



Gippsland
Family Violence
Alliance

2023

How to conduct Care Team Meetings Participant Handbook

www.gippslandfamilyviolencealliance.com.au



Acknowledgments

Gippsland Family Violence Alliance acknowledges the Gunai/Kurnai, Bunurong, Bidewell & Ngarigo/Monero people as the Traditional Owners and Custodians of the lands now also known as Gippsland. We pay our respects to elders past, present and visiting and acknowledge they hold the stories, traditions, spiritual connection and living cultures of this Country.

We recognise the Gunai/Kurnai, Bunurong, Bidewell & Ngarigo/Monero people's long and continued connection and protection of the beautiful coastline from the oceans through inland areas and to the rugged southern slopes of the mountain ranges. We recognise their continued connection to these lands and waters and acknowledge that they have never ceded sovereignty. **Always Was Always Will Be, Aboriginal Land!**



Gippsland Family Violence Alliance acknowledges that the systemic impacts of colonisation still exist today and that we are committed to respectful truth telling and working with our Aboriginal and Torres Strait Islander Communities to improve women's, children's and men's health, wellbeing and self-determination and to achieving reconciliation as a nation.



The Gippsland Family Violence Alliance would like to acknowledge the victims and survivors of family violence, whose tenacity, advocacy and courage have shaped the family violence service sector and provided us with the evidence base for our work. We would also like to acknowledge those who have lost their lives due to family violence and the families, friends and communities who have been impacted by these devastating crimes.

The Gippsland Family Violence Alliance would like to acknowledge our practitioners both current and those who have pioneered the sector who have worked with both victim/survivors of family violence and with people who use violence in the home. These practitioners have supported people in difficult periods of their lives and we wish to acknowledge that vicarious trauma has an impact not only on the workforce but on their family members. Without practitioners we wouldn't have a service system and we thank these workers every day.

Table of Contents

Definitions	01
Context	01
Learning Outcomes	02
Care Team Meetings /Professionals meetings	03
Challenges of Care Team Meetings	04
Benefits of Care Team Meetings	05
Best Practice	06
Apply a Person Centred Approach	07
Secondary Consultations	09
Before the Meeting Checklist	11
During the Meeting Checklist	13
After the Meeting Checklist	14



Definitions

UoV/PuV – user of violence/person using violence. In this training we are specifically referring to adults who are using violence.

VS – victim survivor which refers to the person experiencing the violence. This term is inclusive of any children in the family.

Context

This training is based on the MARAM Framework. We have used the concepts, language and practice guides to align best practice.

This training is designed, like the MARAM Framework, using the Foundational Knowledge Guides, which includes an intersectional analysis, trauma informed, cultural safety lens and acknowledges that family violence is gendered.

This training is not designed to replace the MARAM Training packages, nor to provide a thorough understanding of the MARAM Practice Guides. All practitioners are required to understand Responsibilities, 1, 2, 5, 6, 9, and 10 and apply the professional judgement model when working within prescribed organisations.

We also recognise that professionals will be informed in their practice by the:

- Best Interest Framework for Vulnerable Children and Youth and the
- Framework for Trauma Informed Practice- Supporting Children Young People and their families

We recommend practitioners read these frameworks and utilise them in their practice.

Learning Outcomes

- Participants gain an understanding of the difference between a care team meeting and a professionals meeting
- Participants increase their knowledge of the benefits and how to overcome challenges of care team meetings
- Participants increase their knowledge of relevant frameworks and theories which underpin best practice care team meetings including:
 - secondary consultations
 - working with children
 - keeping the person using violence in view
 - assessing risk and safety
- Participants increase their understanding of the planning required to be undertaken before a care team meeting
- Participants increase their understanding of how to undertake documentation that depicts best practice including how to set an agenda and take minutes
- Participants gain an understanding of how to convene a care team meeting and what follow up is required afterwards



Care Team Meetings

In the context of the family violence sector, a care team is defined as a meeting of the professionals and services who are working to ensure the safety of victim survivors and their children. Care team meetings involve the client where it is safe to do so. Involving the client who is the expert in their experience is best practice, but clients will need to be supported in this process.

Care team meetings are a formal information sharing process to assist professionals and services to identify, assess and manage risk. Care team meetings are an opportunity to share information that is required to keep victim survivors and their children safe.

Professionals Meetings

If a client is not present, we are defining this as a 'professionals meeting'. Ensure you reflect in your documentation that the meeting held was a 'professionals meeting' and the client was not present. Similar to care team meetings, we would always encourage the victim survivor be advised of and involved in discussions about a professionals meetings.



Challenges of Care Team Meetings

Some of the following can be deemed challenges of coordinating care team meetings:

- When care team meetings are not led by DFFH, it can be difficult to gain engagement from agencies, as engagement in care team meetings is voluntary in most instances.
- It can be difficult to coordinate times when professionals can meet.
- Being in a regional area we acknowledge limited services may be open with a client at one time, and agencies who have closed may decline to be part of a care team meeting. Agencies may also have limited capacity to pick up referrals due long wait lists.
- It can be difficult to discuss complexity of the family violence if both UoV and victim survivor are in still in a relationship, or are still communicating.
- Care team meetings take time to plan to ensure they run smoothly and actions are followed up on.
- Schools/psychologists/doctors and other professionals don't always have time for care team meetings and do not always provide timely reports via information sharing which can cause delays.

You can overcome these challenges by:

- Requesting DFFH hold a care team meeting (put it in writing) or lead it yourself with the information provided in this handbook.
- Refer or have secondary consults with specialised workers, then feed that information back to the client or the care team meeting.
- Keep UoV accountable in discussions and the documentation from care team meetings.
- Make time and prioritise care team meetings.
- Be solution focused, rather than focus on the problems.

Benefits of Care Team Meetings

There are many benefits to coordinating care team meetings:

- Saves time by reducing duplication and ensuring the client needs are met.
- Increases likelihood of positive outcomes for the client.
- Increases information sharing opportunities - having everyone around the table allows for all parties to hear the same information and to have a discussion about risk and safety.
- Enables a more in-depth robust conversation around risk which improves safety planning.
- Provides an opportunity to have consistency of information in relation to the service user, the safety plan, risk planning and response.
- Offers context for why the family may be seeking support now.
- Ensures the UoV is kept in view and accountable.
- Allows for the identification of needs of the children and assist in their safety planning
- Services may be getting inconsistent information from clients so care team meetings help with consistent information sharing.
- Ensures clear allocation of actions/tasks which increases worker accountability
- Reduces duplication of actions/tasks
- Builds practitioners knowledge of other services. We know that this is key in this type of work and it also builds trust and respect for other services specialty and expertise in what they bring to the table
- Allows for collaborative practice and relationship building which allows practitioners to identify additional resources, programs, referral options for clients
- Increases accountability of everyone involved
- Ensures the client doesn't have to repeat their story



Best Practice

Some key points regarding best practice to consider when working in this space which you all know this but it's just a little reminder:

- How you use language and how you speak/write about clients is important. Always write/speak as if the client will read what you have written and hear what you have said. This is also an opportunity to keep PuV in account. Stick to the facts – pivot back to keep the user of violence in view.
- Always remember, "If the client is not there, they are still in the room"
- Be aware of your unconscious and conscious biases, your privilege and position of power. Awareness is key.
- You will make mistakes, so allow yourself permission to get it wrong. You are human and we grow from learning.
- If you are reflective in your practice and committed to learning, you will always grow as a worker.
- Be authentic, be genuine, be kind.
- Be accountable for your mistakes – be honest and transparent particularly with the client. Think, how do you like to be treated?
- Be curious and ask questions.
- Explore best practice principles – especially respect, privacy and dignity.
- If you don't know, ask!



Applying a Person Centred Approach to Care Team Meetings

MARAM Framework, requires us to:

- Create a safe environment
- Ask about identity
- Build rapport and trust
- Trauma-informed practice in a person-centred approach
- Allow for the use of an advocate or support person
- Use the Structured Professional Judgement Model

Refer to the [MARAM Practice Guides](#) here.

Using a person centred approach advise the client, why you believe a care team meeting is required and talk them through the process.

Be clear on the purpose of the meeting. Is it:

- to get everyone on the same page?
- to clarify roles/responsibilities?
- to engage with services?
- to discuss safety planning?
- to put pressure on DFFH to get involved with the family if you are concerned about the safety of the children?
- keeping the user of violence accountable?

Be mindful that some of your clients might not have been 'in the system', so this may be the first time they are working with practitioners and/or having DFFH involvement. They may not know what a care team meeting is.

Practice compassion and empathy for what the client may be going through. Apply your active listening/interpersonal counselling skills to build rapport and trust with the client.

Get the clients consent - attendance at a care team meeting is the client's choice. They may choose not to attend. If so, remember to refer to it as a professionals meeting.

Having the client present ensures a consistent approach to safety planning and managing risk. It is best practice to have the client present at their care team meeting if appropriate.

Applying a Person Centred Approach to Care Team Meetings

If the client is resistant to a care team meeting taking place, bring it back to the purpose and reiterate the benefits – to enable consistent information sharing so everyone is on the same page including them, actions are clear and most importantly they don't have to repeat their story. Explain to the client we are doing this because of the violence used by their partner/ex-partner and how we frame this is important and it can help to break down the barriers that may exist. Make it clear to the client that the focus of a care team meeting is about providing support and planning how to keep them safe.

Assess if there are any barriers that may impact their ability to attend for eg. – transport, childcare/caring responsibilities, timing, disability or work commitments. Be mindful of the difference between them choosing not to attend and having a barrier that impacts their ability to attend.



Secondary Consultations

Secondary Consultations can assist with:

- engaging effectively and safely with a person experiencing family violence
- determining the level of risk to a person
- determining appropriate actions in line with the level of risk
- supporting you to share information as needed
- your risk assessment, support you to share information about the behaviour of a person using violence, and help you confirm the identity of a person using violence when you are uncertain
- determining whether a referral and what kind of referral might be appropriate
- making a safety plan with a person experiencing violence
- working collaboratively with other organisations to manage family violence risk to a person if their situation changes and the risk increases/decreases
- providing you with knowledge about support for people from diverse communities and assist with responses required to address a person's unique or diverse needs and barriers they may face
- advising on services that provide culturally safe services or support, such as a service that provides a cultural safety advisor for people experiencing violence who identify as Aboriginal or Torres Strait Islander, or community specific services such as ethno-specific, LGBTQI+, and/or disability services
- understanding how family violence may present in different communities
- establishing and building relationships with other workers across different organisations
- helping you assess the need to hold a professionals meeting
- assist you to identify people who use violence, including in situations when you are concerned a person is using violence, but they are presenting as a person experiencing violence (assisting with misidentification). In this instance, it could be beneficial to have a secondary consultation with The Orange Door as they will have done the comprehensive risk assessment

Bring any information/report/summary of what was discussed in a secondary consultation to the care team meeting. We recommend placing this on the agenda for the meeting and then discussing relevant information.

Secondary Consultations

When seeking secondary consultations, making referrals or sharing information, you should be informed by an intersectional lens (refer to Foundation Knowledge Guide Section 9.4 and 9.5). In considering each service engagement, you should be guided by the individual's identity and tailor your approach accordingly. For example if the victim survivor has let you know that they identify as Aboriginal or from a diverse community consider if your service engagement would benefit from specialist advice or support.

Key things to consider when working with Aboriginal and Torres Strait Islander people:

- connection to community - have they got any?
- engagement - asking them where they are from/who their mob are
- working with Aboriginal and Torres Strait Islander user of violence - they may have been disconnected from community due to the their behaviours/actions/harm that they have caused. So navigating this can be tricky. Engage Aboriginal and Torres Strait Islander services/elders to support them.

Working with diverse communities and possible resistance:

- the user of violence may have family members or contacts working in the service
- if there is reluctance to engage with services - they may have had a prior poor experience.

Secondary consultations can be de-identified. If you are seeking information, there is an information sharing process you will need to go through.

For a list of appropriate services and professionals whom you can consult with please refer to:

<https://gippslandfamilyviolencealliance.com.au/gfva-services-directory/>

Before the Meeting Checklist (client)

<ul style="list-style-type: none">Attendees – determine who will be invited to attend.	
<ul style="list-style-type: none">Offer the client an opportunity to bring along a support person.	
<ul style="list-style-type: none">Set a time/date/location for the care team meeting in consultation with the client – remember to consider any barriers.	
<ul style="list-style-type: none">Determine how the meeting will take place– face to face or online. In the context of safety, our recommendation would be to have the client in a room at the office with you. There are many potential risk factors if the client is not with you. You don't know who may be listening to the conversation and it is difficult to read body language so it can be more challenging to support the client.	
<ul style="list-style-type: none">Devise a plan to ensure the client is able to safely indicate if they are feeling uncomfortable and/or wish to take a break/leave the room/go off camera.	
<ul style="list-style-type: none">Discuss their safety plan in relation to how they explain their whereabouts when they are at the meeting.	
<ul style="list-style-type: none">Statement about how the violence is affecting the client and their children. Discuss if they feel comfortable writing/talking about this, or do they need assistance to write a statement that they read out/you read on their behalf (or provided to be read privately). They may not consent to any of this and that is ok. If so, ask if they consent for you to provide a brief statement – advise the client what you will say.	
<ul style="list-style-type: none">Allocate a worker to support the client prior, during and after the care team meeting, if it is not you.	
<ul style="list-style-type: none">Gain consent to undertake any secondary consultations.	
<ul style="list-style-type: none">Notify the client of the next steps – sending out an agenda to attendees.	
<ul style="list-style-type: none">Ask the client if they understand and have any questions.	
<ul style="list-style-type: none">Confirm the date and time of the meeting the day before via phone with the client and ask them to arrive 20 minutes early.	

Before the Meeting Checklist

- Complete any secondary consultations/referrals as discussed with the client
- Coordinate the services that should be at the meeting
- Complete an agenda identifying the clear purpose of the meeting. This agenda should include all the details of the care team meeting. The earlier this information is sent out, the better. See agenda template. Be sure to include:
 - date, time, location, agenda items to be discussed,
 - what updates/information is required from attendees
- Set clear expectations of the roles and expectations of the attendees and put this on the agenda. If representatives are unable to attend, request a written update/report to be presented
- Request attendance or reports/updates from those working with the children and those that are unable to attend the meeting
- Send an email/calendar invite to attendee. Attach the agenda.
- Designate someone to take minutes/action items during the meeting. See template below. Ensure the meeting format used is clear what the actions are, who is responsible and by when. Think about who is responsible for following up the action items have been completed - is it you?
- When the client arrives for the meeting, check in with them. Confirm they are ok to stay for the entire meeting, notify them of any changes and answer any questions. If you haven't already, provide them with a copy of the agenda and briefly go through with them how the meeting will run. Put a plan in place to ensure they are able to safely indicate they are feeling uncomfortable and/or wish to take a break/leave the room/go off camera. Be supportive and reassure them they are safe.



During the Meeting Checklist

<ul style="list-style-type: none">• Clearly document the meeting. See minute template. Be sure to include:<ul style="list-style-type: none">◦ date, time◦ location◦ convenor◦ minute taker◦ starting and finishing time◦ attendees and apologies◦ agreed actions, the person responsible and by when	
<ul style="list-style-type: none">• Observe body language and apply your structured professional judgement if you need to take a break – trust your gut. If you break, remove them from the room and talk with them about your observations/how they are going/what their support needs are.	
<ul style="list-style-type: none">• Ensure the client is part of the discussions and the decision making processes. Ensure the client understands what is being discussed and agreed upon.	
<ul style="list-style-type: none">• Highlight the clients strengths and what they are doing well	
<ul style="list-style-type: none">• Set clear achievable goals – we want the client to feel supported and empowered	
<ul style="list-style-type: none">• Adhere to the agenda	
<ul style="list-style-type: none">• At the end of the meeting, thank everyone for their attendance and advise when they will receive a copy of the minutes. Ensure you adhere to the safety plan regarding distributing minutes to the client.	
<ul style="list-style-type: none">• NOTE: If things aren't going well, you are concerned about the client, or the behaviour of another worker, pause the meeting. Have a break. If you reconvene and things are still not progressing well, state that you are not continuing and you will follow up with attendees. Make sure your client is ok – debrief with them. Have a timely follow up discussing with your supervisor/senior member of staff to debrief with and work out a plan forward.	



After the Meeting Checklist

- Meet with the client for a post-meeting review and debrief them. Ask them how they are feeling. It's important to feedback to the client how you think it went. Ensure they understand what was discussed and the actions agreed upon.
- Complete minutes/documentation in a timely manner (day of is best). Use the minute template. Be sure to include the agreed actions, dates these are to be completed by and by whom.
- Send out the minutes to attendees.
- Follow up. Ensure you follow up with what you said you were going to do and follow up other workers also. Keep the client updated.
- Debrief with your supervisor about the process - be reflective in your practice, what worked well, what didn't.
- NOTE: If you held a professionals meeting, reflect this in your notes and follow all of the above steps.



**Gippsland
Family Violence
Alliance**

© 2023 This publication is subject to
copyright

www.gippslandfamilyviolencealliance.com.au