Strengthening Hospital Responses to Family Violence

Family Violence Contact Officer 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 document is designed to be a practical information and resource guide for health service Executive and managers either planning or refining an existing Family Violence Contact Officer Program.

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

Acknowledgements

This document was created with the contributions of Natalie Dimitrakas, Kelsey Hegarty, Areeya Holmes, Peter Kelly, Minerva Kyei-Onanjiri, and Amanda Morris.

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. This document was created and developed on the traditional lands of the Wurundjeri people of the Kulin Nation, and we extend our respect 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.

Contents

Abbreviations and Definitions

Term/Abbreviation	Explanation
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.
EAP	Employee Assistance Program: Workplace benefit program designed to provide confidential and professional assistance to employees who are dealing with personal or work-related problems that could affect their well-being and job performance.
Enterprise Agreement	An **enterprise agreement** is a collective agreement between an employer and their employees (or a union representing employees) that sets out the terms and conditions of employment for a specific workplace or group of employees.
Fair Work Act (2009)	The **Fair Work Act 2009** is a key piece of legislation in Australia that governs employment standards, rights, and responsibilities. It establishes the legal framework for fair workplaces and is designed to ensure fair treatment for employees, employers, and other stakeholders.
FVCO	Family Violence Contact Officer: A person within a health service who, in addition to their substantive role, provides staff with confidential information, options and resources in relation to their experience of family violence. This could include access to family violence leave, safety planning, referral and other supports. For some staff, it is important to have someone neutral at work to confide in.
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 fami member or another person; or b) Behaviour 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.
HR	Human Resources
OHS	Occupational Health and Safety
Mandatory Reporting	Mandatory reporting refers to the legal obligation of certain professionals to report suspected cases of child abuse or neglect, including family violence, to relevant authorities. This requirement exists to protect children from harm and ensure timely intervention.
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.
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

The aim of the Strengthening Hospital Responses to Family Violence (SHRFV) initiative is to support Victorian hospitals to implement a whole-of-hospital response to family violence. Family violence is a workplace issue that impacts staff personally, often affecting attendance at work, performance, productivity and workplace safety.

This approach recognises that as employers, we must prioritise the safety and wellbeing of our staff who personally experience family violence. Not only does this priority arise from our role as an employer, as a health service provider we must support our staff personally so that they can support patients experiencing family violence.

Research shows that the experiences of family violence of clinicians working in the Victorian public health sector are higher than those experienced by the general population. Prior to focusing on patients experiencing family violence, it is strongly recommended that hospitals prioritise the development and implementation of a workplace program, including manager training, to support the personal experiences of their employees.

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

2 What is a Family Violence Contact Officer?

*A **Family Violence Contact Officers (FVCO)** is a person within a health service who, in addition to their substantive position, provides staff with confidential information, options and resources in relation to their experience of family violence. This could include access to family violence leave, safety planning, referral and other supports. For some staff, it is important to have someone neutral at work to confide in.*

FVCOs are typically Human Resource staff who are committed to ensuring that any staff member impacted by family violence are provided with a workplace response that aligns with appropriate legislation and prioritises the safety and wellbeing of that staff member and their family. It is crucial that FVCOs ensure that staff victim survivors requiring additional leave or supports will not be disadvantaged.

FVCOs handling disclosures of family violence must comply with the Fair Work Act (2009), relevant Enterprise Agreements or Awards, and Multi-Agency Risk Assessment & Management (MARAM) legislation, including Dhelk Dja, when conducting risk assessments and safety planning. This includes ensuring employees are supported with family violence leave, flexible work arrangements, and necessary adjustments, in line with the Fair Work Act and applicable health service agreements. FVCOs must also notify Child Protection if there are concerns about a child's safety, in accordance with mandatory reporting. FVCOs are not governed by Family Violence Information Sharing Scheme (FVISS) legislation, but they must ensure all actions align with legal and organisational requirements to provide a safe, compliant, and supportive workplace.

The FVCO's role is NOT to give advice, but rather to be knowledgeable about relevant workplace policies and legislation, assist staff members in understanding their options, and recognise when to escalate an issue to a senior manager or external service. It is essential that FVCOs feel confident in providing safe and confidential support to their peers while staying up to date with employment-based legislation and organisational policies that define the scope of their role. To achieve this, appropriate training and professional development are crucial in ensuring FVCOs possess the necessary skills, knowledge, and confidence to effectively fulfil their responsibilities.

FVCOs play a crucial role in providing a supportive and legally compliant response to staff affected by family violence. Their primary responsibility is to ensure the safety and well-being of employees while adhering to relevant laws and workplace policies. By staying informed, undertaking appropriate training, and understanding when to escalate issues, FVCOs can effectively assist colleagues in navigating the challenges of family violence, fostering a safe and supportive workplace environment.

3 What does the Family Violence Contact Officer role involve?

Main components of the role include:

- Managing staff disclosures
- Facilitating access to family violence entitlements
- Engaging in Training and professional development
- Policy and procedure development
- Support for Managers
- Evaluation of workplace support practices
- Quarterly reporting on family violence workplace support accessibility data
- Collaboration with internal and external family violence specialists

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

3.1 Manage staff disclosures

The FVCO role offers staff an accessible and confidential point of contact to disclose experiences of family violence and seek workplace support. FVCOs are trained to listen sensitively to staff disclosures and offer information on available workplace supports in line with health service policies and procedures. It's important to ensure that staff disclosures and the support provided align with the Fair Work Act and relevant Enterprise Agreements. These frameworks require employers to offer family violence leave, flexible work arrangements, and necessary adjustments, ensuring a safe and supportive workplace. Regular policy reviews are essential to maintain compliance, promote employee wellbeing, and uphold a legally compliant and safe work environment.

3.2 Facilitate access to family violence entitlements

The FVCO assists staff experiencing family violence to access entitlements including family violence leave, flexible working arrangements, and workplace safety and security. Other entitlements may include offering information regarding counselling services such as Employee Assistance Programs (EAP) and access to mental health professionals. In most cases this will be in collaboration with the staff member's manager, provided staff member is agreeable to this.

It may be the case that FVCOs are alerted to staff allegedly perpetrating family violence while at the workplace. FVCOs understand that they are not family violence specialists and consult with specialist family violence services and their hospital legal services where appropriate.

Family Violence Contact Officers:

- Prioritise the safety of victim survivors, as well as staff and patients.
- Hold perpetrators accountable for their actions and behaviour.
- Do not condone family violence regardless of the socio-economic status, ethnicity, sexuality, gender identity, residential postcode, occupation, education or other aspects of the identity, background or attributes of either the perpetrator or victim/survivors.

- Encourage perpetrators of family violence to seek support from specialist family violence services such as Men's Referral Services.
- Have a clear understanding of the role of the hospital as an employer in responding to staff.

3.3 Training and professional development

FVCOs may be asked to assist with family violence staff training within their health service. This is generally in relation to advising staff and Managers of the FVCO role and family violence leave and support entitlements.

Engaging in ongoing training and professional development is also essential for FVCOs. Continuous learning ensures a thorough and consistent understanding of family violence procedures and protocols within the workplace. This approach not only enhances the competencies of FVCOs but also bolsters their confidence in sharing knowledge with staff across the health service.

3.4 Policy and procedure development

Insights and feedback from FVCOs play a crucial role in contributing to the development and improvement of both new and existing policies and procedures related to workplace support for staff experiencing family violence. These insights should be actively sought to ensure policies are comprehensive and responsive to the needs of all staff affected by family violence, including those who are experiencing it and those who may be perpetrating it. By integrating FVCO feedback, organisations can develop more effective policies that not only provide better support for staff but also ensure accountability for perpetrators. This approach leads to continuous improvement in workplace responses, fostering a safer, more supportive environment for all staff.

3.5 Support for Managers

Where a staff member has advised their line Manager of their experience of family violence, the FVCO will often work closely with this Manager and staff member to develop a safety plan and ensure the staff member's preferred course of action is implemented and adhered to. The Occupational Health and Safety (OHS) department is ideally positioned to facilitate and conduct the safety planning, as they possess comprehensive knowledge of relevant workplace safety considerations and Safety and Quality Health Service Standards.

3.6 Evaluation of workplace support practices

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

FVCOs can use various sources to inform practice changes, such as pre- and post-training surveys, verbal feedback, and data from Manager training sessions and staff surveys. These tools provide both qualitative and quantitative data, which can help identify areas for improvement.

Additionally, data collected from program activities such as training attendance, the number of staff who have accessed family violence leave and total hours taken, attendance at relevant grand rounds, staff forums and promotional events. Other valuable data points include the number of

visits to the intranet page for internal family violence information and reports from the EAP provider regarding family violence-related contacts.

To guide ongoing improvements, performance metrics may be used to gather insights from key stakeholders. Regular training content evaluation meetings will ensure continuous quality enhancement and adherence to best practices. It's also essential to conduct periodic reviews of policies, procedures, and intranet information should be conducted to maintain up-to-date resources. Additionally, regular meetings within Human Resources/People & Culture will ensure alignment with current procedures related to the Family Violence Workplace Support Program. The framework will also incorporate best practices, emerging research, and any updates to legislation or policy to ensure it remains current and effective.

3.7 Quarterly reporting on family violence workplace support accessibility data

To recognise the importance of staff wellbeing and safety, aggregated family violence information may be reported through to Executive for consideration and, where appropriate, action undertaken to further support members of the workplace impacted by family violence. In all reporting aggregated, de-identified information should be presented to maintain confidentiality and safety.

Key information to be presented may include:

- Number of family violence leave hours taken
- Number of staff experiencing family violence (names deidentified)
- Number of referrals to specialist family violence
- Number and type of work flexibility arrangements in place due to family violence considerations
- Training attendance by Managers

3.8 Collaboration with internal and external family violence specialists

FVCOs will develop and strengthen their partnerships with external organisations with expertise in family violence prevention and response to improve outcomes for staff. Organisations such as the Employee Assistance Program provider and local specialist family violence services can be a source of consultation in relation to the FVCO role and workplace supports.

Internal partnerships within the health service are critical to ensure a coordinated, well informed support response for staff experiencing family violence. Key partnerships will include:

- Human Resources / Workplace staff
- Executive
- Managers across the organisation
- Training team (if applicable)

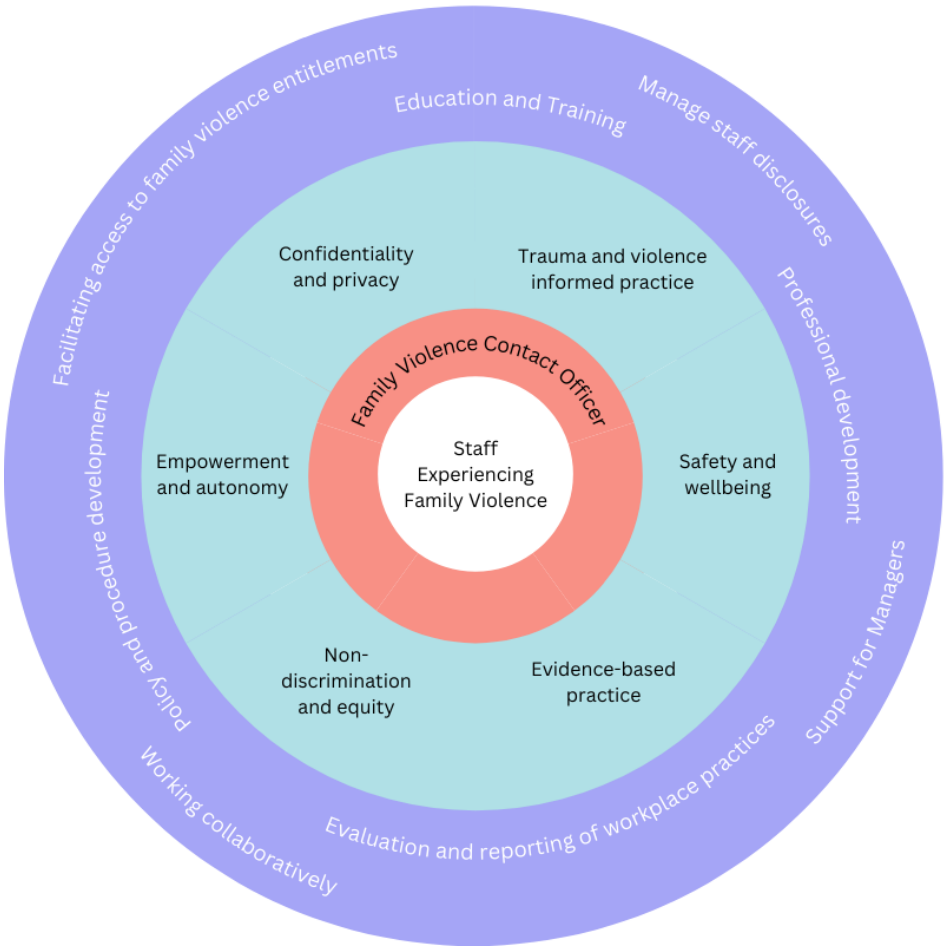
4 Family Violence Contact Officer Model

Establishing the role of FVCOs as part of your Family Violence Workplace Support Program is a requirement under the Family Violence Leave clause. These roles need to be in place to assist employees with information about the workplace supports available such as referral information, family violence leave, safety planning and other flexible workplace arrangements.

They may be members of the Human Resources/People & Culture team and/or drawn from employees across your organisation and act as an alternative source of information where an employee does not wish to discuss their situation with a manager.

Where your health service is in a rural/regional setting, consideration needs to be given to a model of FVCOs that enhances confidentiality if necessary. Examples of shared models may include employee access to FVCOs from neighbouring health services or a hospital project lead offering FVCOs centrally.

Figure 1: Family Violence Contact Officer Model



4.1 Model Principles

Five key principles underpin the FVCO model:

1. Safety and Wellbeing:

The safety and well-being of staff experiencing family violence is of utmost priority. It is essential to provide access to mental health resources for affected employees, ensuring they have the necessary assistance to locate the tools and services to facilitate their safety and wellbeing.

2. Confidentiality and Privacy:

Confidentiality is maintained throughout the reporting and support process to build trust with staff disclosing family violence. Confidential reporting channels and protocols ensure that sensitive information is shared only with authorised personnel directly involved in providing support and assistance.

The Model respects legal and ethical obligations related to confidentiality, such as mandatory reporting requirements for certain types of abuse or imminent threats to safety. However, reporing must be completed with the utmost sensitivity and in compliance with applicable laws and regulations.

3. Non-discrimination and Equity:

The Model acknowledges intersectional experiences of discrimination and marginalisation, considering how factors such as race, gender identity, sexual orientation, disability, and socioeconomic status intersect with experiences of family violence. Support is tailored to address these intersecting identities and barriers to support.

4. Empowerment and autonomy:

Staff are empowered to make informed decisions about their safety and well-being based on their unique circumstances and preferences. They are provided with information about available support services, legal rights, and options for intervention, allowing them to actively participate in safety planning and decision-making processes. Support measures are implemented collaboratively, with a focus on honouring the autonomy and self-determination of the affected individual.

5. Trauma and Violence Informed Practice:

A trauma and violence informed approach recognises the impact of trauma on individuals' responses and coping mechanisms. FVCO support is delivered with empathy, understanding, and sensitivity to the needs of employees who have experienced trauma, avoiding retraumatisation and fostering a sense of safety and trust.

6. Evidence Based Practice:

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

5 Planning a Family Violence Contact Officer Program

To start planning your health service's FVCO 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. Keep in mind the multi-disciplinary aspect of the Model and having good representation across the organisation.

5.1 Questions for consideration

Why do we want a Family Violence Contact Officer model within our health service?

Establishing the role of FVCOs as part of your Family Violence Workplace Support Program is a requirement under the Family Violence Leave clause.

There should be discussion with key personnel about the value of the FVCO Program and how it fits within your health service's family violence response. This promotes a shared understanding of family violence and initiatives to enhance appropriate responses for staff. The FVCO Program requires a clear vision of its purpose, direction and operation. This may already be reflected in your health services' family violence response strategy or position statement.

Engaging the FVCO(s) in the development of a shared vision, goals and objectives for the program will support them to remain motivated and focused on achieving their shared purpose.

If there is already an embedded model of Family Violence Contact Officers at our health service, do we need to make any changes?

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

How many Family Violence Contact Officers will we need for my health service and where should they be located?

Health services will have different numbers of FVCOs based on the unique factors at each site. To determine the optimal number of FVCOs for your health service, consider the size of your location and the number of physical sites involved. If the HR department has delegation over a specific division, the representative from that division is likely the best choice for FVCO, as their focus aligns with a defined area within the health service. Starting by identifying the number of divisions that exist within your service can give you a clearer idea of how many FVCOs you may need. This approach will enhance accessibility for the broader staff community and allow employees to choose an FVCO that best meets their individual needs. Additionally, consider the resources necessary to maintain the program and provide ongoing support for the FVCO roles.

What are the key aspects that should be included as part of my health service's Family Violence Contact Officer role(s)?

Key aspects of the FVCO role can be found in ***Section 3*** above.

Other aspects of the FVCO role will require your health service to review the components of the model, identify any gaps in service delivery, and assess areas for improvement. FVCOs 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 Contact Officers?

- Identify the level of staff that can apply to be a FVCO (Team leaders, Managers, Coordinators).
- Identify staff with existing family violence training that might be suitable.
- Identify the recruitment method by which you will promote the FVCO role(s) – general communication to all staff, select group or individual approach.

How will the program be funded and sustained?

The FVCO 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.

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.
- 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.
    - Train the trainer materials can be located on The Royal Women's Hospital Website and are also included in ***Appendix 3.***

Ongoing Costs:

- Training Maintenance: The cost of ongoing training and professional development for FVCOs 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: FVCOs may require peer supervision or independent debriefing sessions to ensure own emotional wellbeing which could be funded through existing resources. This may require additional time to integrate into health service policies depending on existing non-clinical supervision frameworks and procedures.
- The **Train the Trainer** model reduces costs by leveraging in-house expertise to train more people effectively, minimising travel expenses, and increasing the long-term sustainability of the training programs.

The 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, 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, staff outcomes, adherence to procedures, and the enhancement of staff knowledge. The success of the program also depends on compliance with the MARAM framework, as well as relevant Enterprise Agreements or Awards and the Fair Work Act, to ensure proper implementation. These frameworks require employers to provide a safe workplace, including offering family violence leave, flexible work arrangements, and necessary adjustments for affected employees. Regularly reviewing policies and practices ensures compliance, helping to mitigate legal and ethical risks, maintain a supportive environment, and upholds workplace safety.

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 FVCO competencies and confidence, assessing staff outcomes related to family violence interventions, and evaluating adherence to MARAM and workplace family violence policies and procedures. 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.

Which internal and external relationships will be required by the Family Violence Contact Officer(s) to perform their roles effectively?

Identify the key internal stakeholders that will work alongside FVCO's to provide support.

- This could, Executive, Human Resources, Managers, training team, EAP, security.
    - Please note FVCO's should not use Social Work for referring staff members who have disclosed family violence but may utilise their expertise through secondary consultations if the FVCO wishes to seek guidance.

Identify key external stakeholders, such as local specialist family violence services that may be able to provide additional support to FVCOs through a variety of modes including peer supervision, Community of Practices, referrals, and/or secondary consultations.

- Examples of external stakeholders include The Orange Door, Safe Steps, Victoria Police and Child Protection

6 Implementation

6.1 Governance / Leadership

To ensure success, it is critical that your health service's leadership team is demonstrably committed to supporting staff experiencing family violence and to preventing family violence. The leadership team should model and actively promote:

- The acknowledgement that family violence is a workplace issue and that staff experiencing family violence will be supported by the health service.
- A workplace culture that fosters and supports gender equality and diversity as well as respectful relationships between men, women and people who identify as non-binary, within the workplace.

Leadership commitment can be enhanced through Board and Executive briefings and the appointment of an Executive sponsor. Presentations or information sessions can be an effective forum to build a shared understanding of the program and to seek the investment of the broader management group within your health service. Consideration for embedding the FVCO Program within health service strategic plans is also crucial for maintaining its priority status among Executives.

6.2 Recruitment

FVCOs often sit within a health services People, Culture and Wellbeing team to ensure confidentiality for staff wishing to utilise FVCOs.

Selection criteria may prioritise Human Resources expertise and a demonstrated commitment to family violence support. Internal job postings may be issued, with applicants assessed for their understanding of both HR practices and dynamics surrounding family violence. By incorporating the FVCO's into existing position descriptions the health service facilitates a seamless integration of specialised support into its broader staff wellbeing frameworks.

Furthermore, regional and rural health services are encouraged to establish partnerships with neighbouring institutions. This collaboration offers staff an avenue to disclose sensitive information to an impartial party, mitigating concerns about potential conflicts of interest. Such partnerships enhance support networks and contribute to a safer and more supportive work environment for all employees.

6.3 Communications

- Consider what internal / external collaborative relationships would be beneficial for the FVCOs to have. Refer to examples of key stakeholders above.
- Consider how the FVCO can best communicate the existence and purpose of the role to the whole health service.
- Provide regular updates to FVCO for training opportunities and support to address any areas of concern

6.4 Collaboration and engagement

To maintain ongoing engagement and ensure the sustainability of the FVCO role(s):

- Facilitate opportunities for FVCO's 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.

- Provide regular recognition and appreciation of the efforts of FVCO's through formal and informal acknowledgment from health service leadership. Remind FVCO's of the meaningful impact of their work in supporting victim survivors of family violence and contributing to positive change within the health service. Highlight success stories and tangible outcomes resulting from their efforts to reinforce their sense of purpose and motivation.

- Provide 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.

- Empower FVCO's 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.

6.5 Training

FVCOs should be provided with family violence training to build understanding of the gendered drivers of family violence, appropriate responses to disclosures of family violence, confidentiality requirements, the range of workplace supports available to employees and responsibilities of the role as assigned by your health service and relevant legislation.

MARAM and Dhelk Dja is best practice for family violence risk assessment and management, based on current evidence and research relating to working with victim survivors. Training should reflect changes in practice outlined in the MARAM Victim Survivor Practice Guides.

Non-compliance

As a note of caution in relation to training compliance for FVCOs, health services should explore reasons for non-participation. Cautious and gentle inquiry into the reasons for non-participation may reveal that a FVCO has a past or current experience of family violence and may feel that training may be harmful for them. This is perfectly understandable and in consultation with the FVCO, alternatives may include:

- **Flexible Training Opportunities:** If an FVCO is unable to participate in group training, offering individual, 1:1 sessions can reduce exposure to potentially distressing material. These sessions can be tailored to focus on operational aspects that are essential to the role, such as how to take family violence leave, as outlined in the Fair Work Act 2009 and relevant Enterprise Agreements, as well as practical skills like safety planning**.**
- **Workplace Support for FVCOs:** Ascertain whether the FVCO is currently seeking assistance for family violence, which could impact their ability to participate in training at that time. In such cases, it is essential to respect their readiness to engage and support them in a way that aligns with their emotional needs.

    - The Fair Work Act allows for family violence leave, and employees may also be entitled to request flexible work arrangements to manage their safety or personal circumstances.
    - Consider if your health service's Enterprise Agreement includes provisions for additional leave or flexible work arrangements for employees experiencing family violence. This can include allowing adjustments to work hours or providing additional paid leave for those in crisis.

- **Engagement of Senior Team Members:** If a FVCO cannot engage in the required training, ensure a second-in-charge or another senior team member undertakes the FVCO training. This ensures that compliance with training requirements is maintained, while also protecting the well-being of the individual who may be impacted by personal experiences of family violence.
- **Promotion of Family Violence Workplace Support Staff Training:** Actively promoting Family Violence Workplace Support training is essential. Training should be regularly highlighted so that all employees are aware of the support available to them and opportunities for professional development.

Non-compliance with the Fair Work Act and relevant Enterprise Agreements regarding family violence support can result in legal and ethical risks. These frameworks require employers to provide a safe workplace, including offering family violence leave, flexible work arrangements, and necessary adjustments for affected employees. Non-compliance risks legal action, damages employee morale, and compromises workplace safety. Health services must regularly review policies to ensure compliance with the Fair Work Act and Enterprise Agreements, maintaining a safe, supportive, and legally compliant environment for all staff.

6.6 Monitoring, evaluation and feedback

The monitoring and evaluation of the FVCO Program within your hospital or health service is essential for assessing its effectiveness in responding to family violence. Monitoring and feedback for the program should adhere to established Quality and Safety protocols and policies of the health service, particularly regarding any feedback or formal complaints. It's important to incorporate insights from FVCOs or staff who are victim survivors into your quality and safety practices, ensuring this information is reflected in your health service's risk register. The monitoring and evaluation of the FVCO Program should ensure full compliance with MARAM legislation, as well as relevant Enterprise Agreements and the Fair Work Act, to uphold legal and contractual obligations.

Suggested objectives for evaluation include:

- Assessing the program's impact on raising staff awareness
- Improving health service responses to staff experiencing family violence
- Enhancing FVCO capacity and practice
- Fostering interdepartmental collaboration
- Contributing to the broader family violence response efforts within the hospital or health service.

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

Key evaluation measures will look different depending on each hospital or health services' dynamics and focus. Evaluation may include process evaluation to assess program implementation fidelity, outcome evaluations to measure changes in staff knowledge and responses to family violence, and self-monitoring and reflection by FVCOs. These measures aim to track program effectiveness, identify areas for improvement, and ensure the program achieves positive outcomes for staff. Specific measures may include:

- Data collection
- Qualitative surveys
- Case file audits

TIP: Consider evaluation measures prior to FVCO Program implementation to ensure associated processes, data, and resources are built as part of the program.

It is recommended that the evaluation of the FVCO Program is integrated into the health service's broader evaluation framework.

7 Conclusion

A high quality FVCO Program can be an effective component of a health service or hospital's organisational commitment and response to family violence. Such a program not only supports individuals affected by family violence but also establishes a broader organisational stance against this critical issue.

To ensure the program's success, effective planning and implementation strategies are imperative. These strategies should prioritise staff safety and support, providing comprehensive training and resources that empower FVCOs to handle sensitive situations confidently. Engaging staff in the program's development fosters a receptive environment and enhances participation.

Ultimately, a well-executed FVCO Program improves care for staff experiencing family violence and reinforces the organisation's commitment to health equity.

8 Appendices

Appendix 1 – Family Violence Contact Officer Implementation and Sustainability Guide

Appendix 2 – Family Violence Contact Officer Job Description

Appendix 3 – Resources

Appendix 1 – Family Violence Contact Officer Implementation and Sustainability Guide

IMPLEMENTATION AND SUSTAINABILITY CHECKLIST – FAMILY VIOLENCE CONTACT OFFICER PROGRAM			
☑	**Governance**	**Detail**	**Notes**
❑	Identify or establish governance structures within the health service / hospital to oversee the Family Violence Contact Officer Program		
❑	Identify who The Family Violence Contact Officer role will report to		
❑	Identify which MARAM level is applied to Family Violence Contact Officer role	Three MARAM levels. Victim Survivor: • Foundational • Intermediate • Comprehensive Adults Using Violence: • Identification • Intermediate • Comprehensive Refer Workforce mapping for MARAM	
❑	Identify and review organisational policies, procedures, practice guidance and tools that will require updating to reflect The Family Violence Contact Officer Program. Also identify the need for any new materials as appropriate.	Examples: • Forms • Manuals • Policy / procedure • Clinical supervision templates	

❑	Write up Family Violence Contact Officer role description	For an example, see ***Appendix 2.***	
❑	Identify any internal reporting requirements for the Family Violence Contact Officer	Reporting could be to direct Manager, family violence committees, Executive team, Board.	
❑	Identify links of Family Violence Contact Officer role with health service standards	Ensure information included for specific standards	
❑	Data collection and security	Ensure all data in relation to staff accessing workplace support is secure and confidential.	
	Communication		
❑	Identify how the Family Violence Contact Officer role(s) be promoted to the whole health service	• Intranet • Posters placed strategically around the service • Workplace support policies / procedures • Training • Managers	
❑	Regular training updates to Family Violence Contact Officers 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 the program.		
	Collaboration and engagement		
❑	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		
	Training		
❑	Identify appropriate training for Family Violence Contact Officer(s)	• Consider whether FVCO(s) require refreshing foundational knowledge of family violence, understanding of information sharing, and intersectionality. • Assess the training needs of staff. This will include identifying appropriate MARAM training against responsibilities • Training areas - family violence risk assessment, safety planning and risk management	
❑	Identify and plan for staff to attend other, service-specific family violence training.	Identify other learning, development and training opportunities that already exist within your organisation that could be adapted to incorporate framework content e.g. training to build cultural competency, working with interpreters, working with children.	
	Monitoring, evaluation and feedback		
❑	What areas of Family Violence Contact Officer practice do you want to monitor, assess?	Examples: • time FVCO's spend on FV workplace support • staff experience of workplace support • family violence leave hours taken • number of engagements a staff member has with an FVCO	
❑	Collection of data / feedback	• What data / feedback is required? • Who will collect this data? • How is data / feedback accessed / collected?	

		• Consult your health service's research team / dept, for assistance with any research ethics approvals	
❑	Identify process for implementing quality improvement programs / projects	• Are there regular quality and safety meetings? • Who is the manager? • Does this fit on the health services risk register and who is responsible for updating the risk register?	

Appendix 2 – Example Family Violence Contact Officer Role Description

Human Resources Family Violence Contact Officers

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, one of which related to the establishment of Family Violence Contact Officers.

_____ will support employees who experience family violence by providing a working environment that prioritises safety and provides the flexibility to support them during this time. The following policy documents and training guides this work:

- Family Violence Policy
- Family Violence – Workplace Support Procedure
- HR Responses – Factsheets
- Family Violence – Workplace Support training

Purpose:

A Family Violence Contact Officer is an alternate contact point to a direct manager for anyone in the workplace who may be experiencing family violence. The role of the Contact Officers is to provide information about external support services, workplace entitlements and associated privacy issues. The role of a Family Violence Contact Officer is performed in conjunction with an employee's current role.

Key Responsibilities:

- Be available during shift time to provide an affected employee with information regarding entitlements listed in the _____ 'Family Violence – Workplace support' procedure including but not limited to; leave, flexibility, safety planning and communication
- Provide the affected employee with the details of _____ Employee Assistance Program
- Ensure the affected employee is aware of external support services that are available via the _____ 'Family Violence' page on the hub **Insert hub link**
- A willingness to participate in and contribute to family violence related education as required to ensure a comprehensive understanding of the nature and seriousness of family violence
- Have a thorough understanding of associated privacy issues and confidentiality considerations
- Participate in the promotion of the HR Family Violence Contact Officer network within _____
- Have a current Working with Children Check.

Family Violence Contact Officers are not responsible to act as a counsellor or decision maker on behalf of an affected employee. The role is to ensure affected employees are aware of the support mechanisms available to them both within and external to the workplace and to maintain a high level of confidentiality regarding any family violence matters that are disclosed to them.

Interpersonal requirements:

- Approachable and can build strong relationships within the workplace
- Accepting - embraces and respects the individual differences of a diverse range of people, is non-judgmental
- 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 your HR Family Violence Contact Officer role and your other role at the Hospital.
- Able to commit to the role of HR Family Violence Contact Officer for a minimum of 12 months.

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.

Debriefing Opportunities:

_____ acknowledges that a degree of trauma may be experienced by the Family Violence Contact Officer as a result of hearing the family violence story from an affected employee. Family Violence Contact Officers may confidentially debrief with their direct manager, another Human Resources team member or access the support services from _____ Employee Assistance Program. It is essential that those made aware of a family violence issue is kept to an absolute minimum.

Appendix 3 – 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

Family Violence Workplace Support Program 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/family-violence-workplace-support-program-resources

Fair Work Act: Family and domestic violence leave https://www.fairwork.gov.au/leave/family-and-domestic-violence-leave

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

Workplace Support: Responding to staff who perpetrate family violence: Resources for Victorian hospitals and health services – Royal Women's Hospital – Strengthening Hospital Responses to Family Violence Workplace-Support-Responding-to-staff-who-perpetrate-FV-resources-2020.docx

9 References

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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).