Victorian Risk Assessment and Management Panel Program
Operational Guidelines
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Preamble

These Guidelines were produced by the Department of Health and Human Services (DHHS) in conjunction with other key Victorian Government agencies and community service organisations to enable the consistent establishment and operation of Risk Assessment and Management Panels (RAMPs) throughout Victoria.

The aim of RAMPs is to improve collaborative responses and information sharing across key agencies in order to lessen or prevent serious and imminent threats to the life, health, safety or welfare of women and their children as a result of family violence.
Terminology

Action plan and action planning
An action plan is a co-ordinated plan developed by RAMPs across participating agencies to lessen or prevent serious and imminent threat to an individual's life, health, safety or welfare.

Family violence
Family violence is defined under Section 5 of the Family Violence Protection Act 2008 as:

(a) Behaviour by a person towards a family member of that person if that behaviour:

(i) is physically or sexually abusive; or
(ii) is emotionally or psychologically abusive; or
(iii) is economically abusive; or
(iv) is threatening; or
(v) is coercive; or
(vi) 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 family 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 above.

Indigenous family violence
It is recognised that Indigenous definitions of family violence are broader and more encompassing than those used in the mainstream. The Victorian Indigenous Family Violence Task Force defines family violence 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. A holistic and healing approach is required to respond to family violence in Aboriginal communities.

Agencies and organisations
Collectively refers to all entities including government departments and organisations, funded agencies, community service organisations and individual professionals.

Health information
'Health Information' has the meaning given in the Health Records Act 2001 as follows:

'Health information' means—

(a) information or an opinion about—

(i) the physical, mental or psychological health (at any time) of an individual; or
(ii) a disability (at any time) of an individual; or
(iii) an individual's expressed wishes about the future provision of health services to him or her; or
(iv) a health service provided, or to be provided, to an individual—
(b) that is also personal information; or
(c) other personal information collected to provide, or in providing, a health service; or
(d) other personal information about an individual collected in connection with the donation, or intended donation, by the individual of his or her body parts, organs or body substances; or
(e) other personal information that is genetic information about an individual in a form which is or could be predictive of the health (at any time) of the individual or of any of his or her descendants—
(f) but does not include health information, or a class of health information or health information contained in a class of documents, that is prescribed as exempt health information for the purposes of this Act generally or for the purposes of specified provisions of this Act;

Perpetrators
Men who pose a serious and imminent family violence threat to women and children’s life, health, safety or welfare.

Personal information
‘Personal information’ has the meaning given to it in the Privacy and Data Protection Act 2014 as follows:

‘Personal information’ means information or an opinion (including information or an opinion forming part of a database), that is recorded in any form and whether true or not, about an individual whose identity is apparent, or can reasonably be ascertained, from the information or opinion, but does not include information of a kind to which the Health Records Act 2001 applies.

RAMP information usage arrangement
The information usage arrangement of that name available at <www.cpdp.vic.gov.au> applies to personal information, but not to health information.

RAMP participants
People who attend a RAMP meeting including the chair(s), coordinator, RAMP core members and RAMP associate members.

RAMP core members
Nominated people who are expected to participate in every local RAMP meeting and who represent a RAMP core member agency or organisation listed in section 2.4.3.

RAMP associate members
People who are invited to attend a RAMP meeting on an as needed basis and who represent a RAMP associate agency or organisation. A non-exhaustive list of RAMP associate agencies is listed in section 2.4.4.

Safety plan
A safety plan refers to existing plans for women and children that are typically developed by the woman’s caseworker (as opposed to a RAMPs action plan).
Sensitive information

'Sensitive information' has the meaning given to it in the Privacy and Data Protection Act 2014 as follows:

'Sensitive information' means information or an opinion about an individual’s—

(a) racial or ethnic origin; or
(b) political opinions; or
(c) membership of a political association; or
(d) religious beliefs or affiliations; or
(e) philosophical beliefs; or
(f) membership of a professional or trade association; or
(g) membership of a trade union; or
(h) sexual preferences or practices; or
(i) criminal record—
that is also personal information.

Serious and imminent threat

'Women and children at serious and imminent threat' refers to women and/or women and children experiencing a serious and imminent threat to their life, health, safety or welfare from family violence.

Imminence refers to the expected timing of a violent incident, including the threat occurring if not prevented or lessened immediately. The threat may be currently occurring or almost certain to occur if action is not taken.

Specialist family violence agencies

Refers to services funded through the Department of Health and Human Services to provide support for women and children experiencing family violence including:

- Safe Steps - Victoria’s statewide crisis response service for women and children experiencing violence
- Women’s family violence outreach services including after hour responses
- Crisis accommodation support services (including women’s refuges)
- Intensive case management and counselling services
- Services for men who use violence.

Women and children

Refers to women and/or women with children who are experiencing, or who have experienced family violence.

Other terms for women experiencing family violence include ‘Affected Family Member (AFM)’ or ‘victim’, commonly used within the criminal justice system, and ‘client’ which is sometimes used within the community sector.
1 About these operational guidelines

1.1 What is the purpose of the guidelines?

The purpose of these Operational Guidelines is to provide detailed information to RAMP participants and key stakeholders about the operating procedures and processes to support RAMPs statewide.

The Guidelines outline:

- the structure, status and operations of RAMPs, including how they complement the existing specialist family violence and other service systems
- processes for agencies and organisations to make referrals to RAMPs
- roles and responsibilities of RAMP participants
- information sharing processes to support the operations of RAMPs.

The Guidelines aim to:

- provide greater awareness, transparency and confidence in the RAMP process, within and beyond the specialist family violence sector and service system
- improve understanding and engagement of all partner agencies in order to increase safety as a result of serious and imminent threats to women and children
- ensure a consistent approach by agencies and organisations across Victoria to women and children at serious and imminent threat from family violence.

1.2 What is the RAMP program?

The RAMP program is a key initiative to improve responses to serious and imminent threats to women and children as a result of family violence. The primary aims of the RAMP program are to:

- increase the safety of women and children who experience a serious and imminent threat from family violence
- lessen serious and imminent threat posed by perpetrators and increase the accountability of perpetrators
- increase agency accountability and strengthen the capacity of the service system to achieve the above two aims.

1.3 How do these Guidelines relate to existing policies and practices?

The Guidelines should be read in the context of relevant legislation and organisational policy in relation to family violence. The Guidelines do not replace or override individual or collective responsibilities of agencies, organisations or individuals participating in RAMPs. RAMP participants are required to continue to operate within existing legal, policy and practice frameworks in place.

1.4 Commitment of RAMP participants

A Victorian Government Memorandum of Understanding to implement RAMPs has been signed by the Department of Health and Human Services, Victoria Police and the Department of Justice and Regulation.

The commitment of Community Service Organisations and associate members who are not covered by the Memorandum of Understanding will be covered by local agreements that describe the role and responsibilities of RAMP participants and support the functions of the RAMPs.
In the case of Community Service Organisations that are contracted service providers to the Department of Health and Human Services, the relevant local agreement will be the service agreements between the Community Service Organisations and the Department of Health and Human Services. With other associate members, local agreements may be entered into if they are necessary, and may be between the associate member and one or more of the Department of Health and Human Services, Victoria Police and the Department of Justice and Regulations.
2 About RAMPs

2.1 Overview of RAMPs

2.1.1 What is a RAMP?

A RAMP is a formally convened meeting, held at a local level, of key agencies and organisations that contribute to the safety of women and children experiencing serious and imminent threat from family violence. RAMPs are convened regularly to:

- comprehensively assess the safety of individual women and children experiencing a serious and imminent threat from family violence; and
- to develop coordinated action plans across participating agencies to lessen or prevent serious and imminent threat to an individual's life, health, safety or welfare.

In this way, RAMPs provide a common approach for cases assessed as at highest risk.

2.1.2 RAMP structure

The RAMP structure includes two chairs, a coordinator, core members and associate members.

Each RAMP is jointly chaired by a senior staff member of Victoria Police and a senior manager from a specialist family violence agency.

RAMP core and associate members are listed at sections 2.4.3 and 2.4.4 respectively.

Roles and responsibilities of chairs, coordinators, core members and associate members are set out in section 2.4.

Women, children and perpetrators do not attend RAMP meetings, as this has the potential to compromise safety. Individual cases are presented at RAMPs by a person/s representing the interests of the women and children under threat. This person may be the woman's case manager (e.g., from a family violence service, or mental health service) or a representative of the referring organisation (for example, Victoria Police). Where the woman or child identifies as being Aboriginal or Torres Strait Islander or from a diverse cultural background, consideration must be given to attendance by an agency or organisation that is able to represent the cultural needs of the woman or child, where requested.

2.2 Functions of RAMPs

The functions of RAMPs are to:

(a) Share up-to-date information to support comprehensive risk assessment for women and children, including sharing information about the perpetrator of violence

(b) Develop and implement coordinated multi-agency action plans for individual high risk cases to lessen or prevent serious threat to a woman and her children's life, health, safety or welfare, and to increase perpetrator accountability.

2.3 Principles underpinning the operations of RAMPs

The following principles recognise that women and children who are referred to RAMPs have the right to a response, which is anchored by an ethical framework that references a deep understanding of the implications of gender power imbalance and the dynamics of family violence.

It is important that RAMP participants acknowledge the difficulties that women face in disclosing violence and accessing supports, and understand the many reasons women remain in violent
relationships or return to the perpetrator, including financial stress, lack of housing options, fear of serious or lethal harm to themselves and fear for their children.

RAMPS should operate in a way that ensures that:

- women’s agency is prioritised where it is safe and possible to do so
- risk assessment and management is focused on information sharing necessary to lessen or prevent the serious and imminent threat
- protective factors and the barriers in a woman’s particular circumstances are considered
- the safety of children is assessed independently from adults in the circumstances.

The focus must remain on the threat posed by the perpetrator’s use of violence and not on judgments about the woman’s help-seeking behaviour. RAMP members and associates will discuss cases in ways that are respectful of the woman and avoid victim blaming.

The following principles guide RAMP participants to implement this approach. Each principle is translated into one or more practice examples.

**Principle 1  Perpetrator accountability and threats posed by perpetrators**

Violence against women and children is a crime requiring criminal justice, statutory and community based responses. Men who pose a serious and imminent threat to women and children need to be prevented from perpetrating harm and need to be held to account for their violent actions and threats.

In practice this means

- Building upon current accountability mechanisms and criminal justice system responses to perpetrators
- All RAMP processes include consideration of, and actions in relation to, limiting or preventing the threats posed by perpetrators
- RAMP membership includes representatives from the criminal justice system and men’s services
- Enabling criminal justice services to identify breaches made by perpetrators and/or ensure treatment program commitments are being met and to act or respond accordingly.

**Principle 2  Best interests of women and children**

Women and children under serious and imminent threat are survivors of family violence. RAMPs acknowledge, respect and uphold women’s strengths and wishes, where it is safe and possible to do so.

In practice this means, where it is safe and possible:

- Women who are considered at RAMP are informed about the RAMP process
- Informed consent is sought from women for referral and presentation of their case to RAMP and the sharing of necessary information to support action planning
- Women are provided with easy to understand information about the outcomes of a RAMP as soon as possible
- The needs, wishes and concerns of women and children are represented at RAMP by the presenting case manager or support worker.

RAMPs also aim to reduce repeat victimisation and recognise the continuum of victimisation that occurs for women and children through family violence.
Principle 3  Respect for culture

Women and children experiencing a serious and imminent threat have a right to a RAMP process which is inclusive and respectful of their history, background, culture and individual circumstances and experiences.

In practice this means:

- cultural factors impacting on the assessment and management of risk are considered (examples of factors for women from culturally and religiously diverse backgrounds may include past trauma and torture, visa status, language ability and limited access to extended support networks)
- ensuring a family’s culture(s) is not compromised or maligned during the RAMP process
- proactive and culturally sensitive strategies are required to identify and engage Aboriginal women and children and women from culturally and religiously diverse backgrounds at serious and imminent threat
- attendance at RAMP meetings by agencies and organisations providing culturally relevant services/cultural advocacy where requested
- RAMPs contribute to the identification of service gaps, barriers and issues for women and children from Aboriginal and culturally and religiously diverse backgrounds
- engagement by participants in training in areas of cultural competence.

Principle 4  Child focused response

Children whose lives are impacted by men who pose a serious and imminent threat to them and/or to their mother, are entitled to individual consideration by RAMPs.

In practice this means:

- the level of risk to children is always a key consideration in the identification of serious and imminent threat, and referral to RAMP
- separate consideration is given at RAMP to each individual child, in the risk assessment, risk management and action planning phases/processes
- action plans ensure responses will facilitate and support the mother-child bond, wherever possible.

Principle 5  Confidentiality and information sharing

RAMPs share all necessary information to lessen or prevent serious and imminent threats to women and children.

In practice this means:

- accurate, timely, comprehensive and necessary information is shared to inform effective risk assessment and risk management
- all RAMP participants are aware of and comply with privacy and information sharing laws including the Privacy and Data Protection Act 2014, the Health Records Act 2001 and the Standards for Law Enforcement Data. For ‘personal information’ under the Privacy and Data Protection Act, this includes the information privacy principles and specific sections in other Acts as modified or permitted by the RAMPs information usage arrangement.
- a Confidentiality Deed is signed by participating members at each RAMP
- information provided at a RAMP or arising from the RAMP is held securely and transmitted and disposed of in secure ways to ensure it is only viewed by those with a legitimate RAMP purpose. Personal, health or sensitive information is not recorded by members where not required.
Principle 6  Strengthening the family violence service system response

RAMPs complement and strengthen the existing service system for women and children experiencing family violence, and system responses to men who use violence.

In practice this means:

• improving agency accountability through the RAMP process
• improving the identification and engagement of women and children under serious and imminent threat
• strengthening referral pathways for all women and children under serious and imminent threat
• clear eligibility criteria and risk assessment and risk management processes support the RAMP process.

Principle 7  Multi-agency commitment and collaboration

The coordinated and collaborative response provided by RAMPs provides stronger risk assessment and risk management than would otherwise be possible.

In practice this means:

• consistent representation at RAMPs by core members
• RAMP participants have authority within their respective agencies to prioritise and implement actions that arise from the RAMP
• RAMPs capitalise on the diverse knowledge, skills and experience of its participants, who are critical to protecting women and children and reducing or preventing the threat posed by perpetrators
• RAMP participants commit to information sharing and constructive input to risk assessment and risk management planning
• RAMP participants commit to ensuring that agreed actions are completed
• ongoing collaboration between agencies (outside of RAMP) is fostered.

Principle 8  Accountability of RAMPs

RAMPs are accountable for the increased safety of women and children, increased perpetrator accountability and the elimination of family violence.

In practice this means:

• effective governance arrangements at statewide and local levels to monitor performance of RAMPs
• RAMPs work consistently within family violence and other relevant legislative and policy frameworks and guidelines
• the performance of each RAMP is measured against the benefits to women and children at serious and imminent threat
• accessible, user friendly complaints and grievance procedures are in place.

2.4  RAMP participants – roles and responsibilities

The following provides a description of participants and their responsibilities.

2.4.1  RAMP chairs

Each RAMP is jointly or chaired alternately by a senior member of Victoria Police, and a senior manager from a specialist family violence agency. Both Chairs attend every meeting.

RAMP chairs key responsibilities are to:
support the identification of women and children experiencing a serious and imminent threat
review preliminary assessment of suitability of referrals by the coordinator and confirm cases that are to proceed to a RAMP for consideration within two business days of receipt. For a referral to be accepted for consideration by a RAMP, unanimous agreement by both chairs is required.
schedule urgent (emergency) RAMP meetings in a timely manner (together with the coordinator)
chair RAMPs, ensuring appropriate focus and process (review cases and actions, present and consider new cases, conduct risk assessments and develop action plans)
review meeting records (including action plans) prior to circulation
monitor the completion of action plans
review RAMP performance and ensuring the quality of RAMP service delivery
contribute to partnership development and sector capacity building.

2.4.2 RAMP coordinators
Each RAMP is supported by a funded coordinator position, which is based in a local family violence agency. The key responsibilities of a RAMP coordinator are to:

- Provide a point of contact to referring agencies regarding RAMP referrals to be made through their local specialist family violence agency, and the process that should be followed
- Receive RAMP referrals from specialist family violence agencies and Victoria Police (L17) based on an assessment of serious and imminent risk
- Complete or work with referring agency and/or individual woman (where safe and possible to do so) to gather any additional information to complete the RAMP Referral Form
- Ensure that the woman is provided notice of information collection and sharing and informed consent has been sought where safe and possible to do so (see Appendix 1.1). Where notice is not provided or consent not obtained from the woman, reasons for making a RAMP referral without notice or consent must be documented.
- Review completed RAMP referrals and make a preliminary assessment of whether cases should proceed to a RAMP for consideration or not, including whether notice was provided or consent was obtained from the woman and reasons why (if not)
- Forward completed RAMP referrals, together with a preliminary assessment of suitability or otherwise, to the chairs and liaise with the chairs to confirm the cases that are to proceed to RAMP for consideration
- Inform the referring agency of the outcome of the referral following confirmation by the chairs. Where the woman is aware of the RAMP referral and it is safe and possible to do so, the referring agency or RAMP coordinator (depending on who has been the woman’s primary contact) must advise the woman on the outcomes of the RAMP referral and whether or not she was able to get a RAMP response
- Identify key agencies and organisations involved with the woman and children who could contribute to the RAMP process as associate members. If any of the individuals are Aboriginal people, an appropriate cultural advisor, agency or advocate should be invited to attend. If there is no known Aboriginal specific caseworker, the coordinator should invite the nominated Aboriginal Community Controlled Organisation RAMP representative for that particular local area to attend.
- Finalise a case list (containing the name, DOB and address of women, children and the perpetrator and reason for referral) for the RAMP meeting and forward the list to RAMP core members and any selected associate members identified for a specific case/s five business days ahead of the meeting date
- Prepare and send out agenda for RAMP meeting, and provide administrative support to the RAMP; keeping records/ minutes and collecting data
• Distribute meeting records (minutes and action plans) to chairs for review on the same day following the conclusion of the RAMP meeting, and then to all RAMP members within one business day of RAMP meeting (full record to core members and limited record to associate members restricted to the individual case they have particular knowledge of)
• Follow up on the completion of actions by RAMP members and support the Chairs in their monitoring role.

Additional tasks are to:
• Contribute to sector capacity building in the specialist family violence and broader service system
• Develop and maintain relationships with core and associate members and promote the work of the RAMP
• Compile bi-annual performance reports for the RAMP to support the Chairs in monitoring and reviewing RAMP performance

2.4.3 RAMP core members
RAMP members are essential to the effective operation of the RAMP and are required to attend all meetings. Core members of RAMPs include:
• Victoria Police (co-chair plus a representative senior police member)
• specialist women’s family violence service (coordinator, co-chair plus a representative senior family violence practitioner
• the department health and human services child protection
• the department health and human services Housing
• men’s family violence services
• Child FIRST
• mental health
• drug and alcohol services
• community corrections

2.4.4 RAMP associate members
RAMPs may from time to time be attended and supported by representatives of agencies and organisations that have particular knowledge of a case, including referring agencies. These agencies are referred to as ‘associate’ agencies. RAMP associates attend RAMP on an ‘as needed’ basis to inform risk assessment and risk management planning.

RAMP associate agencies and organisations may include, but are not limited to:
• Aboriginal agencies/ advocate
• acute health services
• Centrelink
• community health services
• disability services
• education/ schools representative
• housing and homelessness services
• legal services
• maternal and child health services, including enhanced maternal health programs
• Services Connect staff
• sexual assault support services
• specialised multicultural agencies/services
• statewide women’s after hours services (including Safe Steps)
• women’s refuges
• victims assistance and counselling programs

2.4.5 Roles and responsibilities of core and associate members

When participating in RAMP meetings, core and associate members have the same roles and responsibilities.

The key responsibilities of RAMP core and associate members are to:

• research relevant case information prior to RAMP to inform comprehensive risk assessment and risk management
• attend the RAMP meeting and present necessary information (including information which affects the safety of women and children; contributes to assessment of risk and/or the development of appropriate risk management strategies)
• make decisions which commit their agency or organisation to a particular course(s) of action following the RAMP
• ensure that their agency or organisation completes agreed actions arising from the meeting within the required timeframe. If an agreed action can not be completed within the timeframe, the coordinator must be notified so appropriate alternative strategies can be put in place.
• communicate the completion of agreed or alternative actions to the coordinator
• provide a point of contact between their agency or organisation and the RAMP
• complete other tasks as required to support the operation of the RAMP, outlined in these Guidelines.

2.5 Appointment of members

2.5.1 Nomination of RAMP representatives by member agencies

RAMP core members

For each RAMP, core member agencies or organisations will appoint a specific representative to attend the RAMP. The representative should have the appropriate knowledge, skills and experience to give effect to the intentions and functions of the RAMP.

The appointment should take into account:

• the roles and responsibilities of representatives, and
• the seniority requirements (see section 2.5.2).

Representatives will be accountable for performance of their role at the RAMP to the RAMP Chairs and their respective agency or organisation, consistent with the accountability framework (see section 8).

Each RAMP core member agency should also nominate a deputy representative to ensure availability of trained and skilled RAMP members and continuity in their role at RAMP when the primary RAMP member is unable to attend.

RAMP associate members

Associate member agencies and organisations should ensure that relevant representatives are available to attend the RAMP when requested.

The RAMP coordinator should maintain a register of key contacts from associate agencies.
When an associate representative is required to attend a RAMP, the coordinator notifies the key contact person and the agency or organisation decides which person is the most suitable to attend the RAMP. An associate member may only attend the RAMP for the duration of the relevant case, and are bound by the same confidentiality requirements as core members present.

2.5.2 Seniority requirement for RAMP representatives

Seniority of members for participation in RAMP requires the authority to:

- access relevant client information within their agency/organisation prior to RAMP
- provide necessary information during the RAMP meeting (information that goes to assessment or mitigation of the serious and imminent threat to the woman and her children
- commit to actions on behalf of their agency, and oversee follow up within their agency, to ensure compliance.

In addition, the representative requires:

- knowledge and skills to present case information to RAMP, and
- the capacity to make a substantive contribution to risk assessment and to develop risk management action plans.

2.6 Frequency and duration of RAMP meetings

RAMP meetings are to be held monthly at a minimum, even where there are no new referrals. If there are no new referrals, RAMPs will still be expected to meet to review and update active cases and action plans and discuss other relevant matters including referral pathways and systemic gaps and barriers.

RAMPs can be convened more frequently (eg. fortnightly) if deemed necessary (for example if a matter is urgent).

A RAMP meeting will continue until all new and active cases listed for that meeting have been heard. On average, RAMPs are expected to cover 5 new cases per meeting in addition to reviews of existing active cases.

2.6.1 Emergency RAMP meetings

If a referring agency identifies a case which requires an immediate RAMP response, the agency can request an emergency RAMP meeting.

In the first instance the agency contacts the RAMP coordinator, who gains agreement by the chairs to hold an emergency meeting. Where possible, urgent meetings are held within 48 hours of the request, and attended by at least one chair, the coordinator, the referring agency, a member of the Victoria Police, a family violence agency and a representative of Child FIRST or Child Protection, if children are involved.

2.7 Location and times of RAMP meetings

Each RAMP will decide on the most suitable venue and time to conduct the RAMP meeting, depending on local circumstances. A six monthly forward schedule with dates, times and locations will be prepared and circulated by the coordinator.

The location needs to enable RAMP meetings to be conducted in strict confidence. RAMP meetings may be held within family violence agencies, Victoria Police premises or for example, departmental offices (Justice and Regulation, Health and Human Services). Likewise, any RAMP member attending the meeting remotely via telephone or video conferencing must ensure that they can participate in
strict confidence wherever they are located. RAMPs may choose to meet at the same venue or at different venues.

Holding RAMP meetings at different venues has potential benefits:

- It can contribute to increasing involvement, ownership and shared commitment by agencies and organisations to the RAMP initiative
- Access to information in host agencies in ‘real time’ may be enhanced (eg Victoria Police)
- Increased awareness of the RAMP model in the host agency
- Enhanced awareness of key functions and processes of other RAMP members.
3 Referral of cases to RAMPs

3.1 How to make a referral to a RAMP

- Referral to a RAMP is not a first and sole response to serious and imminent threat.
- Any agency, organisation or professional who identifies women and children at serious and imminent threat of harm from family violence should immediately notify Victoria Police and contact the local specialist family violence agency based on the woman's current place of residence.
- A RAMP referral does not substitute any agencies' usual functions or responsibilities. A RAMP referral is made when it is considered that the development of a coordinated multi-agency plan, in addition to the 'normal' service system response, is essential to keep women and children safe and avert the threat posed by the perpetrator.

Cases which are referred to a RAMP must involve women or women with children experiencing a serious and imminent threat. A perpetrator can only be referred to a RAMP in the context of a ‘case’, where there is a serious and imminent threat to women with or without children.

Typically, the two major referrers to RAMP will be women’s specialist family violence agencies and Victoria Police through the identification of high risk cases via Common Risk Assessment Framework (CRAF) and the family violence risk and management report (L17) forms respectively. However, any person who identifies a woman (and her children) under serious and imminent threat can contact their local specialist family violence agency to provide information to support a RAMP referral. The referral process is set out in more detail below.

3.1.1 Referrals made by a specialist family violence agency or Victoria Police

Referrals to a RAMP made by a specialist family violence agency or Victoria Police must be preceded by a risk assessment. This ensures only matters that meet the threshold criteria for eligibility are considered. If at any time during the RAMP process, the risk to a woman and child materially subsides, the co-chair and coordinator should be immediately informed and the case will no longer be considered by a RAMP.

In Victoria, a risk assessment based on the CRAF or equivalent (for example, Victoria Police L17 Form) will provide the necessary foundation for completing a RAMP Referral Form (Appendix 1.2).

In the case of a specialist family violence agency, if this risk assessment identifies that a woman (and her children) are in need of a RAMP response (i.e. meeting the serious and imminent threat threshold), steps should be taken by the specialist family violence agency - where safe to do so - to complete the RAMP Information Collection and Sharing Consent Form (Appendix 1.1) with the woman. The specialist family violence agency should then complete a RAMP Referral Form (Appendix 1.2) and send this to the relevant local RAMP coordinator.

In the case of Victoria Police, the L17 form should be sent to the relevant local family violence agency and a follow up call should be made to the RAMP coordinator to flag that the case is suitable for a RAMP. The coordinator will take steps – where safe to do so – to complete the RAMP Information Collection and Sharing Consent Form (Appendix 1.1) with the woman. The RAMP coordinator should then complete a RAMP Referral Form (Appendix 1.2).
3.1.2 Referrals made by any other agency/organisation or individual

A referring agency/individual (other than a specialist family violence agency or Victoria Police) that believes a woman and her children may be at serious and imminent threat from family violence and warrants a RAMP response should make contact with their local specialist family violence agency.

A case worker at the local specialist family violence agency will conduct an initial risk assessment with the referring agency and if serious and imminent risk is established, the caseworker must make contact with the woman, where safe to do so, to provide the standard RAMP Information Collection and Sharing Consent Form (Appendix 1.1). The case worker should then complete the RAMP Referral Form (Appendix 1.2) to be provided to the relevant local RAMP coordinator.

Notice and informed consent - effect of the RAMPs information usage arrangement on the handling of personal information

Where safe and possible to do so, RAMPs will uphold a rights-based approach to providing the woman notice and obtaining the woman's consent prior to their information being collected and shared by RAMPs.

It is the Coordinator's responsibility to either:

- Ensure that the referring agency has provided notice of information collection and sharing and gained consent from the woman where safe to do so (Appendix 1.1); or
- Provide notice of information collection and sharing and gain consent from the woman herself where safe to do so if the referring agency has not (Appendix 1.1).

There will, however, be situations where personal information can be collected and shared even where notice is not given and consent is not obtained.

The information usage arrangement permits personal information to be collected directly from the woman without requiring notice to be given where a RAMP participant reasonably believes that this would pose a serious threat to the life, health, safety or welfare of any individual.

If notice is not provided and informed consent is not obtained, this must be explicitly documented including supporting reasons. This is discussed more fully in section 5.3.

Note that, the RAMPs information usage arrangement does not apply to health information. This means that the collection of health information must still continue to meet the notice requirements as set out in the Health Records Act 2001.

Importantly, consent from the perpetrator to share both his personal and/or health information is not required where a RAMP member reasonably believes that the collection, use or disclosure is necessary to prevent or lessen a serious and imminent threat to an individual's life, health, safety or welfare.

3.1.2 Incomplete referral information

The coordinator will work jointly with the referring agency and/or the woman (where safe to do so) to gather as much information as possible to complete the RAMP referral form to enable assessment of suitability of the referral for consideration by the RAMP.

Due to the contextual circumstances of risk, it may not be possible to fully complete the RAMP referral form. Gaps in knowledge and information should not prevent a referral to RAMP if the worker’s professional judgment indicates that there is a serious and imminent threat of harm to women and children arising from family violence. Information necessary to risk assessment and planning will continue to be gathered throughout the RAMP process.
3.1.3 What is the deadline for referrals?

There is no deadline for RAMP referrals, although ideally referrals should be made one week prior to the scheduled meeting to allow time for preparation by RAMP participants. Referrals received after this date can be added to the RAMP agenda as emergency item, held over to the next RAMP meeting or considered for its own emergency RAMP meeting.

If immediate assistance is required to ensure the safety of the woman and her children, this must be provided by the specialist family violence agency in tandem with statutory justice agencies such as Victoria Police prior to the case going to RAMP.

3.1.4 Relationship between RAMP referrals and an agencies’ usual functions and responsibilities

RAMPs are not a substitute for case conferences or care team meetings.

RAMP participants agree to actions that maximise the safety of women and children and that are consistent with the agencies’ usual functions and responsibilities. These actions are documented in the RAMP action plan. RAMPs do not override the individual autonomy or responsibility of participants but are intended to complement existing service system responses.

3.2 Identification and prioritisation of cases

Risk assessment based on CRAF is always necessary for the completion of a RAMP referral form. Good practice involves the development of professional judgment and skills to differentiate and engage women and children who are considered to be experiencing a serious and imminent threat.

Specialist women’s family violence agencies will build on current processes to identify women and children experiencing serious and imminent threat from family violence. At the point which a woman and her children are identified as at serious and imminent risk of harm from family violence, immediate priority should be given by the specialist family violence agency to provide assistance to ensure safety, and to provide notice and seek consent from the woman (where safe to do so) (see Appendix 1.1) and to make a referral to RAMP (see Appendix 1.2).

Note that as a result of immediate assistance to ensure safety, the specialist family violence agency, in conjunction with the woman, may assess that the risk is no longer sufficiently serious and imminent to warrant a referral to RAMP. In these cases, a RAMP referral should not be made. In all other cases, a referral to RAMPs should be considered.

The level of risk in family violence is volatile and can change dramatically and quickly. Protecting women and children requires specialist family violence agencies to continuously monitor the level of seriousness and imminence of risk prior to, during and post RAMP meetings.

Steps to support referral to RAMPS by the referring agency:

- identify and prioritise cases based on referral and other necessary information and history
- flag’ potential serious and imminent cases for RAMP consideration
- promptly attempt to contact and engage women and where safe to do so, provide notice and seek consent from the woman (see Appendix 1.1) prior to completing a referral to RAMP
- undertake comprehensive and ongoing risk assessment with each client
- develop safety plans with women, including for each child
- provide case management response including immediate assistance and support to ensure safety; practical assistance through brokerage; coordination and referrals to other agencies

It is expected that agencies that are familiar with the CRAF will undertake a risk assessment that will support the specialist family violence agency complete a RAMP referral. Agencies which are less
familiar with the CRAF will be assisted by their local specialist family violence agency to undertake risk assessment and make a referral to a RAMP coordinator.

Referral to RAMP does not remove the obligation of agencies or individuals to report cases to Victoria Police and/or child protection and/or Child FIRST as per existing agency arrangements.

Timely identification, assessment and referral of women and children who are assessed as experiencing a serious and imminent threat are essential. It is critical that core agencies develop clear internal pathways and processes to ensure the streamlining of referrals to a specialist family violence agency, or in the case of Victoria Police and a specialist family violence agency, to streamline referrals directly to their local RAMP coordinator.

3.3 Feedback to referring agency

Once eligible RAMP referrals have been determined by the coordinator and co-chairs, it is imperative that the RAMP coordinator provide written feedback to the referring agency on the outcome of the RAMP referral. Where a RAMP referral is deemed eligible, the coordinator should advise the referring agency’s RAMP representative that a referral is being prepared. The referring agency ensures that wherever possible, the case worker/staff member is available to present the case to the RAMP and to contribute to risk management and action planning.

Where a RAMP referral was not deemed eligible or was not able to get a RAMP response, the reasons must be clearly listed. Where the woman is aware of the RAMP referral and it is safe and possible to do so, the referring agency or RAMP coordinator (depending on who has been the woman’s primary contact) must advise the woman on the outcome of the RAMP referral and whether or not she was able to get a RAMP response.

3.4 How are cases managed, re-referred and closed?

Once a case has been referred to and considered by a RAMP, it is an ‘open’ case. It remains an ‘active’ RAMP case that must be considered at each meeting until risk has subsided to a level where the perpetrator no longer poses a serious and imminent threat to the victim and her children.

Note that RAMPs are specifically tasked with assessing and managing risk to prevent or lessen serious and imminent threat to a woman and her children’s life, health, safety or welfare. The role of RAMPs is to develop a targeted, time-bound action plan to directly reduce serious and imminent threat. RAMPs are not designed to undertake longer term case management.

Once RAMP members jointly agree that necessary actions have been taken to reduce the risk posed to a woman and her children below the level of serious and imminent threat, the RAMP case should be closed. The coordinator should record that the case has been closed and document the reasons why. The coordinator also notifies the referring agency and caseworker of the case closure. After a RAMP case closure, relevant RAMP members should continue providing their usual case management assistance to the victim where necessary.

If the level of threat posed by the perpetrator subsequently increases to a serious and imminent level after a case has been closed by a RAMP, the caseworker/referring agency will contact the coordinator to re-refer a case. A re-referral within six months of the case last appearing on a RAMP agenda is not treated as a new RAMP referral. In such cases, a new RAMP referral form is not required, but an updated risk assessment is necessary to support the re-referral.

Once the six month period has elapsed following case closure, a re-referral is treated as a new case requiring a new RAMP Referral Form.
3.6 Referrals between RAMPs

RAMPs are established throughout Victoria within boundaries based on local government areas. The designated boundaries for each RAMP may not align with the operating boundaries of each participating agency and organisation.

A RAMP referral is made to the local RAMP nearest to where a woman and her children are living. However, it is recognised that women and children escaping family violence may change accommodation or relocate from one area to another. Men who use violence against women and children may also relocate and/or use violence against more than one partner across different areas.

A RAMP in one area may refer a case to, and share information with, a RAMP in another area, based on the assessment that the women and children are at serious and imminent threat. Referral from one RAMP to another, and information sharing between RAMPs, may occur when:

- women and children experiencing a serious and imminent threat currently being considered by a RAMP, relocate from one region to another or have previously presented at another RAMP
- women and children experiencing serious and imminent threat are referred to a refuge in another area to ensure their safety or accessed services from another area
- women and children whose case was previously considered by RAMP and closed, relocate from one area to another, and give consent for the referral
- the perpetrator relocates to another region or accessed services from another area or there is previous known involvement with other women and children also considered to be at serious risk

Individual RAMP members (eg. agencies or police) may make referrals to agencies or organisations in other areas in line with current practice and/or with client consent.
4 Serious and imminent threat

Accurate and comprehensive risk assessment at every stage of contact with women and children experiencing family violence is fundamental to action planning and ensuring that only cases involving serious and imminent threat are referred to a RAMP.

Referral to RAMP is based on assessment of serious and imminent threat. In order for the RAMP program to operate effectively, a common understanding of risk is required by participating agencies. The CRAF provides a common assessment process for identifying risk and therefore, suitability for referral to RAMP. Implementation of the CRAF should be supported by training and professional skill development.

Although serious and imminent threat can be identified during the first (initial) contact and assessment, more commonly risk assessment is an ongoing process, during which the threat and timing of serious violence can fluctuate. A situation can escalate very quickly. Ongoing monitoring of risk, and cumulative risk assessments assist in capturing changes in circumstances.

If a woman and her children are not experiencing a serious and imminent threat, RAMP is not an appropriate referral route and the woman and her children should be supported through referral to other services that meet their current needs.

| Serious and imminent threat - effect of the RAMPs information usage arrangement and the handling of personal information |
| To be eligible for referral and consideration by a RAMP, an assessment must be made that the woman and children’s life, health safety or welfare are at serious and imminent threat from family violence. |
| Once a case is referred and determined to be eligible for RAMP consideration, RAMP members should feel confident about handling personal information even where risk levels fluctuate in and out of imminence, provided the threat to the woman and child’s life, health, safety or welfare remains serious. |
| This is consistent with the modified Information Privacy Principles contained in the RAMPs Information Usage Arrangement, which removes the legal requirement of imminence in recognition that risk is an inherently dynamic concept. |
| Note that, if a serious and imminent threat is being relied on to use and disclose health information, this is unaffected by the RAMPs Information Usage Arrangement. This means that the use and disclosure of health information must continue to meet the serious and imminent threshold as set out in the Health Records Act 2001. |

4.1 Determining serious and imminent threat

Assessment of risk of threat should be undertaken in line with the CRAF (see section 7.10).

To establish serious and imminent threat, the RAMP referral includes:

- evidence based risk factors (and high risk factors) linked with the CRAF
- the woman and her children’s reported level of fear
- knowledge of the referring worker/ agency of relevant family violence history, additional risk and protective factors and actions
- professional judgment of the referring worker or agency regarding the seriousness and imminence of the threat
• other relevant factors, for example, repeated episodes of violence and escalating violence.

The imminence of a threat is informed by the timeliness of the risk including threat of injury or risk to life, health, safety or welfare currently occurring or likely to occur at any moment.

The assessment of imminence will be based on:

• the woman’s reported experiences and judgment
• knowledge by the referring worker/ agency of previous actions and timing by the perpetrator
• professional judgment.

Note that circumstances can escalate rapidly in the context of serious and imminent threat.

4.2 Common Risk Assessment Framework (CRAF) risk factors

The CRAF includes an aide-memoire of 26 factors impacting on the likelihood and severity of family violence to assist workers undertaking a risk assessment.

Included in the list are 15 factors which are associated with an increased risk of the victim being killed or almost killed. These factors, reproduced at Table 4.2, require particular attention when assessing seriousness and imminence of risk.

Table 4.2: Factors associated with an increased risk of being killed/almost killed

<table>
<thead>
<tr>
<th>factor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnancy/ new birth</td>
</tr>
<tr>
<td>Use of weapon in most recent event</td>
</tr>
<tr>
<td>Access to weapons</td>
</tr>
<tr>
<td>Has ever tried to choke the victim</td>
</tr>
<tr>
<td>Has ever harmed or threatened to harm or kill children</td>
</tr>
<tr>
<td>Has ever harmed or threatened to harm or kill children</td>
</tr>
<tr>
<td>Has ever threatened or tried to commit suicide</td>
</tr>
<tr>
<td>Stalking of the victim</td>
</tr>
<tr>
<td>Sexual assault of the victim</td>
</tr>
<tr>
<td>Drug and/or alcohol misuse/abuse</td>
</tr>
<tr>
<td>Obsession/ jealous behaviour towards the victim</td>
</tr>
<tr>
<td>Controlling behaviours</td>
</tr>
<tr>
<td>Unemployment</td>
</tr>
<tr>
<td>Recent separation</td>
</tr>
<tr>
<td>Escalation – increase in severity and/or frequency of violence</td>
</tr>
</tbody>
</table>

The results of the CRAF risk assessment, including the number of ‘increased risk factors’ present are considered alongside other sources of information and professional judgment, to assist in determining the level and seriousness of the risk in a given case, and to guide decisions about eligibility for consideration by RAMPs.

4.3 Women’s and children’s reported level of fear

A woman’s reported level of fear is a critical and reliable indicator of her level of risk and is a key consideration in determining appropriate cases for RAMPs.

Referrals to RAMP made by specialist family violence agencies via the RAMP referral form and by Victoria Police via the L17, include an assessment of a woman’s level of fear based on her own assessment of risk posed by the perpetrator to herself, her children, or other family members.
The CRAF contains more detailed practical information for workers on exploring a woman’s level of fear, noting that in some circumstances, women at high risk may underestimate their own risk level.

Consideration should also be given to each child’s reported level of fear where this is available. The CRAF contains information to support workers in gathering information from children.

4.4 Agency knowledge and professional judgment

Assessment of risk requires case workers, with relevant family violence experience, to use professional judgment in rating the seriousness and imminence of risk from family violence.

Professional judgment is based on the worker’s experience, skills and knowledge of the case. Professional judgment includes any information known to an agency relevant to the assessment of risk. Agencies may have records and files documenting case information, the seriousness and frequency of family violence incidents, breaches of orders or actions taken to protect and support women and children. In some cases the referring case worker or agency may have been working with the woman and children for an ongoing period of time and/or intermittently over several months or years. In other cases, little information will be available other than the initial assessment.

If a case worker reasonably believes that a woman and her children are under serious and imminent threat, but the woman has been unable to fully disclose the information, including, for example, as a result of extreme levels of fear of the perpetrator, fear of involvement of services, cultural or language barriers to disclosure etc, a referral should be made to RAMP for consideration.

4.5 Repeat episodes and escalation of violence

Assessment of risk also requires consideration as to whether violence is escalating in frequency and/or seriousness. Issues for consideration include the number of police callouts to family violence incidents in the prior 12 months involving the same perpetrator, and/or an increase in the severity of the abuse or threats. Ongoing risk assessment is required throughout the RAMP process as information becomes available that is relevant to risk. This approach facilitates a more comprehensive and accurate risk assessment and provides a stronger basis for risk management planning.

4.6 Cumulative harm

Experiencing or witnessing multiple incidents of family violence is harmful to women and children. Understanding when cumulative harm has reached a sufficient threshold for a RAMP referral requires skills, practice experience and professional judgment. Practice guides such as the Department of Health and Human Services (2007) Cumulative harm, Best interests case practice model, specialist practice resource, are well established, and assist family violence practitioners with risk assessment and management practice.
5 Confidentiality and information sharing

5.1 Sharing information at RAMP

Ensuring the safety, welfare and wellbeing of women and children experiencing a serious and imminent threat from family violence are paramount considerations when making decisions to share information.

A RAMP provides a multi-agency platform to share relevant information to support risk assessment and risk management planning for women and children under serious and imminent threat due to family violence. Information sharing is a core component of the RAMP process.

Information can be shared as follows:

- The preferred and best basis upon which to share information is with the consent of the person under threat.
- Where consent is not able to be first obtained because it is not practicable or safe to do so, or where the person under threat refuses to provide consent, information can only be shared in circumstances where organisations reasonably believe that the use or disclosure is necessary to lessen or prevent a serious and imminent threat to an individual’s life, health, safety or welfare.

Information that is not necessary to risk assessment, safety and action planning or, where the case does not meet the threshold level of threat, must not be shared. An information gathering template (Appendix 1.4) has been developed to guide participants with information relevant to risk assessment and planning.

All agencies and organisations participating in RAMPs must comply with relevant legislation including the Privacy and Data Protection Act 2014 for personal information, the Health Records Act 2001 for health information, and the Standards for Law Enforcement Data Security for any law enforcement data. In particular, agencies should be aware of and comply with legislative provisions relating to the collection, recording and sharing of personal and sensitive information, including where these have been modified by the RAMPs Information Usage Arrangement. The RAMPs information usage arrangement also provides for particular other information handling provisions in other Acts to permit personal information to be handled in connection with a RAMP.

Information shared within a RAMP is confidential. A Confidentiality Deed is read and signed by participants at every RAMP meeting (Appendix 1.7). Information shared at a RAMP meeting is not disclosed to third party agencies or organisations which do not attend RAMP meetings, unless required by law. Information (such as minutes and actions arising) must only be distributed or made accessible by the coordinator to RAMP members that attended the meeting for the completion of actions, and, if required by law to keep such records, to maintain knowledge of that individual case.

The coordinator is responsible for recording and storing information collected as part of the RAMP process. No other members are permitted to take records during the meeting except where this is required to implement specific actions their agency or organisation is responsible for or if this is required by law.

5.2 How information shared at a RAMP may be used

Information obtained at a RAMP may only be used for the purpose of lessening or preventing a serious and imminent threat to the life, health, safety or welfare of a woman or child from family violence (RAMP Purpose). A RAMP core member or associate member may receive information at a RAMP about a woman or a perpetrator that potentially impacts upon a service provided to that woman or perpetrator, unrelated to family violence. The RAMP core member or associate member cannot use the information received as evidence in respect of unrelated matters, unless required under the law.
This is because the information was received for a specific RAMP purpose only, namely to reduce the risk to women and children where there is a serious and imminent threat to their life, health safety or welfare from family violence, including by strengthening perpetrator accountability. Any RAMP core member or associate member who shares information for an unrelated RAMP purpose may be in breach of the Confidentiality Deed and local agreement (if applicable).

There are some limited exceptions in which information shared at a RAMP might be used for other purposes as follows:

1. Police have a legal obligation to protect persons and prevent offending, and to take action where a crime has been or is about to be committed. For this reason, Victoria Police RAMP members may on occasion be required to take action as a result of information shared at a RAMP. However, any action taken will consider the overall situation, the woman's needs and threat to her life, health or safety or that of her children.

2. Under the Children, Youth and Families Act 2005, Child Protection have obligations to provide for the protection of children. Where information shared at a RAMP indicates that a child or young person may be in need of protection, Child Protection is mandated to investigate the matter in a way that will be in the best interests of the child. This may include providing details of the report to third parties if Child Protection believe on reasonable grounds that the disclosure is necessary to assist in its investigation of the matter. Any action taken by Child Protection will consider the overall situation, the needs of the woman and child and any threat to their life, health or safety, and the need to strengthen and preserve positive relationships between the child and mother in recognition that family violence involving children is an attack on the mother-child relationship. RAMPs do not replace or change these obligations.

3. Corrections Victoria administers parole orders, community corrections orders, and serious sex offender supervision orders, and are legally obliged to respond to any breach of those orders of which they become aware and any matters related to the escalation or risk that goes towards community safety. The response would be proportionate to the type of order and the nature of the breach.

5.3 Client consent to share information at RAMPs

The practice of providing notice and seeking client consent before information is shared between RAMP representatives upholds a rights-based approach and is recommended best practice. This applies to women who are experiencing family violence and young people who have witnessed and/or are experiencing family violence who are considered capable of giving informed consent.

There may be situations where information may need to be shared without consent in order to prevent causing, or escalating, serious threats to a woman or child's life, health, safety or wellbeing.

Where a woman has expressly refused to provide her consent for her information to be discussed at a RAMP, but the coordinator and chairs believe that the woman (and her children) are at serious and imminent threat, the matter can be referred to a RAMP. It is important that decisions to refer to a RAMP in such circumstances should be considered extremely carefully and supporting reasons documented.

There may be situations where information may need to be shared without consent in order to prevent causing, or escalating, serious threats to a woman or child's life, health, safety or wellbeing.

Reasons for making a RAMP referral and sharing the woman's information without consent must be explicitly documented. Co-ordinators must alert the Chairs why a RAMP referral without consent has
been made as part of their preliminary assessment of suitability. The Chairs will then confirm whether the case is suitable to proceed to a RAMP for consideration.

Women should be provided with opportunities to state any concerns, priorities and desired outcomes from the RAMP. The provision of consent or refusal to provide consent should be recorded with any reasons provided.

Informed consent is best provided in writing via the Information Collection and Sharing Consent form (Appendix 1.1) wherever possible but it may also be given verbally. If consent is given verbally, a detailed file note recording the consent should be made.

In some instances, telling a woman that she is at high risk and that you are going to refer her case to a RAMP may jeopardise her safety. It is important to assess whether providing this information may increase the risk to the woman and her children and only inform the client, where it is safe to do so. Reasons for not informing the client of the decision to refer to disclose information should be recorded.

It is also critical that the perpetrator is not aware of any impending interventions. Limiting information sharing to RAMP participants is important to reduce the risk of information being shared with the perpetrator.

Perpetrators are not asked for their consent and are not informed about a RAMP referral, as to do so may jeopardise the safety of the victim(s).

The RAMP meeting records (minutes and action plan) provide a record of information sharing decisions.

5.4 Collection, storage, transmission and use of information

Collection, use, disclosure and storage of all information related to the RAMP must be managed in accordance with relevant legislation including the Privacy and Data Protection Act, the Health Records Act and the Standards for Law Enforcement Data Security.

Confidential information (including personal and sensitive information) should be clearly marked Confidential and Restricted and kept securely. Security of information must always be considered when information is transmitted between the RAMP coordinator or chair, and other members.

Individual participating agencies have responsibility for the safeguarding of information made available to them through the RAMP process. This includes case lists, minutes, safety and action plans and any other information arising from the RAMP. The amount of personal and/or sensitive information collected (recorded and or kept) by agencies that are party to RAMPs should be limited to only what is absolutely relevant and necessary.

5.4.1 Victoria Police information

Victoria Police information is ‘law enforcement data’ as defined by the Privacy and Data Protection Act. According to the Standards for Law Enforcement Data Security issued under the Act and incorporated in Victoria Police information sharing policies, the information that Victoria Police share as part of RAMPs is categorised as UNCLASSIFIED, SENSITIVE:PERSONAL and/or FOR OFFICIAL USE ONLY.

Information detailing Victoria Police operations and investigations and/or information that is security classified as PROTECTED or higher will not be shared at RAMP unless there are extraordinary circumstances, a risk assessment has been conducted, and a risk management plan is in place.
5.4.2 Requests for information

The current Freedom of Information legislative framework provides the right for an individual to apply for access to documents about the person held by an organisation. It is important for agencies to recognise there are a number of exemptions to these provisions which limit the types of documents and circumstances in which information can be accessed.

An agency or community service organisation that receives a request in relation to documents held relating to the RAMPs should contact the Freedom of Information unit at the Department of Health and Human Services in the first instance as follows:

Department of Health and Human Services
FOI Unit GPO Box 4057
MELBOURNE, VIC 3001
Telephone: 03 9096 8449
Fax: 03 9096 8848
Email: foi@dhhs.vic.gov.au
6 Activities prior to RAMP

A number of activities need to be completed to support a RAMP meeting by participants. Standard forms have been developed (see Appendix 1) to promote consistency. A summary of activities to support RAMPs in the pre, during and post RAMP stages is provided at Chart 7.11.

6.1 Coordinator and chair activities

The RAMP coordinator undertakes the following activities prior to a RAMP meeting:

- Provide a point of contact to referring agencies regarding RAMP referrals to be made through their local specialist family violence agency, and the process that should be followed
- Receive RAMP referrals from specialist family violence agencies and Victoria Police (L17) based on an assessment of serious and imminent risk
- Complete or work with referring agency and/or individual woman (where safe and possible to do so) to gather any additional information to complete the RAMP referral form
- Ensure that the woman is provided notice of information collection and sharing and informed consent has been sought where safe and possible to do so (see Appendix 1.1). Where notice is not provided or consent not obtained from the woman, reasons for making a RAMP referral without notice or consent must be documented.
- Review completed RAMP referrals and make a preliminary assessment of whether cases should proceed to a RAMP for consideration or not, including whether notice was provided or consent was obtained from the woman and reasons why (if not)
- Forward completed RAMP referrals, together with a preliminary assessment of suitability or otherwise, to the chairs and liaise with the chairs to confirm the cases that are to proceed to RAMP for consideration
- Inform the referring agency of the outcome of the referral following confirmation by the Chairs. Where the woman is aware of the RAMP referral and it is safe and possible to do so, the referring agency or RAMP coordinator (depending on who has been the woman’s primary contact) must advise the woman on the outcomes of the RAMP referral and whether or not she was able to get a RAMP response
- Identify key agencies and organisations involved with the woman and children who could contribute to the RAMP process as associate members. If any of the individuals are Aboriginal people, an appropriate cultural advisor, agency or advocate should be invited to attend. If there is no known Aboriginal specific caseworker, the coordinator should invite the nominated Aboriginal community controlled organisation RAMP representative for that particular local area to attend.
- Finalise a case list (containing the name, date of birth and address of women, children and the perpetrator and reason for referral) and agenda (see Appendix 1.3 and 1.5) for the RAMP meeting and forward these to RAMP core members and any selected associate members identified for specific case/s five business days ahead of the meeting date

To support this process, chairs are required to:

- Review preliminary assessment of suitability of referrals by the coordinator and confirm cases that are to proceed to a RAMP for consideration within two business days of receipt. For a referral to be accepted for consideration by a RAMP, unanimous agreement by both chairs is required.

6.2 Information collected by agencies prior to RAMP meeting

Following receipt of the case list, core members and identified associate members collate relevant internal agency information to support risk assessment and planning for an individual case. Where in
the process of collating information a core member identifies another agency that may hold information that is relevant to the RAMP case, they should notify the RAMP coordinator. The RAMP coordinator should then invite that agency to attend the RAMP meeting as an associate member.

A summary of information is prepared prior to the RAMP using the RAMP information gathering template as an optional guide (Appendix 1.4). The template is intended to help guide agencies and organisations to review information it holds that might be relevant or necessary to meet the RAMP purpose – namely, to lessen or prevent a serious and imminent threat to the life, health, safety or welfare of a woman and her children from family violence. However, it is not intended for distribution to other members.

Except where information is distributed by the coordinator, all information about a particular case should be shared verbally at the RAMP meeting itself.

If no women, children or perpetrator on the case list are known to a core member agency, the RAMP core members will still attend the RAMP meeting. Associate members are only required to attend for the part of the meeting involving the individual case for which they have specific knowledge.

6.2.1 Immediate responses

On receipt of the case list, RAMP members will make an assessment, based on information known to the agency, whether immediate action is required prior to the RAMP meeting to prevent or lessen the threat to women and children.

RAMP members will:

• Ensure an immediate appropriate response is implemented to reduce the threat to women and children in the interim.
• Contact the coordinator and request that a RAMP meeting be held as soon as possible (i.e. an emergency meeting).

Services or responses should not wait until the scheduled RAMP meeting if more urgent action is required.

6.3 Attendance arrangements

6.3.1 Core members

The coordinator is to distribute a six monthly forward schedule of RAMP meetings to core members. Core member agencies are responsible for ensuring nominated representatives attend every RAMP meeting.

Consistent attendance at RAMP is important to develop and reinforce good working relationships (within and beyond RAMP meetings), and promote continuity and meeting efficiency.

If a RAMP member is unable to attend, the representative will inform the RAMP coordinator in advance of the meeting, noting that the deputy representative will attend. If the deputy representative is not able to attend, an agency can provide a verbal summary of the information gathered that is relevant and necessary for risk assessment and safety and action planning to the coordinator prior to the meeting.

6.3.2 Associate members

Associate members are only required to attend for the part of the meeting involving the individual case for which they have specific knowledge.
6.3.3 Recording attendances

The coordinator records attendances of core members and associate agency representatives on the meeting records as per Appendix 1.3. Coordinators and chairs monitor agency attendance and raise issues of concern in line with governance processes.
7 Processes during and after a RAMP

Key processes during and after a RAMP meeting are presented below and summarised at Chart 7.11. Standard forms to support these processes are provided at Appendix 1.

7.1 Confidentiality commitment

All participants in RAMP meetings are required to sign a Confidentiality Deed (Appendix 1.7) at the beginning of each RAMP meeting. The following confidentiality statement is read out by the Chair and forms part of the Confidentiality Deed:

“Those present are reminded that this meeting is strictly confidential. Information discussed during the meeting should not be shared outside this meeting unless directly relevant to the management or execution of the Action Plan, or required under law. Copies of the minutes and Action Plan and other documentation shared at this meeting will only be disclosed to parties who attended the RAMP meeting. Agencies will agree to store and dispose all information in a confidential and appropriately restricted manner.”

Where associate members enter a RAMP meeting to attend a particular case, a Chair will be required to read the Confidentiality Deed to that/those people entering the room, and have them sign the Deed.

7.2 Review of previous actions

The Chairs facilitate a brief review of active cases from the previous month.

The RAMP coordinator provides a summary of completed actions for each case, noting those actions which have not been completed. The chairs will seek clarification of incomplete actions.

If an agreed action can not be completed within the timeframe, the coordinator must be notified so appropriate alternative strategies can be put in place.

If for whatever reason actions are still outstanding, an assessment is made of the impact on risks and whether these, or other actions, should be included in an updated action plan and listed for review at the next RAMP meeting.

Where there is no further action required and the risk has subsided to below the serious and imminent threat level, cases should be closed.

7.3 Presentation of cases

7.3.1 Case presentations

Women and children and perpetrators do not attend RAMP meetings, as this has the potential to compromise safety. Where possible, cases will be presented to the RAMP by the agency that completed the referral and/or has a detailed knowledge of the woman and children’s current circumstances, including current risks and history of family violence. This person may be the woman’s case manager (eg. from a family violence service or mental health service), or the referring agency or organisation (which could include Victoria Police, for example). This approach aims to best represent the interests of the woman and her children without compromising her safety and be potentially re-traumatising.

In the event that one of the individuals is Aboriginal, the coordinator must invite an appropriate cultural advisor, agency or advocate. If there is no known Aboriginal specific caseworker, the coordinator should invite the nominated ACCO RAMP representative for that particular local area to attend.
For women from culturally diverse backgrounds, consideration should also be given to attendance by an appropriate cultural advisor, agency or advocate to contribute to the RAMP process.

In some situations it may be appropriate for the RAMP coordinator to present a case to a RAMP meeting, particularly if they have direct contact with the woman and children.

Following the initial presentation, the chair will open discussion by RAMP members of relevant information to inform risk assessment and management in relation to the individual case. The presentation process is repeated for every case listed for the RAMP meeting.

### 7.3.2 Risk assessment at RAMP

Each RAMP member with some knowledge of a case, will contribute a specialist perspective to RAMP discussions aimed at comprehensive and realistic assessment of the seriousness and imminence of risk.

**Risks posed by the perpetrator**

Every RAMP discussion will include an assessment of the risks posed by the perpetrator based on all relevant information in relation to the perpetrator. Victoria Police, Corrections and men's family violence services generally provide key information to inform the risk assessment and to identify specific perpetrator threats.

Information relevant to perpetrator risk includes the history and pattern of violence, repeat incidents, potential triggers of violence, previous responses by the perpetrator to significant events and interventions and severity of violence towards previous partners. A risk assessment conducted with the woman will necessarily include information about the perpetrator and the risks posed by him.

**Risk assessment for women**

Women may have participated in one or more risk assessments prior to their situation being considered at a RAMP. All RAMP participants who have had contact with or knowledge of women can contribute to the comprehensive RAMP risk assessment. Specialist services such as mental health, drug and alcohol, men's family violence services and culturally specific services and advisors can also contribute important insights even where they have not had direct contact with the women, child or perpetrator. The risk assessment for women and children is closely aligned with the assessment of the risks posed by the perpetrator.

**Risk assessment for children**

RAMP risk assessments will also include consideration of risk for each individual child in addition to an assessment of the child’s safety needs in the context of the mother’s risk assessment. The assessment of risk will be informed by the *Assessing children and young people experiencing family violence: practice guide* (DHS, 2012).

It is recognised that some children may be at greater risk than others within the same household for reasons such as the age, vulnerability and developmental stage of the child or due to family dynamics and relationship to the perpetrator. In some instances, the mother's capacity to ensure safety for each child may be compromised or systems may be working at cross purposes (eg. Court ordered access visits) which may place some children at higher risk than their siblings. Specialist children’s services are of value in providing insight and informing the RAMP risk assessment process for children.
7.3.3 Risk management and planning

The aim of risk management planning is to increase the safety of women, children, and other vulnerable parties (family members) and to reduce or eliminate the threat posed by perpetrators.

It is likely that there will already be a safety plan in place for women and children at the time a case is considered by a RAMP. Information shared at the RAMP should be used to update the safety plan as needed.

The RAMP process identifies additional measures which can be undertaken by RAMP members as part of the action plan and to ensure an enhanced outcome for women and children. This includes actions in relation to the perpetrator.

In every case presented to RAMP consideration will be given to the actions required to limit and/or prevent the perpetrator from posing a serious and imminent threat and to increase his accountability.

All actions are recorded as part of the meeting records, under the RAMP action plan.

7.3.4 RAMP actions

Tailored action plans will be developed for every case and will include specific actions for the perpetrator, victim and each child involved (using the template provided at Appendix 1.6). Actions are developed by agreement. The commitment by an agency or organisation to carry out actions in an action plan is made within the scope of that agency’s responsibilities. Actions need to address each of the risk indicators identified in the risk assessment that is done at the RAMP meeting as a group in order to respond to the following four overriding key questions:

What actions are required to prevent or limit the perpetrator threat?
What actions are required to increase perpetrator accountability?
What actions are required to keep women safe?
What actions are required to keep each child safe?

Actions plans provide:

- an agreed statement of immediate required risk management actions;
- clarification of responsibilities for agreed actions to be completed by agencies and organisations following the RAMP meeting; and
- timelines for completion of RAMP actions.

The action plan is included in the meeting records (see section 7.5) with each action assigned to a RAMP member to be completed within an agreed timeframe. The meeting records must be sent to co-chairs for review on the same day of the meeting prior to distribution. Following review by co-chairs, the meeting records will be distributed within one business day after the meeting to the RAMP members with specific responsibility for implementation of the actions and/or with agency knowledge of the case.

Actions in relation to perpetrators

Actions in relation to perpetrators will likely be addressed by Victoria Police initiatives. The role of Corrections is also potentially significant in limiting and/or preventing serious harm by perpetrators, such as those on Orders. Men’s Behaviour Change Programs provide a support function to increase perpetrator accountability through information provision and monitoring and liaison with Courts, Victoria Police and other services. Child Protection also have the power to regulate perpetrators’ contact with children therefore they have a key role in limiting or preventing harm and managing perpetrators’ behaviour.
7.4 Other matters discussed at RAMP

A range of other matters may be discussed at RAMP including:

- Key administrative matters, data or reporting issues
- Process issues such as communication and decision making
- Review and discussion of the impacts and outcomes of the RAMP
- Discussion of particular local, regional and/or systemic issues
- Information updates and identification of training and/or development needs.

7.5 Meeting records

The official meeting records are taken by the RAMP coordinator and will record the names of the people attending the RAMP meeting, their organisation, a brief record of discussions (minutes), the risk indicators and the action plan (see Appendix 1.6). Other participants can take notes if this is required to implement actions that their agency or organisation is responsible for or if this is required by law.

Meeting records should take into consideration the information sharing provisions for RAMPs (see section 5.1). A full meeting record is distributed to all core members, while associate members receive only limited records restricted to the relevant individual case they have a particular knowledge of. The collection and recording of personal and/or sensitive information is limited where possible to what is necessary to assess and manage risk.

7.6 Feedback to women

Priority actions immediately following a RAMP meeting include, where applicable and safe and possible to do so, informing the woman about the outcomes of the meeting and seeking her feedback or concerns relevant to her safety. This action should be assigned to a RAMP member in the meeting records. This will most likely be the woman’s current caseworker. Where the woman does not have a caseworker, the RAMP coordinator can fulfill this role. An interpreter should be used where English is not the primary language.

Information that may be discussed with the woman (noting that in some instances the provision of detailed information may increase the risk to the woman) includes:

- Summary of the RAMP risk assessment
- The proposed risk management plan, actions agreed and timelines (the main reasons for planned actions may also be noted)

Any concerns expressed by the woman which impact on the proposed action plan should be immediately reported to the RAMP coordinator.

Where possible, women should be provided with a contact person at Victoria Police to promote a streamlined response if needed.

Importantly, due to the potential for increases in risk to the woman, her children or other members of the community, professional judgment is required regarding the level of detail provided, with safety of the woman and her children as a priority.

7.7 Completion of RAMP actions

7.7.1 Coordinator responsibilities following the RAMP meeting

The coordinator will:
• Produce the official meeting records of each RAMP meeting, including the risk indicators and agreed action plan (see Appendix 1.6 for meeting record template)
• Forward the meeting records (minutes and action plan) to co-chairs for review on the same day as the meeting. Once reviewed by co-chairs, the coordinator will distribute records within one business day (full record to core members and limited record to associate members restricted to the individual case they have particular knowledge of) (see section 5.3 and section 7.5)
• Follow up on the completion of actions with relevant members.

7.7.2 Core member and associate member responsibilities
Responsibilities of RAMP core members and associates include the following:
• Report relevant agreed actions to their respective agency or organisation
• Ensure agreed actions are undertaken by their respective agency or organisation within the agreed timeframe
• Notify the coordinator of actions unable to be completed within the timeframe so appropriate alternative strategies can be put in place.

Agencies with ongoing case management responsibility should ensure safety plans for women and children are updated in line with RAMP discussions.

7.7.3 Strategies when actions are not completed
Actions unable to be completed in line with the plan should be raised with the coordinator who will work with the agency concerned to identify an alternative solution. The coordinator may wish to consult with the co-chairs on appropriate alternative actions to be taken.

The chairs may call a meeting to determine the impact of incomplete actions for the safety of the woman and her children. The meeting should comprise at a minimum a chair, the coordinator, the original referring agency, and the agency with case management responsibility (if different from the referring agency).

Dependent on the level of risk identified, an emergency RAMP meeting can be recommended by the Coordinator.

The coordinator documents incomplete actions for review at the next RAMP meeting to be considered as part of the case review.

7.8 Status of RAMP cases
It is important that RAMPs adopt consistent terminology for RAMP cases. This includes new cases, active cases, closed cases and re-referred cases. Each of these is defined below.

7.8.1 New cases
New cases are those that have not been previously considered by any RAMP. A re-referral of a RAMP case is deemed a new case if a six month period has elapsed following a case being closed and requires a new RAMP Referral Form.

7.8.2 Active cases
Active cases are currently under active consideration and monitoring by a RAMP. Cases remain active until the risk is reduced below serious and imminent level as assessed by the RAMP (including feedback from the woman).

Action plans for active cases are reviewed at every RAMP meeting.
7.8.3 Closed cases

Once RAMP members jointly agree that necessary actions have been taken to reduce the risk posed to a woman and her children below the serious and imminent level, the RAMP case should be closed.

The coordinator should record that this has been done and the reasons why. The coordinator also notifies the referring agency and caseworker of the case closure. After a RAMP case closure, relevant RAMP members should continue providing their usual case management assistance to the victim where necessary.

7.8.4 Re-referred cases

If the level of threat posed by the perpetrator subsequently increases to a serious and imminent level after a case has been closed by a RAMP, the caseworker/referring agency can contact the coordinator to re-refer a case. A re-referral within six months of the case last appearing on a RAMP agenda is not treated as a new RAMP referral. In such cases, a new RAMP Referral Form is not required, but an updated risk assessment is necessary to support the re-referral.

7.9 Standard forms used by RAMPs

The following provides a summary of standard forms that are used to support the operation of RAMPs:

(a) Information collection and sharing consent form (Appendix 1.1)
(b) Referral form (Appendix 1.2)
(c) Case list (Appendix 1.3)
(d) Information gathering template (Appendix 1.4)
(e) Agenda (Appendix 1.5)
(f) Meeting records (Appendix 1.6)
(g) Individual Confidentiality Deed (Appendix 1.7)

7.10 Additional resources

A number of practice guides and resources are also available to support working with women and children in the context of family violence as follows:


7.11: Summary chart of RAMP processes

**Pre RAMP**

<table>
<thead>
<tr>
<th>Step 1 RAMP referral</th>
<th>Primary referral routes</th>
<th>All other referrers</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Referrals by specialist family violence agencies (SFVA)</strong></td>
<td>SFVA identify affected woman requiring a RAMP response through Business As Usual (BAU) risk assessment processes (CRAF).</td>
<td>A referring agency that believes an affected woman requires a RAMP response must contact their local SFVA.</td>
<td>Ideally at least one week ahead of meeting</td>
</tr>
<tr>
<td>The SFVA to seek informed consent from the woman where safe to do so (A 1.1). If consent is not sought or provided, reasons must be documented.</td>
<td>The SFVA conducts an initial risk assessment with the referrer and if serious and imminent threat is established, the SFVA is to seek informed consent from the woman where safe to do so (A1.1). If consent is not sought or provided, reasons must be documented.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The SFVA to complete the RAMP referral form (A1.2) and provide to the coordinator.</td>
<td>The SFVA will complete the RAMP referral form (A1.2) and provide this to the coordinator.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Referrals by Victoria Police**

Victoria Police identify affected woman requiring a RAMP response through BAU risk assessment processes (L17).

The L17 will be sent to the SFVA service and a follow up call will be made by Victoria Police to the RAMP coordinator to flag that a case is suitable for RAMP.

The coordinator will then attempt to contact the woman, if it is safe to do so to give her notice and obtain her consent and complete the RAMP referral form (A1.2).

<table>
<thead>
<tr>
<th>Step 2 Confirm cases to proceed to RAMP</th>
<th>Role of RAMP coordinators</th>
<th>Role of RAMP chairs</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Role of RAMP coordinators</strong></td>
<td>Review completed referrals and make preliminary assessment of whether cases should proceed to RAMP or not, including whether informed notice and consent have been obtained (A1.1) and supporting reasons.</td>
<td>Review preliminary assessment of suitability of referrals by the coordinator and confirm cases that are to proceed to RAMPs for consideration.</td>
<td>Preliminary assessment - at least 7 business days ahead of meeting.</td>
</tr>
<tr>
<td>Forward completed RAMP referrals, together with preliminary assessment to chairs for their confirmation</td>
<td></td>
<td></td>
<td>Confirmed cases - within 2 business days of receipt of preliminary assessment.</td>
</tr>
<tr>
<td>Inform referring agency of the outcome of the referrals following confirmation by chairs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If the woman is aware of the RAMP referral and it is safe and possible to do so, the referring agency or coordinator (depending on who the woman’s primary contact is) must advise the woman of the outcome of the RAMP referral</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Step 3  Confirmed case list and agenda distributed

**Role of RAMP coordinators**
Identify key agencies or organisations who could contribute specific knowledge as associate members. If any of the individuals are Aboriginal, an appropriate cultural representative should attend (either the individual's Aboriginal caseworker if known or if not known, the nominated ACCO representative for that local area).

Finalise a case list (A1.3) and agenda (A1.5) for the RAMP meeting for distribution to all RAMP participants. Core members will receive full case list and agenda. Associate members will only receive what is relevant to the particular case they are attending to discuss.

**Timeline**
Distribute case list and agenda – at least 5 business days ahead of meeting

### Step 4  Info gathering

**Role of RAMP core and associate members**
Prior to RAMP meeting, research own agency or organisation’s database for relevant and necessary case information to inform comprehensive risk assessment and risk assessment

If helpful, the optional information gathering template (A1.4) can be used, but this would not be provided at the meeting. Information will be relayed back verbally at the meeting and this template (if used) will be destroyed by each member after the meetings.

### During RAMP

**Role of RAMP Chairs**
Chair RAMP meetings ensuring appropriate focus and process including seeking clarification around any incomplete actions

The Confidentiality Statement in section 7.1 to be read out. Confidentiality Deed (A1.7) to be distributed to all RAMP participants for signing. This is to occur at the start of each meeting and whenever, an associate member joints a meeting.

**Role of RAMP Coordinators**
Takes the official meeting record including risk identified, actions agreed, responsible agency and timelines (A1.6)

Other participants can only take notes if this is required to implement actions or required by law

**Role of core and associate members**
Attend meetings and present relevant and necessary information that contributes to risk assessment and risk planning

Commit to necessary actions and timeframes agreed

### Post RAMP

**Role of RAMP coordinators**
Forward the meeting record to chairs for review

Once reviewed by chairs, circulate meeting records to all RAMP participants.

Core members receive full meeting records. Associate members only receive what is relevant to their particular case.

A priority action that must be included in meeting records where safe and possible to do so is to provide feedback to the

**Role of RAMP chairs**
Review meeting records prior to circulation

**Timeline**
Review of meeting records by chairs – same day of meeting

Circulation of meeting records –
woman about the outcomes of the RAMP meeting. This action should be assigned to the most appropriate person – most likely, the woman’s caseworker or the coordinator within 1 business day of meeting

<table>
<thead>
<tr>
<th>Step 7 Completion of actions</th>
<th>Role of RAMP coordinators</th>
<th>Role of core and associate members</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Follow up on completion of actions with relevant RAMP participants</td>
<td>Report relevant agreed actions to their respective agency and organisation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ensure agreed actions are undertaken within the agreed timeframe</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Notify the coordinator of actions unable to be completed within the timeframe and agree appropriate alternate strategies</td>
</tr>
</tbody>
</table>
8 Accountability and monitoring of RAMPs

8.1 RAMP program governance

A multi-level structure provides governance to support implementation of the RAMP program. This includes:

- A Memorandum of Understanding across key government agencies to implement multi-agency RAMPs across Victoria
- Strategic oversight by the Cabinet Family Violence Sub Committee and the Victorian Secretaries Board Family Violence Sub Committee.
- Strategic policy development and service design by the RAMP Working Group.
- Local agreements with sector members and agencies (where applicable or necessary) that evidence the commitment to the RAMP program operational guidelines
- Operational oversight and reporting through the RAMP Development Officer and the Department of Health and Human Services at a Division and local area level
- Existing reporting and accountability processes of individual agencies and organisations participating in the RAMP process.

This structure is also complemented through existing sector partnerships and the Family Violence Regional Integrated Committees (FVRICS).

8.2 RAMP working group

Collaborative program development and implementation is supported through a RAMP working group. The working group includes representatives from government departments, Victoria Police, peak bodies and community service organisations, as needed, to support the effective implementation of the program. The RAMP working group receives bi-annual reports on implementation and performance of the program provided from RAMP agencies.

Key functions of the RAMP working group include:

- Contributing to the ongoing policy development and service design of the RAMPs model and operations
- Overseeing the establishment and implementation of RAMPs
- Implementing processes to support reporting of operational issues that arise at a local level
- Providing progress reports to core government agencies in relation to implementation and program delivery
- Providing advice to government on statewide issues, key learning and gaps and opportunities for system reform to address violence against women and children.
- Providing input to support review and evaluation of RAMPs statewide
- The RAMP working group will meet quarterly over the two year period following establishment or as needed.

8.3 Reporting processes for RAMPs

A summary of reporting processes for RAMPs is provided below and at Chart 8.1.

8.3.1 Chairs

RAMP chairs are accountable for their performance as chair to their respective agencies and organisations (Victoria Police and specialist family violence agency). Specialist family violence
agencies are accountable to the Department of Health and Human Services through their respective funding agreements.

Chairs have overall responsibility for the performance of RAMPs in accordance with these guidelines. Chairs provide program governance through supporting the monitoring of:

- Performance of RAMP participants at RAMP meetings including attendance, participation and general responsibilities outlined in these guidelines and the respective local agreement
- Completion of actions outlined in the RAMP meeting records
- Compliance with operational processes including confidentiality, record keeping and reporting.

Chair accountabilities also include review and oversight of:

- Collection of data and information to enable performance reporting and support program evaluation
- Provision of progress reports as required

8.3.2 Coordinator

The RAMP coordinator is accountable to the auspice family violence agency and to the Department of Health and Human Services through the funding service agreement. Coordinators support program governance through monitoring:

- Attendance of RAMP representatives in line with the local agreement
- Completion of actions and providing advice to the chairs regarding issues
- Coordinator accountabilities also include:
  - Ensuring full and accurate completion of forms to support RAMP operations including referral, research reports and meeting records (minutes and action plans).
  - Collection and provision of data to support program monitoring and reporting as outlined in these operational guidelines
  - Working with the chairs to monitor compliance of RAMPs with procedures outlined in these operational guidelines.
  - Reporting emerging issues or challenges, key learning and gaps and opportunities for system reform to the RAMP Statewide Development Officer or RAMP Working Group as they arise.
  - Attend forums, workshops and trainings organised by the RAMP Statewide Development Officer/Domestic Violence Resource Centre Victoria or Domestic Violence Victoria and endorsed by the Department of Health and Human Services.

8.3.3 Core and associate members

RAMP core and associate members are accountable to their respective agencies for performance of their responsibilities in line with these operational guidelines, the Memorandum of Understanding and local agreements (where applicable or necessary).

Core and associate members are professionally accountable to the chairs and to their RAMP colleagues for the timely execution of actions agreed at the RAMP.

8.3.4 RAMP development officer

The RAMP development officer works with the RAMP coordinators, chairs and respective RAMP members on a statewide level to promote quality, consistency and efficiency for the RAMP model. The RAMP development officer is the conduit between the local RAMPs and the Department of Health and Human Services in ensuring all operational aspects of the program, including:

- Consistency across RAMP sites
- Smooth operational processes and communication
• Enhanced high risk workforce capacity and collaboration,
• High quality data flow, monitoring, evaluation and review

8.4 Family Violence Regional Integration Committees (FVRICs)

The success of the RAMP program is dependent on effective collaboration between specialist family violence agencies, Victoria Police and mainstream services responding to family violence.

The Family Violence Regional Integration Committees provide regional leadership to improve integration of family violence services and coordination with other key sector services.

The Family Violence Regional Integration Committees have a key role at the local level to support the establishment and effective operation of RAMPs. RAMPs need to work closely and collaboratively with their respective Family Violence Regional Integration Committee and provide relevant information to support the work of the regional committee. In each local area, RAMPs and Family Violence Regional Integration Committees should work to develop effective information sharing and collaborative practices. Opportunities for collaboration include:

• Development of partnerships across the sector to support referral to, and engagement with the RAMPs.
• Shared training and education in relation to risk assessment and management
• Development of referral pathways to RAMP
• Working together to identify service gaps and barriers in responses to women and children at high risk from family violence
• Project specific collaboration between coordinators and Regional Integration Coordinators eg. Training
Chart 8.5: Accountability and reporting structure for RAMPs

**Strategic authorisation**
- Cross government MOU
- Existing multi-agency governance structures to address family violence

**Strategic oversight**
- Cabinet Family Violence Sub Committee

**Strategic policy development and accountability**
- Victorian Secretaries Board
  - Family Violence Sub Committee
  - RAMP Working Group

**Local program reporting and accountability**
- Victoria Police Regional Tasking and Coordination Managers
- DHHS Area Directors & CP Area Directors through Local Connections and working with Central Office
- DOJR General Manager
  - Correctional Services
- RAMP Development Coordinator
  - Domestic Violence Victoria
- RAMPs Coordinator and co-chairs (Vic Pol & funded FV agency)
- Family Violence Regional Integration Committees
- Existing internal reporting and accountability processes of individual agencies, including:
  - DHHS
  - Victoria Police
  - Corrections Victoria
  - DHHS housing
  - Child FIRST
  - Child Protection
  - Family violence services
  - Mental health
  - Alcohol and drug services

Key:
- ➔ Formal accountability relationship
- ➞ Joint work, information and advice
- ➠ Other individual RAMP core and associate members
8.5 Data collection and reporting

8.5.1 Data collection

Data will be collected to support monitoring and evaluation of RAMPs including the contribution of RAMPs to the protection of women and children at high risk and improving perpetrator accountability.

Specifically, data collection will support:

- An understanding the women and children at serious and imminent threat and perpetrators including demographic data
- Effectiveness and efficiency of the RAMP program
- Statewide comparisons of performance of RAMPs
- Quality improvement

Key questions to be addressed through data collection:

<table>
<thead>
<tr>
<th>Question</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are women and children experiencing a serious and imminent threat being referred to, and considered at RAMPs?</td>
<td>Referral form, minutes</td>
</tr>
<tr>
<td>Are RAMPs operating effectively and efficiently in line with the program model as outlined in these operational guidelines?</td>
<td>Minutes</td>
</tr>
<tr>
<td>Are actions arising from RAMPs reducing serious and imminent threat to women and children and preventing or reducing the level of danger posed by perpetrators?</td>
<td>Minutes</td>
</tr>
</tbody>
</table>

Standard forms that support the operations of RAMPs provide an important data collection source. This includes the RAMP referral form, minutes and action plans.

Coordinators and chairs are responsible for ensuring systems are in place to support consistent collection and reporting of data.

Minimum data and the proposed data source for each of the key questions are considered below:

**Are women and children experiencing a serious and imminent threat being referred to, and considered at RAMPs?**

<table>
<thead>
<tr>
<th>Data description</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of referrals received</td>
<td>Referral form, minutes</td>
</tr>
<tr>
<td>Number of referrals considered eligible for RAMPs</td>
<td>Referral form</td>
</tr>
<tr>
<td>Number of new cases (women and children)</td>
<td>Minutes</td>
</tr>
<tr>
<td>Number of closures</td>
<td>Minutes</td>
</tr>
<tr>
<td>Number of reviews prior to closure</td>
<td>Minutes</td>
</tr>
<tr>
<td>Number of repeat cases</td>
<td>Minutes</td>
</tr>
<tr>
<td>Source of referral</td>
<td>Referral form, minutes</td>
</tr>
<tr>
<td>Profile of new cases (number of Aboriginal and/or CALD women and children and/or women with disability)</td>
<td>Referral form</td>
</tr>
</tbody>
</table>

**Are RAMPs operating effectively and efficiently, as intended?**

<table>
<thead>
<tr>
<th>Data description</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attendance rates of RAMP participants</td>
<td>Minutes</td>
</tr>
<tr>
<td>Timing and frequency of RAMP meetings</td>
<td>Minutes</td>
</tr>
<tr>
<td>Data description</td>
<td>Source</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>Average length of cases</td>
<td>Minutes</td>
</tr>
</tbody>
</table>

Are actions reducing serious and imminent threat to women and children; preventing or reducing the level of danger posed by perpetrators; and effectively complement the service system?

<table>
<thead>
<tr>
<th>Data description</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number and type of actions (lead agency and description) initiated by RAMP in relation to women and children</td>
<td>action plan</td>
</tr>
<tr>
<td>Number and type of actions initiated by RAMP in relation to perpetrators</td>
<td>action plan</td>
</tr>
<tr>
<td>Number of agreed actions completed by agencies</td>
<td>action plan, minutes</td>
</tr>
</tbody>
</table>

### 8.5.2 Reporting by RAMP chairs

RAMP chairs will sign-off on quarterly reports (in the first year), and half yearly reports (ongoing) produced by coordinators in relation to RAMP operations and outcomes for their local area. Reports will be provided, in addition to standard data collection, to a nominated Department of Health and Human Services representative. The Department of Health and Human Services is responsible for distribution of the report as required to support program governance.

Coordinators will support chairs with collation of relevant data to complete the reporting requirements.
9 Dispute resolution and complaints

9.1 Complaints by women and children
Women and children may make a complaint in relation to any aspect of the RAMP process including referral, services and support provided and the outcomes of the RAMP.

Concern raised by women and children in relation to the action plan should be raised as soon as possible with the coordinator and/or chairs, see section 7.6.

The worker presenting a woman’s case to the RAMP should, as far as possible, ensure any expressed views of the woman and her children are discussed as part of the case presentation and review.

The case worker and/or coordinator should assist women and children to raise complaints, with relevant agencies, as appropriate.

9.2 Disputes between RAMP participants
RAMP core members and associates will work proactively with each other to resolve disputes that may arise in relation to the operation of the RAMP. Every effort should be made to resolve matters of dispute between RAMP participants informally, at a local level.

9.2.1 Informal Process
Every effort will be made to resolve any matters of disagreement between RAMP participants informally, at a local level. Chairs can facilitate discussions with a focus on resolution of the issues raised.

Where a matter cannot be resolved in this way, or the matter is of a serious nature, a formal process will be adopted.

9.2.2 Formal Process
In the first instance, disputes should be raised with the RAMP chairs or, in circumstances where this is not appropriate (ie the chair is the subject of the dispute), with the auspice Family Violence agency or the local Department of Health and Human Services office. If issues are unable to be resolved at the local level within a reasonable timeframe (up to 10 days), disputes should be escalated to the agencies responsible for project governance, that is, the Department of Health and Human Services (primary responsibility for program management and funding) and Victoria Police (in relation to chair functions).

Disputes will be managed in line with the dispute resolution processes of the respective agencies as follows:

The Department of Health and Human Services

Victoria Police
Visit the Compliments and Complaints page:

Women and children should be provided with information regarding dispute resolution processes of these agencies and encouraged to provide feedback regarding any concerns.
9.2.3 Raising a dispute with chairs

Members who have a dispute or complaint which cannot be resolved through local discussion should provide a written summary of the grievance to the RAMP chairs outlining the issues and the proposed resolution being sought.

Chairs are responsible for investigation of the issues and providing a response to the complainant within a suitable timeframe. Steps to support resolution may involve information gathering from affected parties in addition to formal dispute resolution processes such as mediation, if appropriate.

If the complainant is not satisfied with the response received, the complaint should be escalated to the Department of Health and Human Services and/or Victoria Police as outlined in section 9.1.