Strengthening Hospital Responses to Family Violence

Family Violence Clinical and Non-Clinical Champion Model:

Implementation Guide

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VICTORIA State Government

the women's the royal women's hospital

BENDIGO HEALTH

Document purpose and rationale

This implementation guide is designed to be a practical information and resource guide for health service Executive and managers either planning or refining an existing Family Violence Clinical and Non-Clinical Champion Program.

This document is not intended to be prescriptive and recognises that creating a sustainable Family Violence Clinical and Non-Clinical Champion Program depends on the unique resources, skills, size, and structure of each individual health service.

Acknowledgements

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We would like to thank everyone for their valuable contributions and efforts in making this document possible.

Acknowledgement of Country

We acknowledge the Traditional Custodians of the various lands on which we live and work. We recognise their continuing connection to land, waters, and culture, and pay our respects to their Elders past and present, and to all Aboriginal and Torres Strait Islander peoples.

Acknowledgement of Victim Survivors

We wish to acknowledge the victim survivors of family violence, particularly the women and children who have lost their lives in the context of family violence. We honour their memory and recognise the strength and resilience of all who have endured family violence.

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Abbreviations and Definitions

Term/Abbreviation	Explanation
Australian Commission on Safety and Quality in Health Care	A government agency that leads and coordinated national improvements in safety and quality in health care across Australia.
Australian Health Service Safety and Quality Accreditation Scheme	This Scheme operationalises health service standards through mandatory inspections, accreditation and reporting of health services in each state and territory.
Dhelk Dja	Dhelk Dja is the key Aboriginal-led Victorian Agreement that commits the signatories – Aboriginal communities, Aboriginal services and government – to work together and be accountable for ensuring that Aboriginal people, families and communities are stronger, safer, thriving and living free from family violence.
Family violence	As defined by the *Family Violence Protection Act* 2008 (Vic), family violence is: a) Behaviour by a person towards a family member of that person if that behaviour - • is physically or sexually abusive; or • is emotionally or psychologically abusive; or • is economically abusive; or • is threatening; or • is coercive; or • in any other way controls or dominates the family member and causes that family member to feel fear for the safety or wellbeing of that fan member or another person; or b) Behavior by a person that causes a child to hear or witness, or otherwise be exposed to the effects of, behaviour referred to in paragraph (a). The Act recognises that family violence can occur in family relationships between spouses, domestic or other current or former intimate partner relationships, in other relationships such as parent/carer–child, child–parent/carer, relationships of older people, siblings and other relatives, including between adult-adult, extended family members and in-laws, kinship networks and in family-like or carer relationships. The Victorian Indigenous Family Violence Task Force (2003) defines family violence in the context of Aboriginal communities as: 'An issue focused around a wide range of physical, emotional, sexual, social, spiritual, cultural, psychological and economic abuses that occur within families, intimate relationships, extended families, kinship networks and communities. It extends to one-on-one fighting, abuse of Indigenous community workers as well as self-harm, injury and suicide.' The Dhelk Dja (2018) definition of family violence also acknowledges: • The impact of violence by non-Aboriginal people against Aboriginal partners, children, young people and extended family on spiritual and cultural rights, which manifests as exclusion or isolation from Aboriginal culture and/ or community.

	• Elder abuse and the use of lateral violence within Aboriginal communities. It also emphasises the impact of family violence on children. • That the cycle of family violence brings people into contact with many different parts of the service system, and efforts to reduce violence and improve outcomes for Aboriginal people and children must work across family violence services; police, the justice system and the courts; housing and homelessness services; children and family services; child protection and out-of-home care; and health, mental health, and substance abuse. • The need to respond to all forms of family violence experienced by Aboriginal people, children, families and communities.
Family Violence Clinical and Non-Clinical Champion	Takes initiative and plays a key role in advocating for and supporting staff within their health service to foster a culture of awareness, sensitivity, and responsiveness to family violence. They seek opportunities to promote best practice in identifying, assessing, and responding to family violence, ensuring that all staff members are equipped with the necessary knowledge and skills.
Information Sharing Schemes	Alongside the MARAM framework the Victorian Government has implemented the Child Information Sharing Scheme (CISS) and Family Violence Information Sharing Scheme (FVISS) to reduce barriers to information sharing and enable greater collaboration and coordination between authorised organisations and services and across the service system. CISS enables authorised organisations and services to share information to promote the wellbeing or safety of children. FVISS enables authorised organisations and services to share information to facilitate assessment and management of family violence risk to children and adults.
MARAM	Multi-Agency Risk Assessment & Management: A framework to support workers across the service system to identify, assess and manage family violence risk and information sharing.
Patient	Generally refers to the consumer/client of the health service who is experiencing violence, also known as the 'victim/survivor'.
Policy	Statements of principle that guide decision-making and service delivery.
Procedure	More detailed instructions about how policies should be carried out by staff.
Respectful, sensitive and safe engagement:	A WHO framework that provides a way of operating as a health professional that is designed to increase a patient's sense of safety, respect and control, ultimately reducing the risk of re-traumatisation for victim survivors, who may choose not to disclose it.
Safety Planning	A safety plan is used to promote victim survivor safety and needs to be made to suit individual circumstances A safety plan can help to explore options and ideas to increase victim survivor safety when family violence is occurring as risk continuously evolves.

Sensitive Enquiry	Sensitive enquiry takes a cautious and non-confrontational approach to facilitate feelings of safety, choice and control for the patient during their interaction with health professionals.
SHRFV	Strengthening Hospital Responses to Family Violence This model was developed to provide a system-wide approach which is now being applied by hospitals across Victoria. Based on international best practice, the model has two overarching principles and five key implementation elements for a staged approach that is applicable to any Victorian health setting committed to improving its response to family violence.
Trauma and violence informed care	Principles of trauma and violence informed care include safety, trustworthiness, choice, collaboration and empowerment: • Prioritise safety • Foster capacity to sooth physiological arousal • Validate person and perceptions • Collaborate and empower • Connect and stay involve
Victim survivor	A term used in conventional practice and throughout this document to refer to those that may have identified as experiencing family violence. It is in recognition of language on our patterns and behaviours. 'Victim' is commonly understood as emphasising the innocence of one against who a crime is perpetrated, the term 'survivor' alone does not alert us to this major actor.

1 Introduction

In response to the pervasive and complex issue of family violence, healthcare institutions and services have increasingly recognised the pivotal role they play in identifying and responding to family violence within their communities. One promising strategy that has emerged over recent years is the establishment of a Family Violence Clinical and Non-Clinical Champion Program within health settings.

The Family Violence Clinical and Non-Clinical Champion Program has been established to empower and equip clinical with evidence-based knowledge on family violence, specifically in the context of patient care. Additionally, this program supports non-clinical staff, enabling them to effectively assist and collaborate with both clinical and non-clinical colleagues when family violence is identified in a patient. By providing health service staff with the necessary tools and information, this program ensures they can respond to and support victims of family violence in a safe, informed, and effective manner.

The Family Violence Clinical and Non-Clinical Champion Model seeks to leverage the expertise and influence of healthcare professionals to drive meaningful change and enhance responses to family violence. Family Violence Clinical and Non-Clinical Champions have been found to be an effective part of a formal change process, particularly the informal communication of evidence-based family violence practice (Garcia-Moreno et al, 2015).

Hospital Clinical Champions are instrumental in driving transformative change within healthcare settings, particularly in advancing the adoption of evidence-based practices. With broad access to a diverse array of staff members, they are uniquely positioned to initiate and lead critical conversations with colleagues and key internal stakeholders. Their strategic role within health services allows them to influence discussions on the vital importance of clinical awareness and effective responses to family violence. Renowned for their approachability and trustworthiness, Family Violence Clinical and Non-Clinical Champions will be able to inspire colleagues to integrate the most current evidence into their family violence care practices, ensuring more informed and compassionate responses (Chapman, 2018).

Hospital Clinical Champions frequently serve on a voluntary basis, playing a critical role as both educational leaders and practical resources. They provide frontline leadership, guiding colleagues and driving change within healthcare settings. In the context of the Family Violence Clinical and Non-Clinical Champion Program, Champions are central to the effective implementation of key family violence frameworks and practice tools, such as the Family Violence Multi-Agency Risk Assessment and Management Framework (MARAM) and relevant Information Sharing Schemes such as the Family Violence Information Sharing Scheme (FVISS) and Child Information Sharing Scheme (CISS). Their leadership ensures these vital legislations are not only introduced but integrated into daily practice, enhancing the response to family violence across the health service.

The Family Violence Clinical and Non-Clinical Champion Program seeks to support a network of dedicated individuals equipped with the knowledge, skills and resources to assist staff to identify, respond to, and prevent family violence among patients and within their communities.

This document is designed to capitalise on existing strengths and resources within your health service. It is built off learnings from the Family Violence Clinical and Non-Clinical Champions Project, undertaken by the University of Melbourne in partnership with the Royal Women's Hospital.

2 What are Family Violence Clinical and Non-Clinical Champions?

*A **Family Violence Clinical or Non-Clinical Champion** takes initiative and plays a key role in advocating for and supporting staff within their health service to foster a culture of awareness, sensitivity, and responsiveness to family violence. They seek opportunities to promote best practice in identifying, assessing, and responding to family violence, ensuring that all staff members are equipped with the necessary knowledge and skills*.

Family Violence Clinical and Non-Clinical Champions assist, support, and resource clinical staff with evidence-based information about family violence in relation to the care of patients within the health service. By equipping health service staff with this knowledge, they can safely and appropriately respond to and support victim survivors in a way that supports their safety, agency and dignity.

Family Violence Clinical and Non-Clinical Champions can come from a diverse range of roles within the health service, can be representative of multiple departments, and their level of patient/client contact can vary. It would be valuable to have Family Violence Clinical and Non-Clinical Champions in management and governance positions, as their involvement in decision-making processes can help ensure that family violence strategies are embedded at all levels of the organisation, strengthening overall effectiveness and sustainability. This diversity in skill, experience and expertise offers increased collaboration across the health service and enhances the reach of Family Violence Clinical and Non-Clinical Champions. It is recommended that, at a minimum, individuals:

- Understanding the gendered drivers of family violence
- Are reflective and seek feedback
- Are good communicators who are empathetic and non-judgemental
- Work well in a team environment

A note on Non-Clinical Family Violence Champions:

*Some Victorian health services have incorporated **Non-Clinical Family Violence Champions** in their Family Violence Champion Model, adding to the whole of hospital approach to responding to family violence. Non-Clinical Champions may have roles that interface with patients but do not engage in clinical practice. Their unique insights and experiences contribute to a more comprehensive and integrated approach to addressing family violence within the healthcare setting.*

Family Violence Non-Clinical Champions may be administration staff, training staff, HR representatives, and volunteers. Like Family Violence Clinical Champions, they contribute to organisational change efforts, advocate for organisational policies, protocols, and practices that prioritise the prevention and response to family violence within the hospital or health service.

For an example of a Family Violence Clinical and Non-Clinical Champion job description refer to ***Appendix 2*.**

3 What does the Family Violence Clinical and Non-Clinical Champion role involve?

Main components of the role include:

- Voluntary
- Provide support to staff and colleagues with patient disclosures
- Training and professional development
- Contribution to policy and procedure development
- Involvement in evaluation of patient family violence support practices (where applicable)
- Reporting
- Interdisciplinary Collaboration

For an example of a position description refer to ***Appendix 2*.**

3.1 Voluntary

This voluntary position allows individuals with a personal passion for addressing family violence to engage in initiatives that align with their interests, while working within the elements of their substantive role. The staff member's line manager will review and approve their involvement to ensure the role fits within their professional remit. Following approval, the manager will attend an interview to confirm the role's alignment with the staff member's skills and responsibilities. As a voluntary role, there is no remuneration, however, it offers a valuable opportunity for personal growth and contributing to important family violence initiatives within their health service, all while complementing their core duties.

3.2 Provide support to staff and colleagues with patient disclosures

Family Violence Clinical and Non-Clinical Champions demonstrate proficiency in recognising the signs of family violence among patients and other health service users. They are often called upon to provide advice to clinicians on patients experiencing family violence, assisting with safety planning, referrals to specialised services, and documentation. When a patient discloses family violence, or when a staff member suspects family violence but is uncertain of how to proceed, Family Violence Clinical and Non-Clinical Champions collaborate closely with staff to offer support, guidance, and resources related to family violence and patient care.
In addition, Family Violence Clinical and Non-Clinical Champions support staff to apply best practice guidelines to ensure compliance with MARAM and the legislative requirements of FVISS and CISS. Their ongoing involvement in staff training and professional development ensures the health service maintains a consistent, informed approach to family violence procedures and protocols.

3.3 Training and professional development

Family Violence Clinical and Non-Clinical Champions may be asked to assist with family violence staff training within their health service. This typically involves providing guidance to staff and managers regarding the role of Family Violence Clinical and Non-Clinical Champions and for secondary consultations, referrals, and information sharing, trauma and violence informed care, sensitive enquiry, safety planning, and documentation related to family violence.

Engaging in ongoing training and professional development is essential for Family Violence Clinical and Non-Clinical Champions. Continuous learning ensures a thorough and consistent understanding of family violence procedures and protocols. This approach not only enhances the competencies of

Family Violence Clinical and Non-Clinical Champions but also bolsters their confidence in sharing knowledge with both clinical and non-clinical staff within the health service.

3.4 Contribution to policy and procedure development

Family Violence Clinical and Non-Clinical Champions advocate for policy changes and systemic improvements to enhance the health service's capacity to support patients experiencing family violence. They engage with leadership, participate in committees, and collaborate with external stakeholders to foster a safe and supportive environment. Family Violence Clinical and Non-Clinical Champions empower patients to access support services and make informed decisions about their health and safety.

Insights and feedback from Family Violence Clinical Champions are vital in shaping new or existing policies and procedures that support victim survivors and keep Adults using Family Violence visible and accountable ensuring best practices.

3.5 Involvement in evaluation of patient family violence support practices

Regular feedback, evaluation and reflection are used to identify areas for enhancement and ensure that the Family Violence Clinical and Non-Clinical Champion Program remains responsive to the evolving needs of staff and patients. The Family Violence Clinical and Non-Clinical Champion Program should be evaluated periodically to measure effectiveness of processes undertaken to support those experiencing family violence.

Family Violence Clinical and Non-Clinical Champions play a key role in driving continuous improvement. They assist with evaluation initiatives, contribute to process improvements, and champion quality care projects within their departments. They lead by example, advocating for organisational change by removing barriers and fostering enabling factors that allow staff to effectively implement policies and processes.

Family Violence Clinical and Non-Clinical Champions may draw on the following to inform practice changes:

- Performance metrics to capture insights and inform improvement efforts
- Regular training content evaluation meetings to ensure continuous quality improvement and best practice.
- Periodic reviews of policies, procedures, and intranet information
- Regular meetings with other Family Violence Clinical and Non-Clinical Champions and program coordinators
- Best practice, emerging research, and changes in legislation or policy

The tasks and responsibilities of Family Violence Clinical and Non-Clinical Champions will vary between health services, depending on factors such as service size, staff skills, governance, leadership, and resources.

3.6 Reporting

To recognise the importance of patient and staff wellbeing and safety, aggregated family violence information may be reported through to Executive and program coordinators. In all reporting, aggregated, de-identified information should be presented to maintain confidentiality and safety.

Key information to be presented may include:

- Number of patients experiencing family violence
- Number of referrals to specialist family violence
- Number of secondary consultations with specialist family violence
- Training attendance by Family Violence Clinical and Non-Clinical Champions

3.7 Collaboration with key stakeholders

Family Violence Clinical and Non-Clinical Champions will develop and strengthen partnerships with internal support services to ensure a holistic model of care and improve patient outcomes. They recognise the importance of interdisciplinary collaboration and engage with healthcare professionals across disciplines to create a coordinated response to family violence. Key partnerships include:

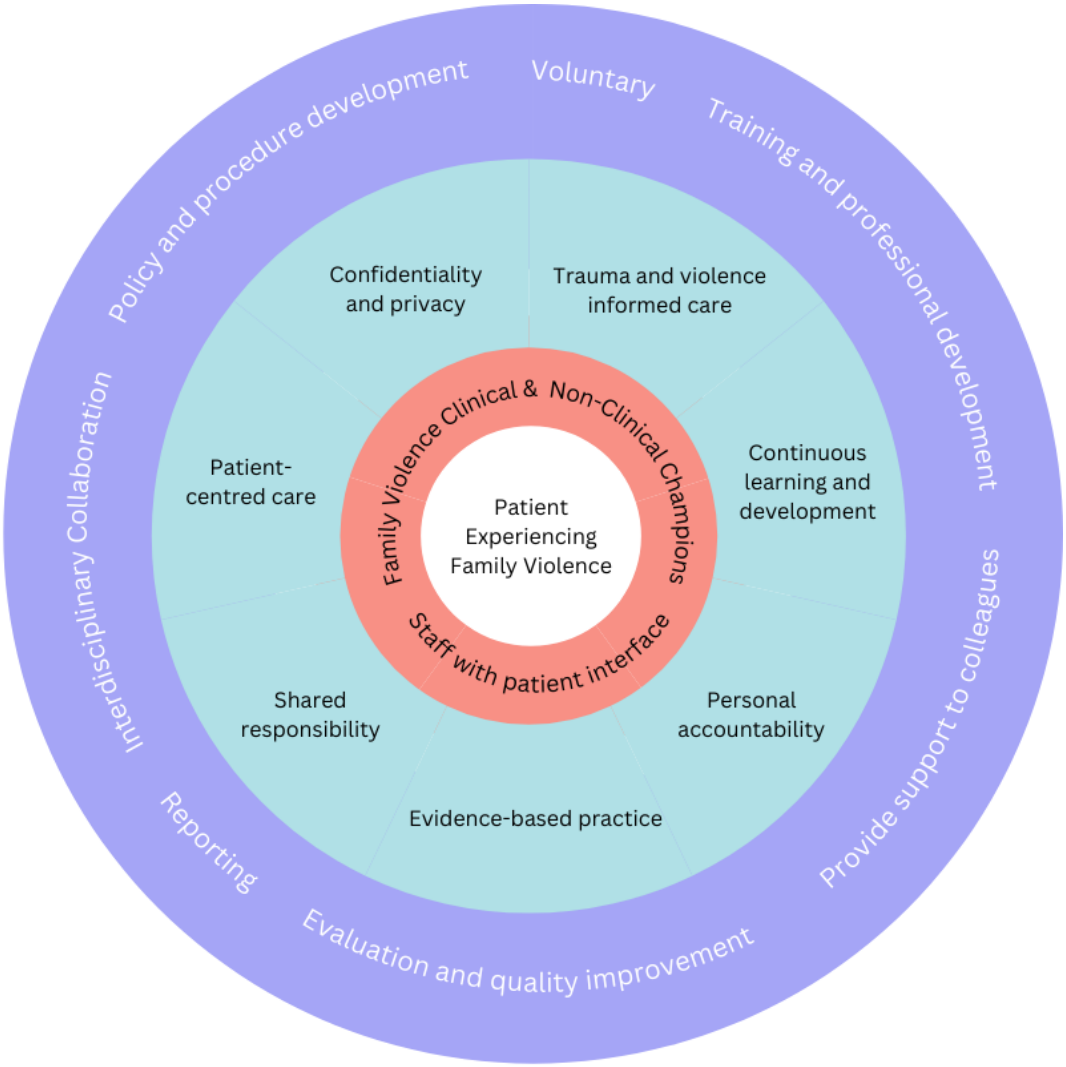
- Workplace staff
- Executive
- Managers
- Training team (if applicable)

Family Violence Clinical and Non-Clinical Champions act as connections between departments, facilitating communication, sharing best practices, and promoting teamwork. They advocate for a multidisciplinary approach to support patients and families affected by family violence. Local specialist family violence services and SHRFV project leadership are also key sources of consultation.

4 Family Violence Clinical and Non-Clinical Champion Model

The Family Violence Clinical and Non-Clinical Champion Model (Figure 1) displays the essential components of an effective Family Violence Clinical and Non-Clinical Champion Program. The Model promotes collaboration and communication among interdisciplinary healthcare teams, including clinicians, social workers, counsellors, and other support staff. Interdisciplinary collaboration ensures a holistic approach to addressing family violence, with healthcare professionals working together to assess patients' needs, coordinate care, and facilitate access to support services.

Figure 1: Family Violence Clinical and Non-Clinical Champions Model



4.1 Model Principles

Seven key principles underpin the Model:

1. **Patient-Centred Care:**

Patient-centred care prioritises the safety, well-being and autonomy of patients affected by family violence. Family Violence Clinical and Non-Clinical Champions commit to fostering a staff culture of compassion, respect, and non-judgment, ensuring patients' needs are at the forefront of clinical practice. Family Violence Clinical and Non-Clinical Champions will utilise the Multi-Agency Risk Assessment and Management (MARAM) Framework to guide their advice to staff, including staff aligning interventions with patients' unique circumstances and empowering them to make informed decisions about their health and safety. Family Violence Clinical and Non-Clinical Champions strive to create a supportive environment where staff can feel confident to allow patients to feel heard and empowered to navigate their journey towards healing and recovery.

2. **Trauma and Violence Informed Approach:**

Family Violence Clinical and Non-Clinical Champions adopt a trauma and violence informed approach to supporting staff and patients, recognising the impact of family violence on their physical, emotional and psychological well-being. Care is promoted with sensitivity to the effects of trauma, avoiding re-traumatisation and fostering a safe and supportive environment for healing and recovery. The Family Violence Clinical and Non-Clinical Champion Model recognises the diverse cultural backgrounds, experiences and identities of staff, patients and their families.

3. **Confidentiality and Privacy:**

The Model upholds principles of confidentiality and privacy, ensuring that staff and patients' disclosures of family violence are handled with the utmost sensitivity and discretion.

4. **Evidence Based Practice:**

The Model is grounded in evidence-based practice, with clinical guidelines, protocols, and interventions informed by the best available research. This program further assists in the health service becoming MARAM aligned. The MARAM framework provides best practice for family violence risk assessment and management.

5. **Continuous Learning and Improvement:**

The Model embraces a culture of continuous learning and improvement, Family Violence Clinical and Non-Clinical Champions committed to ongoing professional development and quality improvement initiatives. Regular feedback, evaluation, and reflection are used to identify areas for enhancement and ensure that the program remains responsive to the evolving needs of patients, families and the community.

6. Shared Responsibility:

Family violence prevention, identification and response requires a shared organisational responsibility across the health service. Shared responsibility can be demonstrated in a number of ways, including:

- Highlighting the common purpose that all staff share to harness their interest and passion for addressing family violence in their workplace.
- Making connections with different members of their organisation. Family Violence Clinical and Non-Clinical Champions should be representative of multiple departments, roles and functions.
- Family Violence Clinical and Non-Clinical Champions having opportunities to discuss and learn about family violence work that is happening externally within the community and other health services.
- Providing support and education to boost skills and confidence.
- Building a trusting environment and safe space free from judgement.

7. Personal Accountability

Self-direction plays a crucial role in the success of the Family Violence Clinical and Non-Clinical Champion Program by empowering Champions to take ownership of their roles and contribute to the program's objectives in a meaningful way. This style has been successful in and outside the healthcare sector and has been found to increase team performance and satisfaction. The shift towards self-directed leadership empowers Family Violence Clinical and Non-Clinical Champions to spearhead transformative initiatives within their respective teams and units.

To maximise the self-directed style, Family Violence Clinical and Non-Clinical Champions will often become responsible for work within their clinical area. This may include:

- Participating in planning and setting the clinical groups own learning objectives.
- Participating in resource sharing and peer to peer communication through online forums.
- Identifying barriers and challenges within their department or practice environment and develop solutions to address them.
- Sharing of information through brief education sessions to other Family Violence Clinical and Non-Clinical Champions.
- Contributing to decision making or problem solving in relation to the Family Violence Clinical and Non-Clinical Champion Network.
- Participation in professional development opportunities.
- Advocating for policy changes, or implementation of new protocols within their department in order to enhance family violence responses.
- Reporting and sharing feedback from their peers for discussion and problem solving.
- Including a family violence portfolio as a part of their leadership role (i.e. Clinical Nurse/Midwife Specialists or Associate Unit Managers). This will allow for a greater commitment to the work and increase formal clinical integration.

5 Planning for a Family Violence Clinical and Non-Clinical Champion Program

To start planning your health service's Family Violence Clinical and Non-Clinical Champion Program, identify the key personnel at your health service that will need to be included in this initial planning stage. This may include Executive representation, family violence co-ordinators and other key representatives including social work, HR, and training staff. Maintaining the multi-disciplinary aspect of the model as a central focus, will ensure strong and diverse representation across the health service and organisation as a whole.

5.1 Questions for consideration

Why do we want to implement a Family Violence Clinical and Non-Clinical Champion Program within our health service?

There should be discussions with key personnel about the value of the Family Violence Clinical and Non-Clinical Champion Program and how it aligns with your health service's overall family violence response. Such discussions help foster a shared understanding of family violence and promote initiatives that enhance the quality of responses.

The Family Violence Clinical and Non-Clinical Champion Program requires a clear vision of its purpose, direction, and operation, which may already be incorporated in your health service's family violence response strategy. Involving Family Violence Clinical and Non-Clinical Champions in the development of a unified vision, goals, and objectives for the program will keep them motivated and focused on achieving shared outcomes.

- Being a Family Violence Clinical and Non-Clinical Champion is voluntary, providing an opportunity for individuals passionate about family violence training and systems improvement to build their skills, recognise and respond to patients effectively, and enhance the knowledge of their colleagues.

- As a voluntary program, implementation comes at no additional cost, allowing health services to strengthen practice and improve quality without placing a significant financial strain on resources.

- The program supports compliance with family violence legislation, encourages consistent, collaborative practices across systems, eliminates silos within hospital settings, and contributes to the long-term sustainability of family violence response models.

If there is already an embedded model of Family Violence Clinical and Non-Clinical Champions at our health service, do we need to make any changes?

We suggest your health service refer to ***Appendix 1 - Implementation and Sustainability Guide*** to ensure full consideration has been given to the role and associated Model at your health service.

How many Family Violence Clinical and Non-Clinical Champions will we need for my health service and where should they be located?

Health services will have varying numbers of Family Violence Clinical and Non-Clinical Champions, depending on the specific needs of each site. To determine the optimal number of Family Violence Clinical and Non-Clinical Champions for your health service, consider factors such as the size of your location, the number of physical sites, and where family violence most commonly presents. A mapping exercise across your health service can help identify the key departments and services involved, with high-risk areas including maternity, Emergency/Urgent Care, mental health, and drug and alcohol services. The number of staff in these areas can help guide the ideal number of Family Violence Clinical and Non-Clinical Champions to support staff in responding to patient disclosures. Additionally, consider the resources needed to sustain the program and provide ongoing support for Family Violence Clinical and Non-Clinical Champions.

Should we utilise Family Violence Non-Clinical Champions in our program?

Yes, utilising Family Violence Non-Clinical Champions in your program would be highly advantageous. Their involvement reflects a whole-of-organisation focus, ensuring that family violence is addressed across all levels and departments. By maintaining a multi-disciplinary model, you can ensure robust and diverse representation, which is essential for creating a comprehensive and effective response to family violence within the health service.

Allowing non-clinical staff to assume the role of a Family Violence Champion can also facilitate further professional development and growth in areas they are passionate about. By engaging in initiatives aligned with their interests, Family Violence Non-Clinical Champions are able to expand their skill set and contribute to additional meaningful work within the scope of their current role. This opportunity for professional enrichment is likely to enhance job satisfaction and provide a sense of fulfilment, as staff are able to make a tangible difference in addressing family violence while continuing to meet their primary responsibilities.

Furthermore, Family Violence Non-Clinical Champions can foster greater interdisciplinary collaboration. By actively engaging with healthcare professionals from a range of disciplines, they help promote a health service-wide approach to family violence. Their role can also bridge gaps between departments, facilitating communication, sharing best practices, and ensuring cohesive, coordinated efforts across the organisation. This approach strengthens multidisciplinary teamwork, ensuring that all staff work collaboratively to support patients and families affected by family violence.

What are the key aspects that should be included as part of my health Service's Family Violence Clinical and Non-Clinical Champion role(s)?

The key aspects of Family Violence Clinical and Non-Clinical Champions should include:

- Provision of support to staff and colleagues when handling patient disclosures
- Engagement in family violence training and professional development
- Contribution to policy and procedure development
- Involvement in evaluation of patient family violence support practices (where applicable)
- Collaboration with internal and external family violence specialists for referrals

Other aspects of the Family Violence Clinical or Non-Clinical Champion role will require your health service to review the components of the model, identify any gaps in service delivery, and assess areas for improvement. Family Violence Clinical and Non-Clinical Champions can play a key role in driving system improvements by addressing these gaps and contributing to the overall enhancement of family violence responses.

What are the key considerations in recruiting Family Violence Clinical and Non-Clinical Champion's?

- Identify the level of staff that can apply to be a Family Violence Clinical and Non-Clinical Champion (Team leaders, Managers, etc.)
- Identify current clinical and non-clinical staff with existing family violence training that might be suitable.
- Consider the unique context of your health service, such as staffing levels and available resources. In rural or remote areas, or smaller services with high staff turnover or heavy reliance on agency staff, think about who the core Family Violence Clinical and Non-Clinical Champions should be, and how they can effectively drive family violence work in this environment.

How will the program be funded and sustained?

The Family Violence Clinical and Non-Clinical Champion Program is designed to be a sustainable program that can be implemented with minimal additional funding. By utilising existing organisational resources and structures, the program can be maintained over the long term without requiring significant financial investment. Below is an overview of the potential costs associated with setting up and maintaining the program, along with potential external funding opportunities to support specific components.

Initial Setup and Implementation Costs:

- Training Costs: Family violence training can be integrated into the organisation's existing professional development budgets, making the program affordable to implement; This may include online courses, workshops, or seminars.
- Materials and Resources: Any materials, such as informational guides or toolkits, can be created in-house or sourced from existing resources, reducing the need for external funding.
- Staff Time: Protected time for Family Violence Clinical and Non-Clinical Champions is essential, as without it, these tasks may be deprioritised. The time spent on training and program-related activities can be absorbed into existing roles, without extra compensation but must be safeguarded.
- Train the Trainer: A "train the trainer" approach builds internal capacity, allowing selected staff to deliver ongoing family violence training. This reduces long-term costs by eliminating the need for external trainers and fosters sustainability through internal expertise.

Ongoing Costs:

- Training Maintenance: The cost of ongoing training and professional development for Family Violence Clinical and Non-Clinical Champions can continue to be covered by existing budgets. This allows the program to remain active without requiring significant additional investment. Refresher courses or specialised workshops could be incorporated into regular training cycles.

- Peer Supervision: Family Violence Non-Clinical Champions may require peer support sessions, which could be funded through existing resources, noting clinical staff likely already receive regular supervision as part of their professional requirements, which reduces additional costs.

This program is highly sustainable because it can be integrated into existing systems, such as professional development and staff supervision, without requiring significant additional resources. By using current organisational budgets and leveraging existing structures, the program can be maintained long-term with minimal ongoing financial investment. To further enhance sustainability, the program can be incorporated into policies and procedures that include a revision component, ensuring it remains relevant and adaptable over time. External funding, if secured, can be used to enhance the program or expand specific elements, but is not essential for the day-to-day operations or longevity.

How will the program be monitored and evaluated?

To effectively monitor and evaluate the program, it is crucial to identify key areas of interest, such as the effectiveness of training, improvements in patient outcomes, adherence to established procedures, and the enhancement of staff knowledge. The success of the program is also contingent on compliance with the MARAM framework, as well as the FVISS and CISS legislation. Family Violence Clinical and Non-Clinical Champions will require targeted training on these frameworks to ensure proper implementation and adherence.

The evaluation process should focus on gathering relevant data to assess not only the effectiveness of training and staff knowledge but also the level of compliance with these critical legislative requirements. This could include tracking participant feedback on training sessions, measuring changes in staff competencies and confidence, assessing patient outcomes related to family violence intervention, and evaluating adherence to the MARAM, FVISS, and CISS protocols. Collecting and analysing this data will enable the health service to make informed decisions, identify areas for improvement, and ensure the program remains effective and fully compliant with relevant legislation.

6 Implementation

Key implementation components include:

- Governance
- Recruitment into Family Violence Clinical and Non-Clinical Champion roles
- Communication
- Collaboration and engagement
- Training
- Evaluation

Refer to ***Appendix 1*** - Implementation and Sustainability Guide for specific tasks associated with each of these areas.

6.1 Governance

Formal oversight and facilitation of the Family Violence Clinical and Non-Clinical Champion Program is critical to ensure its effectiveness and sustainability. The staff member(s) tasked with overseeing the Family Violence Clinical and Non-Clinical Champion Program are often actively engaged in other family violence prevention efforts within the health service, thereby fostering a cohesive, strategic approach. This oversight provides an opportunity for direct engagement and consultation with Family Violence Clinical and Non-Clinical Champions, serving as a vital link to consumers and victim survivors. Additionally, it ensures that the valuable work of Family Violence Clinical and Non-Clinical Champions receives multi-level visibility across the hospital.

Incorporating Family Violence Non-Clinical Champions into management and governance roles would further enhance the program's effectiveness. Their participation in decision-making processes is vital for embedding family violence strategies throughout the organisation, reinforcing both the program's relevance and sustainability. This diversity in skill sets, experiences, and expertise not only strengthens collaboration across the health service but also extends the influence of both Clinical and Non-Clinical Champions, broadening the reach and impact of family violence prevention efforts.

Specific responsibilities of this Family Violence Clinical and Non-Clinical Champion Program coordinator role may include:

- Developing a Family Violence Clinical and Non-Clinical Champion policy / procedure
- Booking regular meeting spaces to facilitate communication and collaboration among Family Violence Clinical and Non-Clinical Champions.
- Chairing Family Violence Clinical and Non-Clinical Champion meetings to ensure productive discussions and decision-making.
- Organising guest speakers and internal/external training opportunities to enhance Family Violence Clinical and Non-Clinical Champions' knowledge and skills.
- Leading the recruitment process for new Family Violence Clinical and Non-Clinical Champions and providing comprehensive onboarding training.
- Maintaining an up-to-date register of Family Violence Clinical and Non-Clinical Champions to track participation and facilitate communication.
- Serving as the primary contact person for Family Violence Clinical and Non-Clinical Champions, addressing inquiries and providing support as needed.

- Monitoring the quality of performance and outcomes achieved by Family Violence Clinical and Non-Clinical Champions, identifying areas for improvement, driving local health service context-based initiatives, and sharing best practices.

While providing leadership in this role is crucial, it is essential to recognise that the informal setup of the Family Violence Clinical and Non-Clinical Champion Program is one of its greatest strengths. Therefore, the leadership style adopted should reflect this informality, fostering a collaborative and empowering environment where Family Violence Clinical and Non-Clinical Champions are encouraged to actively contribute and innovate. This approach ensures that Family Violence Clinical and Non-Clinical Champions feel valued and empowered in their roles, maximising their potential to drive positive change in addressing family violence within the hospital setting.

Additionally, it is important to integrate robust hospital quality, safety, and risk oversight into the program to ensure that all actions taken are aligned with established clinical and organisational standards. The leadership must ensure that patient safety, quality of care, and risk management frameworks are closely monitored and incorporated into the program's implementation. This includes regular assessments of the program's effectiveness, ensuring that any risks related to family violence are identified, addressed, and mitigated in a timely manner.

During the planning stage, your health service will have identified who will be responsible for the implementation of the Family Violence Clinical and Non-Clinical Champion model. This person or team responsible will have direct responsibility for ensuring governance considerations are addressed, including ensuring that all safety and risk oversight measures are properly integrated into the program, contributing to both patient care and organisational accountability.

6.2 Recruitment into a Family Violence Clinical and Non-Clinical Champion role

Recruiting effective Family Violence Champions is essential for enhancing your health service's response to family violence. The following points outline key steps in the recruitment process, including role mapping, training, reporting structures, and selection procedures:

- Ensure your health service has identified where the Family Violence Clinical and Non-Clinical Champion role is mapped against the MARAM Framework (Intermediate or Comprehensive) – this will directly impact which MARAM training courses they will be required to complete.
- Identify the reporting line for the Family Violence Clinical and Non-Clinical Champion role.
- Formulate a Family Violence Clinical and Non-Clinical Champion role description. A detailed role description helps clarify responsibilities and expectations – See ***Appendix 2*** as an example.
- Determine the process for the recruitment of Family Violence Clinical and Non-Clinical Champions. Will it be via approaching specific clinical staff that have existing skills in family violence response? Or a general advertisement distributed to all staff seeking applications / EOI's for the role?
- For the purposes of interviewing potential candidates, consider utilising the interview template – Refer to ***Appendix 4*** for a sample interview guide to support consistent and fair recruitment decisions.

6.3 Communications

Effective communication with all clinical and non-clinical staff is critical to inform all health service staff about the role and purpose of Family Violence Clinical and Non-Clinical Champions. This can be achieved through various channels, such as information sessions, updates on the staff intranet, email notifications, participation in team meetings, and presentations at Executive and Senior Management meetings.

Sustained communication fosters ongoing engagement and support, which are vital for the model's longevity. By keeping everyone informed and involved, the program can adapt and grow over time, ensuring that staff remain committed to its goals.

For external partnerships, identifying key agencies, such as The Orange Door and other localised specialised family violence agencies, is important. Ensuring these organisations are aware of existing Family Violence Clinical and Non-Clinical Champion Programs helps build collaborative networks that strengthen the model's effectiveness and sustainability.

6.4 Collaboration and Engagement with Family Violence Clinical and Non-Clinical Champions

To maintain ongoing engagement with Family Violence Clinical and Non-Clinical Champions and ensure the sustainability of the Family Violence Clinical and Non-Clinical Champion Network, innovative strategies for knowledge dissemination and retention are essential. Some of these strategies may include:

- **Recognition and Appreciation**: Regular recognition and appreciation of the efforts of Family Violence Clinical and Non-Clinical Champions through formal acknowledgments, such as awards or public commendations, as well as informal gestures like verbal praise from hospital leadership.
- **Professional Development Opportunities**: Additional opportunities for ongoing professional development and skill enhancement related to family violence prevention and response. This could include specialised training, attendance at conferences or workshops, or participation in relevant research projects.
- **Peer Support and Networking**: Facilitate opportunities for Family Violence Clinical and Non-Clinical Champions to connect with and learn from their peers within the hospital setting, as well as with external experts and professionals in the family violence sector. Peer support networks can provide encouragement, guidance, and a sense of camaraderie.
- **Empowerment and Autonomy**: Empower Family Violence Clinical and Non-Clinical Champions to take ownership of their roles by involving them in decision-making processes, allowing them to contribute ideas and suggestions for improvement, and granting them autonomy in how they prioritise and approach their responsibilities.
- **Impact and Purpose:** Remind Family Violence Clinical and Non-Clinical Champions of the meaningful impact of their work in supporting victim survivors of family violence and contributing to positive change within the hospital community. Highlight success stories and tangible outcomes resulting from their efforts to reinforce their sense of purpose and motivation.

6.5 Training

Training for Family Violence Clinical and Non-Clinical Champions is essential to ensure they have the appropriate skills and knowledge to undertake the role. Once Family Violence Clinical and Non-Clinical Champions have been recruited, identify training requirements and how appropriate training will be accessed and resourced.

Family Violence Clinical and Non-Clinical Champion's should have access to continuous education and professional development to stay well-informed of family violence responses. It is important that they are up-to-date with family violence competency trainings and actively seek additional learning opportunities to enhance their knowledge.

Training sessions should provide comprehensive education incorporating Victorian government's MARAM Framework and other relevant local initiatives, as well as advising on support services available to victim survivors. These sessions would usually be facilitated by specialists in family violence, either sourced from within the hospital or health service, or through collaboration with external experts in the field.

Training session formats may include interactive workshops, case studies, and role-playing exercises to enhance learning and practical application. Additionally, ongoing professional development opportunities, such as webinars, conferences, and peer-to-peer learning sessions, are offered to ensure Family Violence Clinical and Non-Clinical Champions remain up-to-date with evolving best practices and emerging trends in family violence prevention.

Training for Family Violence Clinical and Non-Clinical Champions should be specifically tailored to align with the Victorian government's MARAM framework and other relevant local initiatives.

Introduction to MARAM and Local Context:

- Overview of the MARAM framework and its significance within Victoria's broader family violence prevention and response system.
- Family Violence Information Sharing Schemes and Child Information Sharing Schemes.
- Discussion of how the MARAM framework guides risk assessment, safety planning, and intervention strategies for individuals experiencing or at risk of family violence.

Understanding Family Violence in the Victorian Context:

- Examination of the prevalence and impact of family violence in Victoria, including local statistics and trends
- Exploration of cultural, social, and systemic factors that contribute to family violence within the community

Legal and Ethical Considerations in Victoria:

- Review of relevant legislation, policies, and guidelines related to family violence in Victoria, including the Family Violence Protection Act 2008, FVISS, and CISS
- Discussion of ethical considerations and professional responsibilities for healthcare professionals in alignment with the Victorian Family Violence Capability Framework.

Clinical Assessment and Response

- Training on conducting MARAM risk assessments and safety planning for patients affected by family violence.

- Strategies for effective documentation, information sharing, and collaboration with other agencies and services also aligned with the MARAM framework.

Collaboration with Local Support Services:

- Overview of local support services and resources available to victims of family violence in Melbourne, including referral pathways to specialised family violence services, housing support, legal assistance, and counselling services.
- Training on establishing and maintaining effective partnerships with local support agencies and community organisations to facilitate holistic care and support for patients.

Role of the Family Violence Clinical and Non-Clinical Champion within the health service:

- Clarification of the role and responsibilities of the Family Violence Clinical and Non-Clinical Champion within the health service.
- Training on leadership skills, communication strategies, and advocacy techniques to drive organisational change and promote a culture of safety and support for victims of family violence.

Case Studies and Simulation Exercises:

- Practical application of knowledge and skills through case studies, role-playing exercises, and simulated scenarios based on real-life situations encountered within health services.
- Opportunities for reflection, peer learning, and feedback to reinforce learning outcomes and enhance clinical practice.

6.6 Monitoring, Evaluation and Feedback

It is recommended that the evaluation of the Family Violence Clinical and Non-Clinical Champion Program is embedded within your organisation's broader evaluation framework and associated indicators for family violence response.

Key measures that could be incorporated into your evaluation framework include:

- Number of current Family Violence Clinical and Non-Clinical Champion(s) with advanced family violence training and support to be able to assist other staff. (Evidenced by demonstrated/documented FV training and support)
- Number of consultations provided by Family Violence Clinical and Non-Clinical Champion's to clinical staff
- Feedback from clinical staff on value of advice / support provided by Family Violence Clinical and No-Clinical Champions

Suggested objectives for evaluation of the Family Violence Clinical and Non-Clinical Champions Program:

- Assessing the program's impact on raising staff awareness
- Improving responses to family violence
- Enhancing the Family Violence Clinical and Non-Clinical Champion's capacity
- Fostering interdepartmental collaboration
- Contributing to the broader family violence response efforts within the health service.

NOTE: It is essential there are clear assessment methods and specific evidence that can directly measure each objective.

Family Violence Clinical and Non-Clinical Champions should be encouraged to self-monitor through reflection and evaluation of their individual and group performance. This process can provide the motivation needed to adjust and improve practice. Additionally, it is important to offer opportunities for feedback from both Family Violence Clinical and Non-Clinical Champions and other staff who are external to the network. By gathering and integrating this collective feedback, the program can be continuously adapted and improved to ensure it achieves the best possible outcomes for victim-survivors.

Existing healthcare safety and quality standards, coordinated by the Australian Commission on Safety and Quality in Health Care, shape national accreditation models for health service organisations. Victorian public health services must undergo regular assessments to maintain accreditation through the Australian Health Service Safety and Quality Accreditation Scheme. These accreditation requirements inform key evaluation measures for family violence initiatives, which vary based on each health service's focus. Evaluation may include process evaluation (to assess implementation fidelity), outcome evaluations (to measure changes in staff knowledge and responses), and self-monitoring by Family Violence Clinical and Non-Clinical Champions. Evaluation methods could involve data collection, qualitative surveys, focus groups, interviews, case file audits, and/or workshops.

By regularly reviewing and refining practices, health services can ensure that they are not only maintaining their accreditation but also providing the highest standard of care and support to those affected by family violence. These measures aim to track program effectiveness, identify areas for improvement, and ensure the program achieves positive outcomes for patient victim survivors.

EVALUATION TIPS:

The monitoring and evaluation of the Family Violence Clinical and Non-Clinical Champions Program within your health service is essential for assessing its effectiveness in responding to family violence.

- Identify who will be responsible for the evaluation in your health service.
- Consider your health service's evaluation framework prior to the implementation stage to ensure associated processes, data and resources are accessed (or built) as part of the program.
- Integrate the evaluation of the Family Violence Clinical and Non-Clinical Champion Program into the organisation's broader family violence evaluation framework.
- Consider if evaluation data can be utilised to inform health service standards.
- Consult your health service's research team / department (if there is one), for assistance with evaluation / research ethics, methods, data collection, reporting.

7 Conclusion

Embedding a high-quality Family Violence Clinical and Non-Clinical Champion Program can be an effective component of a health service's organisational response to family violence. It is important that health services and their staff remain up to-date with evidence-based family violence practice. With any change in practice or project implementation there will be risks to its success. Elements of the model may have to be adapted to best suit your service.

Introducing a new framework for Family Violence Clinical and Non-Clinical Champions may be met with some resistance. Concern about an increase in workload without additional support may lead people to prefer a more structured model. This fear of the unknown can be addressed by providing clear information around the model and its function. Innovative ways to maintain interest and keep knowledge up to date will need to be employed. Creating a model which incorporates face to face with online communication may be effective in maintaining membership and reaching larger numbers of people.

Family Violence Clinical and Non-Clinical Champions who understand the importance of clinical awareness and responses to family violence are integral to hospital wide culture change. Ensuring that their work is relevant, supported and visible across the hospital will only improve the health service's ability to appropriately respond to and support victim survivors.

8 Appendices

Appendix 1 – Family Violence Clinical and Non-Clinical Champions Implementation and Sustainability Guide

Appendix 2 – Family Violence Clinical and Non-Clinical Champions Job Description

Appendix 3 – Family Violence Clinical and Non-Clinical Champions Expression of Interest Example Form

Appendix 4 – Family Violence Clinical and Non-Clinical Champions Interview Guide

Appendix 5 – Resources

Appendix 1 – Family Violence Clinical and Non-Clinical Champion Implementation and Sustainability Guide

IMPLEMENTATION AND SUSTAINABILITY CHECKLIST – FAMILY VIOLENCE CLINICAL AND NON-CLINICAL CHAMPION PROGRAM			
☑	**Governance**	**Detail**	**Notes**
❑	Identify parameters of Family Violence Clinical and Non-Clinical Champion role	• Reporting line(s) for Family Violence Clinical and Non-Clinical Champion's • Responsibilities • Consult with managers about remit of role	
❑	Identify resources required to support Family Violence Clinical and Non-Clinical Champion Program	• Funding • Office space • System access requirements	
❑	Identify which MARAM level is applied to Family Violence Clinical and Non-Clinical Champion role	Three MARAM levels. Victim Survivor: • Foundational • Intermediate • Comprehensive Adults Using Violence: • Identification • Intermediate • Comprehensive Refer Workforce mapping for MARAM	
❑	Identify & review organisational policies, procedures, practice guidance and tools that require updating to reflect Family Violence Clinical and Non-Clinical Champion Program. Also identify the need for any new materials as appropriate.	Examples: • Forms • Manuals • Policy / procedure	

		• Supervision templates	
❑	Identify risks associated with Family Violence Clinical and Non-Clinical Champion Program and document in risk register along with mitigating strategies		
❑	Regularly conduct audits on program		
☑	**Recruitment**	**Detail**	**Notes**
❑	Write Family Violence Clinical and Non-Clinical Champion job description	For example, see ***Appendix 2***	
❑	Distribute Family Violence Clinical and Non-Clinical Champion job description as per agreed method	• Direct to interested staff • Send to all staff	
❑	Interview staff that have indicated their interest in role	For example, see ***Appendix 4***	
❑	Conduct annual recruitment drive		
☑	**Communication**	**Detail**	**Notes**
❑	Advise all staff of Family Violence Clinical and Non-Clinical Champion role and purpose		
❑	Advise key external specialist family violence agencies of Family Violence Clinical and Non-Clinical Champion role		
❑	Regular training updates to Family Violence Clinical and Non-Clinical Champions for training opportunities		
❑	Consider if there is a role for your internal communication department to produce regular comms to ensure all health service staff are aware of program and how it can support their practice		
☑	**Collaboration and engagement**	**Detail**	**Notes**

❑	Identify existing partnerships and networks across your local area for collaboration		
❑	Identify opportunities for new partnerships for greater collaboration with other agencies in your local area		
❑	Identify opportunities for multidisciplinary collaboration and engagement within your health service to ensure a holistic approach to patient care and strengthen patient care		
☑	**Training**	**Detail**	**Notes**
❑	Identify appropriate training for Family Violence Clinical and Non-Clinical Champion(S) to complete within designated timeframe	• MARAM training • Risk assessment • FVISS & CISS • Safety planning / referral • Sensitive practice • Trauma and violence informed practice	
❑	Identify other relevant internal / external learning and development opportunities		
❑	Identify existing professional development budgets and explore options to utilise this for family violence training		
☑	**Monitoring, evaluation and feedback**	**Detail**	**Notes**
❑	Develop evaluation framework and embed within program processes		
❑	Determine what evaluation measures to monitor		
❑	Ensure data collection methods established	• Access to IT systems / programs as required • Reporting templates	

❑	Compliance with Family Violence Legislation	• MARAM Framework and tools for risk assessment • FVISS & CISS	
❑	Regularly review evaluations and feedback to identify good practice and areas for improvement.		

Appendix 2 – Example Family Violence Clinical and Non-Clinical Champion Role Description

Family Violence Clinical and Non-Clinical Champion Role Description Role Overview

Background:

Insert Health Service name here is committed to recognising family violence as a health issue, and supporting individual's experiencing violence, whether they are patients or staff, to access information and support.

Family violence can lead to terrible physical and psychological harm, particularly to women and children. The causes of family violence are extremely complex, but we know it includes gender inequality and community attitudes towards women.

The February 2015 establishment of the Victorian Royal Commission into Family Violence was an acknowledgement of the seriousness of this issue and reflected the growing awareness of its scale. The Commission tabled its report in the Victorian Parliament in March 2016 and the Victorian Government accepted all 227 of the Commission's Recommendations. Recommendation 95 states "... public hospitals to implement a whole-of-hospital model for responding to family violence drawing on evaluated approaches in Victoria and elsewhere [within three to five years]."

The Strengthening Hospital Responses to Family Violence (SHRFV) initiative delivers on this recommendation, by providing a model to improve the capability and capacity of staff to recognise the signs of family violence, appropriately respond to disclosures, and to know which services to refer patients to. The development of procedures, establishing an intranet department page to enable easy access to resources, and the delivery of family violence training to all staff is underway to enable _____ to be a safe place for patients to seek support for family violence issues, and to provide staff with the confidence and resources to respond.

Recruiting Family Violence Clinical and Non-Clinical Champions to support this work is another step _____ is taking to ensure staff are supported to respond to family violence. Family violence is a serious health issue that impacts upon psychological and physical well-being. Family violence in all its forms is unacceptable.

Purpose:

Family Violence Clinical and Non-Clinical Champions will support and assist staff to access information about the _____ responses to family violence, as well as supporting and assisting colleagues/teams regarding the provision of a first line response to people experiencing family violence. This may also involve responding directly to a patient or staff disclosure of family violence (within individual scope of practice).

Family Violence Clinical and Non-Clinical Champions are members of staff who have an interest in the SHRFV work, and are trained to assist other employees to access evidence-based information in relation to the prevention of family violence, following _____ procedures and SHRFV framework. Their role will assist to build staff capacity to respond to family violence, and help implement the whole of hospital response to family violence, working closely with the SHRFV project team.

Key responsibilities:

• Participate in training to maintain and develop sound knowledge of the indicators of family violence, primary prevention strategies and the family violence service system, including internal procedures.

• Commitment to attend, and participate at relevant meetings and working groups

• Provide event support as required, and contribute to staff training.

• Help promote awareness of the SHRFV work, including procedures, service listings, and training dates.

• Work with other Family Violence Champions across the organisation to promote SHRFV activities.

• Provide clear, accurate, and accessible information to staff who seek assistance in relation to patients or peers experiencing family violence.

• Provide information on appropriate supports that are available, including internal and external referral options available. Seek secondary consultation with manager, specialist staff (including social workers), or after-hours manager if immediate risk issues for the patient are identified.

• Ensure equity and access issues for patients are acknowledged and addressed, including providing information to staff about access to language services, Aboriginal Liaison Officers, or cultural-specific support services.

Interpersonal Requirements:

- Approachable and can build strong relationships within the workplace.
- Good listening skills, high empathy and non-judgemental attitude - embraces and respects the individual differences of a diverse range of people.
- Insightful – can discern core issues.
- Decision Making – has sound judgment and makes appropriate choices.
- Confidential – always maintains appropriate confidentiality.
- Responsible – takes personal responsibility for handling difficult situations.
- Self-awareness – awareness of own emotions and potential biases.
- Understands and responds appropriately to the emotions that staff are experiencing, or may experience, if they have a concern regarding a family violence issue.
- Acts with integrity and can assess actual or perceived conflicts of interest between the Family Violence Clinical and Non-Clinical Champion role and other roles at the health service.
- Has support of line manager for time release to attend SHRFV meetings and other requirements.

Key Considerations:

- Able to commit to the role of Family Violence Clinical and Non-Clinical Champion for a minimum of 12 months.
- Review and re-endorsement of Family Violence Clinical and Non-Clinical Champion role will occur every 2 years, and champions will be assigned to strategic areas.
- The Strengthening Hospital Responses to Family Violence committee will have final approval for Family Violence Clinical and Non-Clinical Champion officers.

Confidentiality:

All information concerning _____, its patients, clients, and staff and volunteers is strictly confidential, and any unauthorised disclosure of such information may result in disciplinary action. Confidentiality is particularly important in relation to family violence situations.

Key documents:
Insert relevant policies / procedures

- This could include family violence, information sharing policies etc.

SHRFV Family Violence Clinical and Non-Clinical Champion Acknowledgment and Agreement:

This acknowledgement and agreement is to be completed by the Family Violence Clinical/Non-Clinical Champion and their Manager and forwarded to_____.

Family Violence Clinical/Non-Clinical Champion Name: _____

Department/Area: _____

I have read and understood the Strengthening Hospital Responses to Family Violence, Family Violence Clinical and Non-Clinical Champion Role Description.

Signed: _____

Date: _____

This section to be completed by Family Violence Clinical/Non-Clinical Champion's Manager.

Manager name: _____ Department / Area:_____

I agree and support the team member named above to undertake the Family Violence Champion Role as described in the Family Violence Champion role description. I recommend and support the team member named above as a family violence champion and believe that they meet the requirements as outlined in the Family Violence Clinical and Non-Clinical Champion role description.

Manager Signature: _____Date:_____

Approved and accepted by: _____Date:_____

Appendix 3 – Example Family Violence Clinical and Non-Clinical Champions Expression of Interest Form

Expression of Interest (EOI) Form: Family Violence Clinical and Non-Clinical Champions

Program Overview:

We are inviting Expressions of Interest (EOI) from clinical and non-clinical staff to join the Family Violence Clinical and Non-Clinical Champions Program. Family Violence Clinical and Non-Clinical Champions will provide support, resources and assistance to staff to be able to access evidence-based information about family violence in relation to the care of patients within the hospital. Family Violence Clinical and Non-Clinical Champions are integral to the care we offer patients experience, or at risk of family violence.

Eligibility Criteria:

Being a Family Violence Clinical and Non-Clinical Champion is open to both clinical and non-clinical staff members within the hospital.

- Interest in improving family violence responses and patient care.
- Ability to commit to training and ongoing involvement in the Family Violence Clinical and Non-Clinical Champions Program.
- Ability to commit to the role of Family Violence Clinical and Non-Clinical Champion for a minimum of 12 months.
- Has support of line manager for time release to attend SHRFV meetings and other requirements.
- Embeds Trauma and Violence Informed Care into practice.

Key Dates:

Expression of Interest Submission Deadline: _____

Training Date: _____

Personal Information:

Full Name: _____

Job Title: _____

Department/Unit: _____

Email Address: _____

Phone Number: _____

EOI Questions:

1. Why are you interested in joining the Family Violence Clinical and Non-Clinical Champions Program?

Please provide a brief explanation of your motivation and interest.

_____
_____
_____
_____
_____
_____

2. Do you have any prior experience or training in responding to family violence?

This is not a requirement, but any relevant experience or skills would be helpful to know.

_____
_____
_____

3. How do you think you can contribute to improving family violence responses at our hospital?

Please describe any ideas or specific skills you would bring to the program.

_____
_____
_____
_____

Ongoing Commitment:

By submitting this EOI, you understand that successful applicants will be invited to attend the Family Violence Clinical and Non-Clinical Champions Training Day and will be required to actively participate in the program's ongoing activities.

Submission Instructions:

Please submit your completed EOI form via email to **_Insert program coordinator email address_** by **_Insert EOI form due date_**.

Contact Information:

For more information about the Family Violence Clinical and Non-Clinical Champion Program or if you have any questions, please contact **_Insert program coordinator name_** at ** _Insert program coordinator email address_ **

Thank you for your interest in improving our hospital's response to family violence. We look forward to your application.

Appendix 4 – Example Family Violence Clinical and Non-Clinical Champion Interview Template

Interview Template	
Position Title	**Family Violence Clinical and Non-Clinical Champion**
Candidate Name	
Date	
Time	
Interview Panel	
HR Representative	

PLEASE NOTE: Interview notes must be non-discriminatory and must be saved and returned to Human Resources. In accordance with the Privacy Act, successful and unsuccessful candidates can request to view any notes relative to the recruitment process.

Introduction

- □ Thank the candidate for attending the interview and for making themselves available to meet
- □ Introduce Interview Panel and indicate who will be asking questions
- □ Inform the candidate of the expected length of the interview
- □ Inform the candidate that they are free to take their time to answer and to ask questions at any stage throughout the interview
- □ Ask the candidate if they have any questions before the interview begins and let them know that there will be time at the end of the interview for further questions

Introductory Questions

1. **What do you understand the Family Violence Clinical and Non-Clinical Champion role to be?**

Promote awareness of violence against women and policies in the hospital

Support staff through case-reviews and reflective practice.

Provide clear, accurate, and accessible information to staff who seek assistance in relation to patients experiencing family violence including internal and external referral options.

Outline the internal and external referral options available.

Seek secondary consultation with manager, specialist staff (including social workers), or after-hours manager if immediate risk issues for the patient are identified.

Work with other Family Violence Champions through regular meetings and online forums to develop skills, share practice wisdom, and inform best practice.

Participate in training to maintain and develop sound knowledge

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

2. Why do you want to be a Family Violence Clinical and Non-Clinical Champion and what strengths do you bring to this role?

Team player/support colleagues

Commitment to PVAW

Sees SHRFV whole of hospital model/health as a key site for response or early intervention

Commitment to the issue of preventing and responding to violence against women (evidence-based)

Non-judgmental and empathic attitude

Good active listening and communication skills

Self-awareness, insight, integrity

Sound decision-making skills.

Leadership or emerging leadership qualities including ability to take responsibility

_____
_____
_____
_____
_____
_____
_____
_____
_____

3. In this role you aren't expected to be a family violence expert but an understanding of some of the issues surrounding family violence and violence against women will be helpful. Could you please tell us about your understanding of Family Violence/Violence Against Women?

E.g., Gendered drivers, systemic/structural, gender inequity

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

4. What do you see as the benefits and challenges for you in the role of Family Violence Clinical and Non-Clinical Champion?

Supporting, not directing staff
Relevant and up to date knowledge
Managing staff and own stress and anxiety
Contacting internal/external services for further support in a timely manner

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

5. **We understand that experiencing and/or responding to Family Violence is difficult. Can you tell us your understanding of the available resources we have here at _____ or externally to support staff?**

_____
_____
_____
_____
_____
_____

Candidate Questions

_____
_____
_____
_____

- Thank the candidate for attending the interview and describe the recruitment time lines from here.
- Have they attended Acting on the Warning Signs?

Outcome			
Summary			
Completed By:			
Signature:		**Date:**	

Appendix 5 – Resources

1800RESPECT, Risk assessment and safety planning https://www.1800respect.org.au/resources-and-tools/risk-assessment-frameworks-and-tools/risk-assessment

1800RESPECT, Safety planning checklist https://www.1800respect.org.au/help-and-support/safety-planning/checklist

Dhelk Dja: Safe Our Way Dhelk Dja: Safe Our Way | vic.gov.au

Equal Opportunity Act 2010 (Vic) https://www.legislation.vic.gov.au/in-force/acts/equal-opportunity-act-2010/020

Family Safety Victoria, Responding to Family Violence Capability Framework Responding-to-family-violence-capability-framework_0.pdf

Family Violence and Information Sharing: Information sharing and MARAM reforms https://www.vic.gov.au/information-sharing-schemes-and-the-maram-framework

Family Violence Multi-Agency Risk Assessment and Management Framework https://www.vic.gov.au/family-violence-multi-agency-risk-assessment-and-management

Family Violence Protection Act 2008 (Vic) https://www.legislation.vic.gov.au/in-force/acts/family-violence-protection-act-2008/053

MARAM secondary consultations and referrals - advice for health professional factsheet-maram-secondary-consultations-and-referrals-advice-for-health-professionals.docx

Multi-Agency Risk Assessment Framework (MARAM) Practice Guides and Resources https://www.vic.gov.au/maram-practice-guides-and-resources

Occupational Health and Safety Act 2004 (Vic) https://www.legislation.vic.gov.au/in-force/acts/occupational-health-and-safety-act-2004/044

Our Watch 'Change the Story' Framework (2015) https://www.ourwatch.org.au/change-the-story

Our Watch 'Changing the Picture' (2018) https://www.ourwatch.org.au/change-the-story

Our Watch 'Putting the prevention of violence against women into practice: How to Change the Story' (2017) https://www.ourwatch.org.au/change-the-story/prevention-practice

Project Management Resources – Royal Women's Hospital – Strengthening Hospital Responses to Family Violence https://www.thewomens.org.au/health-professionals/clinical-resources/strengthening-hospitals-response-to-family-violence/shrfv-project-management-resources

VicHealth, Preventing Violence Against Women in the Workplace (2012) https://www.vichealth.vic.gov.au/sites/default/files/CHW_PVAW_Full_Web_Final.pdf

9 References

Published:

García-Moreno, C., Hegarty, K., d'Oliveira, A., Koziol-McLain, J., Colombini, M. and Feder, G., 2015. The health-systems response to violence against women. The Lancet, 385(9977), pp.1567-1579.

McLindon, E., Humphreys, C. and Hegarty, K. 2018. “It happens to clinicians too”: an Australian prevalence study of intimate partner and family violence against health professionals. BMC Women’s Health, 18(113).

Unpublished:

Chapman, J. 2018 “Champions of Change: Testing a model of Family Violence Clinical and Non-Clinical Champions in a Hospital setting”, University of Melbourne Community Fellowship, Literature review.