, and services prevent, identify, and respond to family violence in Victoria. The Royal Commission highlighted the need to enhance the way health and human services work together to ensure victim survivors are supported and people who use family violence are visible and held accountable. The Royal Commission found alcohol and other drug services and mental health services play a direct role in identifying and responding to family violence. Therefore, building capacity was needed in these sectors to enable this and to strengthen relationships with specialist family violence services.

Specialist Family Violence Advisor positions were developed in response to recommendations 98 and 99 of the *Royal Commission into Family Violence 2016*:

*Recommendation 98*

*The Victorian Government fund the establishment of specialist family violence advisor positions to be located in major mental health and drug and alcohol services. The advisors’ expertise should be available to practitioners in these sectors across Victoria.*

*Recommendation 99*

*The Victorian Government encourage and facilitate mental health, drug and alcohol and family violence services to collaborate by:*

* resourcing and promoting shared casework models
* ensuring that mental health and drug and alcohol services are represented on Risk Assessment and Management Panels and other multi-agency risk management models at the local level.

The Victorian Government funded establishment of the Specialist Family Violence Advisor (SFVA) positions across 17 areas in 2017. The ongoing positions are auspiced by mental health and alcohol and other drug service providers. SFVAs embed family violence expertise within the alcohol and other drug and mental health sectors, support continuous improvement, lead system and practice change, and build sector capacity and capability to identify, assess, and respond to family violence.

In October 2021 guidelines were developed by the Department of Health in conjunction with the SFVA state-wide steering committee, SFVAs, Family Safety Victoria. The department revised and updated the guidelines in June 2024 to reflect changes to the program and governance arrangements.

Note – all references to mental health services in this document refer to designated area mental health services only (these are designated area clinical mental health services – not community managed mental health services).

Note – all references to clinicians in this document refer to alcohol and other drug and mental health clinicians or practitioners.

Note – all references to local in this document refer to regions or areas the SFVA or auspice agency is responsible for providing SFVA services to.

# Purpose

The purpose of this document is to provide guidance for SFVA service delivery across Victoria within the mental health and alcohol and drug sectors. The guidelines support consistent state-wide delivery of the program, describe responsibilities, clarify activities, and confirm reporting requirements.

This guidance is for SFVAs, auspice agencies and all stakeholders.

# Specialist Family Violence Advisor responsibilities

1. Build family violence capability and capacity.
2. Support collaboration.
3. Provide secondary consultation.
4. Support Family Violence Multi Agency Risk Assessment and Management (MARAM) alignment and embedding.
5. Engage with state-wide SFVA activity.

SFVAs are responsible for working within their auspice agencies, working within their local areas, and working within the state-wide SFVA program.

## Build family violence capability and capacity

SFVAs will increase capability and capacity to respond to family violence across the alcohol and other drugs and mental health sectors to promote a family violence lens on key activities and enable a consistent approach to the identification, assessment, and response to family violence.

SFVAs are to:

* Participate in any relevant forums, meetings, or events to provide family violence advice, knowledge, and expertise - this includes relevant forums, meetings, or events within your agency or other agencies, your local area, or state-wide
* Promote MARAM, the Family Violence Information Sharing Scheme (FVISS), and the Child Information Sharing Scheme (CISS)
* Facilitate and support collaborative development and delivery of capacity building family violence training and professional development opportunities (for example collaborate with other SFVAs, specialist family violence services, peak bodies, or other services to provide family violence reflective practice sessions with clinicians)
* Update and develop policies, procedures, and resources in partnership with your agency that strengthen safe organisational and service responses to enhance family violence capacity and capability
* Support reform and change management activities undertaken by auspice agencies to align with key government policies including (but not limited to):
  + *Royal Commission into Family Violence 2016 recommendations*
  + *Family Violence Multi Agency Risk Assessment and Management framework and tools (MARAM)*
  + *Ten-year industry plan for family violence prevention and response 2017-2027*
  + *Royal Commission into Mental Health services in Victoria 2021 recommendations*
* Identify and address barriers to capacity building (for example implement strategies to ensure all new staff are aware of the SFVA role).

## Support collaboration

Collaboration between the alcohol and other drug and mental health sector with specialist family violence services, and the wider service sector, to respond to family violence is a core element of the Royal Commission’s recommendations. Collaborative practice through referrals, secondary consultations, case coordination, and information sharing helps keep victim survivors safe, and keeps perpetrators in view and accountable.

SFVAs are to:

* Support collaboration within and between the mental health sector, alcohol and other drug sector, and the family violence sector (the three sectors)
* Actively seek opportunities to enhance flexible and innovative collaboration between the three sectors through Communities of Practice, local forums and networks (such as your local committee or area based implementation committee), as well as with other services (such as family services, child protection, and The Orange Door)
* Enhance information sharing and referral pathways between the three sectors and other services to support an intersectional approach
* Share, promote, and align casework or practice models between the three sectors that achieve positive outcomes for victim survivors and/or people who use violence
* Increase visibility of the SFVA role across all sectors
* Communicate with your area Family Violence Principal Strategic Advisor and stay up to date on Regional Integration Committee activities
* Ensure you have a direct line of communication with alcohol and other drug or mental health service representatives on Risk Assessment and Management Panels (RAMPs)
* Support RAMP representatives by providing your local area expertise as required
* Auspice agencies are to assist SFVAs to meet their responsibilities to support collaboration
* Engage in cross-sector state-wide collaboration and highlight family violence issues specific to the alcohol and other drug and mental health sectors.

SFVA role on local committees:

* SFVAs are to be active members of any appropriate local committees that oversee and support collaboration at a local level between the alcohol and other drug sector, mental health sector, and the family violence sector
* Provide local SFVA expertise and knowledge of the alcohol and other drugs sector and mental health sector capacity to respond to family violence
* Advocate for and contribute to the development and implementation of local committee workplans that outline actions across the three sectors (alcohol and other drugs, mental health, and family violence) to build service delivery capacity to improve outcomes for people experiencing or using family violence
* Initiate and facilitate discussion in local committee meetings to improve outcomes across all services for people experiencing or using family violence
* Share service delivery issues or challenges you are aware of with local committee members
* Provide advice and propose solutions within local committee meetings to address barriers to collaboration between the three sectors
* Seek support, advice, feedback from local committee members about how to improve collaboration between the three sectors
* Advocate for local committees to include membership of:
* SFVAs – mental health
* SFVAs – alcohol and other drugs
* area mental health services
* local alcohol and drug service providers
* local family violence agencies
* local family services
* local health services
* local Aboriginal services
* local cultural services
* local LGBTIQ+ services
* local disability services
* Local committees may include area-based implementation committees (implemented in phase one of the SFVA program) or Family Violence Regional Integration Committees
* Local committees determine the chair and frequency of meetings and ensure the right people are on the committee with authority to make decisions
* SFVAs are not solely responsible for achieving the aim of local committees to improve collaboration between the three sectors – this responsibility is shared with the local committee.

## Provide secondary consultations

Alcohol and other drug or mental health clinicians may seek a secondary consultation with you to gain your family violence expertise and advice to assist their response to clients who are family violence victim survivors, or people who use violence.

SFVAs are to:

* Identify and implement mechanisms and referral methods for alcohol and other drug or mental health clinicians or teams within your agency or your local area to consult with you
* Provide specialist family violence advice and expertise to clinicians or teams to assist recognising and responding to individuals and families experiencing or using family violence
* Give advice to assist clinicians or teams to navigate the family violence service system
* Give individual case advice in relation to a specific client, clients, or family a clinician may be working with
* Support and guide clinicians to complete referrals to family violence services
* Support and guide clinicians to share information via FVISS and CISS
* Provide advice about developing safety plans, or support a clinician to seek support from a specialist family violence service to develop a safety plan where needed
* Attend planning meetings with clinicians for clients and their families and provide expertise and advice where needed and when possible (these are meetings not attended by clients)
* Offer support and guidance to the clinician to continue to respond to clients or family members experiencing or using family violence and enhance their risk assessment and risk management capabilities
* Support clinicians to keep their supervisors, team leaders, or agencies up to date with family violence risk clients or families may be experiencing
* SFVAs are not required to undertake case management, case planning, or treatment tasks
* SFVAs are not required to provide direct face-to-face support to clients or families
* SFVAs are not required to provide secondary consultations to workers or clinicians outside your assigned program area (alcohol and other drugs or mental health program areas) however may choose to
* If an SFVA is not the appropriate person to provide a secondary consultation to whomever is seeking it – direct the clinician to the appropriate person or organisation.

## Support Family Violence Multi Agency Risk Assessment and Management (MARAM) alignment and embedding

As prescribed state funded services, alcohol and other drug and mental health services are required to align policies, procedures, practice guidance, and tools to MARAM. This is a legislative responsibility and essential for ensuring consistent and collaborative practice which keeps victim survivors safe and perpetrators in view and accountable. MARAM is a maturity model and prescribed services are expected to align with the model over time. SFVAs are required to have extensive knowledge of MARAM, and support activities which strengthen organisational alignment and build practitioners MARAM and information sharing capabilities.

SFVAs are to:

* Attend all MARAM training to ensure you are aware of all MARAM training content and guidance for clinicians and organisations
* Actively promote MARAM training and support clinician’s and organisations to attend MARAM training based on their training needs
* Keep up to date and maintain a thorough understanding of all MARAM activities, publications, developments, reviews, and advice from Family Safety Victoria
* Keep your program areas up to date on all MARAM activities
* Support agencies via your capability and capacity building and collaboration activities to understand and work towards MARAM alignment of policies, procedures, practice guidance, and tools
* Facilitate capability building activities for clinicians to build confidence in identifying family violence, undertake MARAM risk assessment, risk management, and information sharing
* Support clinicians to share information via the FVISS and CISS which go hand in hand with MARAM implementation (noting FVISS and CISS are legislative obligations not subject to a maturity model)
* Support MARAM multi-agency collaborative risk assessment and risk management
* Use your MARAM knowledge to inform secondary consultations
* SFVAs are not responsible for aligning alcohol and drugs services or mental health services with MARAM - agencies are responsible for organisational alignment however SFVAs may provide support and advice on MARAM related project work.

## Engage with state-wide SFVA activity

State-wide collaborative practice by SFVAs will ensure consistent program delivery and identify potential risks or issues.

SFVAs are to:

* Engage with the SFVA state-wide coordination for peer learning, development and professional network support and to share practice and program learnings, exchange and enhance knowledge of the specialist family violence sector and activities, and inform the program of systemic and structural factors impacting service delivery or outcomes for victim survivors and people who use violence

Attend, engage with, and contribute to the state-wide SFVA Community of Practice and any associated activities, platforms, forums, or professional development opportunities provided by the Community of Practice and organised by the state-wide coordination

* Share your learning and collaborate within the Community of Practice to develop shared resources, give examples of outcomes you have achieved and objectives you have identified, collectively identify and respond to service system gaps or barriers to implementing your role, take part in working groups, and share your practice and capacity building learnings
* Coordinate with SFVAs in your area to respond to local cross-sector capacity and capability building needs
* Engage with the Victorian government or peak bodies via the Community of Practice regarding alcohol and other drug services or mental health services activities to enhance family violence capacity and capability building
* Seek and engage in professional development activities, local activities, and development of resources, and share these with all SFVAs
* Enhance state-wide SFVA program visibility at any opportunity and share activities you have undertaken to increase program visibility with the Community of Practice, state-wide coordination, and your auspice agency.

# Auspice agency roles and responsibilities

The auspice agency should ensure the SFVA is supported by the organisation to meet their responsibilities outlined in these guidelines.

Auspice agencies are to:

* Follow these guidelines – roles and responsibilities in these guidelines must be fulfilled prior to auspice agencies allocating additional roles and responsibilities to their SFVAs
* Provide your SFVA with family violence supervision and practice support (separate to their line manager) – if your agency cannot provide this you are required to procure and fund this
* Establish clear reporting lines for your SFVA and ensure transparent reporting processes include who they report to, what they report on, and why
* Develop a workplan with your SFVA that incorporates these guidelines and include outcomes and timeframes - monitor compliance with the workplan together
* Support and enable your SFVA to complete state-wide reporting as required
* Retain the SFVA position title to ensure consistent state-wide recognition of the SFVA program and responsibilities as per these guidelines
* Ensure position descriptions align with these guidelines
* Engage with other auspice agencies and government and three sector stakeholders on statewide planning, outcomes, policies and reforms.
* Be strategic about where you locate your SFVA in the agency – make sure you align them with complimentary work areas or positions (for example align them with social work teams, alcohol and other drug teams, or professional development teams)
* Promote the role of your SFVA and advocate their expertise
* Implement the SFVA induction program (developed by SFVA state-wide coordination) and conduct exit interviews
* As above - SFVAs are not responsible for aligning alcohol and drugs services or mental health services with MARAM - agencies are responsible for organisational alignment however SFVAs may provide support and advice on MARAM related project work.

# Additional considerations

* SFVAs in the alcohol and drug sector are required to provide area-based family violence expertise to alcohol and other drugs services in their local area - therefore references to agency in this document may mean agencies
* SFVAs in the mental health sector provide support to designated area mental health services only (these are designated area clinical mental health services – not community managed mental health services) and must align their work within other health sector family violence initiatives
* SFVAs in designated area mental health services are required to report via the Client Management Interface (CMI) application and the Operational Data Store (ODS)
* SFVAs implementing state-wide roles and their auspice agencies are required to follow these guidelines.

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