

Report on the implementation of the Family Violence Risk Assessment and Management Framework

2019–20 VICTORIAN GOVERNMENT

Acknowledgment of Aboriginal people and communities in Victoria

The Victorian Government proudly acknowledges Aboriginal people as Australia's First Peoples and as the Traditional Owners and custodians of the land and waterways upon which we depend. We acknowledge Victoria's Aboriginal communities and culture and pay respect to their Elders past and present.

Aboriginal culture is founded on a strong social and cultural order that has sustained up to 60,000 years of existence. Victorian Aboriginal communities and peoples are culturally diverse, with rich and varied heritages and histories pre- and post- invasion. The impacts of colonisation — while having devastating effects on the traditional life of Aboriginal Nations — have not diminished Aboriginal people's connection to country, culture or community.

The Victorian Government recognises the long-standing leadership of Aboriginal communities in Victoria to prevent and respond to family violence, supported through self-determination and self-management, to improve outcomes for Aboriginal people and families, whilst also acknowledging the devastating impacts and accumulation of trauma across generations as a result of colonisation and the dispossession of land and children.

Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne 3002

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ISSN 2652-4562 - Online (pdf / word) format

Accessibility

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Content Coordination

In this document, 'Aboriginal' refers to both Aboriginal and Torres Strait Islander people.

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ACKNOWLEDGEMENTS

Aboriginal acknowledgement

The Victorian Government acknowledges Victorian Aboriginal people as the First Peoples and Traditional Owners and Custodians of the land and water on which we rely. We acknowledge and respect that Aboriginal communities are steeped in traditions and customs built on a disciplined social and cultural order that has sustained 60,000 years of existence. We acknowledge the significant disruptions to social and cultural order and the ongoing hurt caused by colonisation.

We acknowledge the ongoing leadership role of Aboriginal communities in addressing and preventing family violence and will continue to work in collaboration with First Peoples to eliminate family violence from all communities.

Victim survivor acknowledgement

The Victorian Government acknowledges victim survivors. We keep at the forefront in our minds all those who have experienced family violence or other forms of abuse and for whom we undertake this work.

Family violence support

If you have experienced violence or sexual assault and require immediate or ongoing assistance, contact 1800 RESPECT (1800 737 732) to talk to a counsellor from the National Sexual Assault and Domestic Violence hotline.

For confidential support and information, contact the Safe Steps 24/7 family violence response line on 1800 015 188.

If you are concerned for your safety or that of someone else, please contact the police in your state or territory, or call Triple Zero (000) for emergency assistance.

MESSAGE FROM THE RESPONSIBLE MINISTER



The implementation of the Multi-Agency Risk Assessment and Management Framework (MARAM Framework) is a Whole of Victorian Government reform that is committed to keeping victim survivors safe and perpetrators in view and accountable.

This is the second annual report into the operation of the MARAM Framework. This report covers the period from July 2019 to June 2020.

All Ministers with framework organisations within their portfolios have reported to me on the work being undertaken to align to the MARAM Framework. This report is consolidated from my portfolio report and the reports provided by:¹

- The Hon. Jill Hennessy MLA, (previous) Attorney-General
- The Hon. Jenny Mikakos MLC, (previous) Minister for Health
- The Hon. Lisa Neville MLA, Minister for Police and Emergency Services
- The Hon. Luke Donnellan MLA, Minister for Child Protection
- The Hon. Martin Foley MLA, (previous) Minister for Mental Health
- The Hon. Melissa Horne MLA, Minister for Consumer Affairs, Gaming and Liquor Regulation
- The Hon. Natalie Hutchins MLA, Minister for Crime Prevention, Minister for Corrections, Minister for Youth Justice, Minister for Victim Support
- The Hon. Richard Wynne MLA, Minister for Housing

This has been a challenging year that has seen the devastating bushfires across regional Victoria and the ongoing impact of the coronavirus (referred to as COVID-19) pandemic across Australia and the world. We know that the risk of family violence not only remains present during such events but increases in incidence and severity.

The MARAM Framework and the work across departments in preparing their organisations to embed family violence response into their systems has placed workforces in a stronger position to respond to this risk during these unprecedented times.

Essential community services from the police to the Courts, Housing, Child Protection, Alcohol and other Drugs have all ensured family violence response formed a part of their business continuity planning when implementing their COVID-safe delivery plans. This is, of itself, testament to the impact of the Royal Commission into Family Violence (the Royal Commission) reforms in making family violence response a collective system responsibility and a lasting cultural change.

¹ Ministers listed were the portfolio ministers for the reporting period.

I particularly wish to acknowledge the work of specialist family violence practitioners and sexual assault workers who have been crucial partners in supporting the response to family violence during these difficult times. As well as pivoting their own practice to address the complications of responding to family violence during a global pandemic, they have offered unwavering support to other services that have seen an increase in family violence identification and risk. Aboriginal Community-Controlled Organisations (ACCOs) have continued to provide amazing support through their connection to community and people. Victoria's peak bodies have collaborated across sectors and with government to support their workforces. I thank them all for their continued work and dedication.

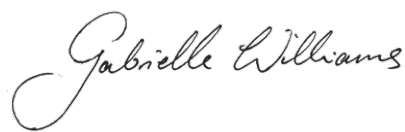
The MARAM and Family Violence Information Sharing Scheme (FVISS) reforms continue to be centrally led by Family Safety Victoria (FSV), with extensive cross-government collaboration with the Department of Health and Human Services (DHHS), the Department of Justice and Community Safety (DJCS), Victoria Police, the Magistrates' Courts and the Children's Courts (the courts), and the Department of Education and Training (DET). DET are the lead department on the related Child Information Sharing Scheme (CISS) reforms. This report outlines just some of the work departments, agencies, sector peaks and framework organisations have delivered over the course of 2019–20. Although only in year two of the reform, this report provides an early indication of the impact of change through independent evaluations and data collection.

This report also notes some of the challenges that are experienced, as may be expected in the early years of rolling out such an extensive reaching reform as MARAM. With 37,500 workers from Phase 1 organisations requiring training across the three reforms of MARAM, FVISS and CISS, and a need to tailor the centrally produced resources to multiple workforces, demand has been high, and it will take time to meet this need. This is being addressed through increasing use of online training and eLearn modules which will benefit the 370,000 workers due to be prescribed in Phase 2. There are related initiatives, such as the Aboriginal Workforce Development Initiative, which aims to increase trainer capacity to meet the needs of the Aboriginal workforce and those serving the Aboriginal communities. We will continue to work collaboratively across government to progress all related actions which will help make training and resources available to all.

Our next major step is preparing workforces for Phase 2 of the MARAM and information sharing reforms, set to commence in April 2021.² Government will use knowledge gained in the early evaluations to inform our next steps. This includes a renewed focus on change management activities across government departments and the sector, continued capability uplift across organisations, consistent guidance on the practical application of the reforms, and increased accountability and governance.

Implementation of MARAM is also captured in *Building from strength: 10-year Industry Plan for family violence prevention and response* (the *Industry Plan*) and the first three-year plan to progress this work in *Strengthening the foundations: first rolling action plan 2019–22*. This Whole of Government strategy, supported by departmental workforce and industry planning, focuses on the uplift of workforces spanning the specialist family violence sector, community services, health, justice and education and training to create a flexible and dynamic workforce to prevent and respond to family violence. This includes the development of family violence prevention and response knowledge and skills across all workforces, in line with the best practice approaches established through MARAM.

As we progress this important work, I thank all those across government and the services sector who have helped to improve the way we respond to family violence, and ensure that victim survivors get the support they need to move on with their lives.



Hon Gabrielle Williams MP

Minister for Prevention of Family Violence

Minister for Women

Minister for Aboriginal Affairs

² Subject to final Ministerial approval at the time of report preparation.

PORTFOLIOS WITHIN THIS REPORT

This table sets out the departments, Ministers, portfolios and program areas that are referenced in this report. See Appendix 1 for a more detailed description of each program area's work profile.

The Hon. Gabrielle Williams, MP	→ Minister for the Prevention of Family Violence	<ul style="list-style-type: none"> → Specialist family violence services: case management and crisis services, refuge, adolescent family violence services, perpetrator interventions, including men's behaviour change programs and perpetrator case management → Sexual assault services → The Orange Door → Risk Assessment and Management Panels (RAMPs) → Family Violence Regional Integration Committees (FVRICs) and Principal Strategic Advisors (PSAs)
The Hon. Jenny Mikakos MP	→ (Previous) Minister for Health	→ Maternal Child Health (MCH)
The Hon. Jill Hennessy MP	→ (Previous) Attorney-General	<ul style="list-style-type: none"> → Koori Justice Unit → Courts
The Hon. Lisa Neville MP	→ Minister for Police and Emergency Services	→ Victoria Police
The Hon. Luke Donnellan, MP	→ Minister for Child Protection	<ul style="list-style-type: none"> → Child Protection → Registered community-based child and family services → Out-of-home care (Care Services) → Secure welfare services
The Hon. Martin Foley, MP	→ (Previous) Minister for Mental Health	→ Mental health
The Hon. Melissa Horne MP	→ Minister for Consumer Affairs Gaming and Liquor Regulation	→ Consumer Affairs Victoria (CAV)
The Hon. Natalie Hutchins MP	<ul style="list-style-type: none"> → Minister for Crime Prevention → Minister for Corrections → Minister for Youth Justice → Minister for Victim Support 	<ul style="list-style-type: none"> → Corrections Victoria (CV) → Justice Health → Youth Justice → Victim Services, Support and Reform
The Hon. Richard Wynne, MP	→ Minister for Housing	<ul style="list-style-type: none"> → Housing → Homelessness

A NOTE ON LANGUAGE AND TERMINOLOGY

The word **family** has many different meanings. This report uses the definition from the *Family Violence Protection Act 2008* (FVPA), which encompasses the variety of relationships and structures that can make up a family unit and the range of ways family violence can be experienced, including through family-like or carer relationships, including non-institutional paid carer environments.

The term family violence reflects the FVPA definition and includes the wider understanding of the term across all communities, including those identifying as Aboriginal.

Family violence is deeply gendered — overwhelmingly, most perpetrators are men and most victim survivors are women and children. It is acknowledged that broader conceptions of gender-drivers apply to individuals' identities, experiences and manifestations of family violence. Therefore, this document does not use gendered language to describe every form of family violence.

In line with the Royal Commission and FVISS Guidelines, this document refers to **victim survivors** and **perpetrators**. The term victim survivor includes adults and children. We recognise that Aboriginal people and communities may prefer to use the terms 'people who use violence' and 'people who experience violence'.

Throughout this document, the term **Aboriginal** is used to refer to both Aboriginal and Torres Strait Islander peoples.

For adolescents, we use the term '**adolescent who uses family violence**'. This reflects that this is a form of family violence requiring distinct responses, given the age of the young person and their concurrent safety and developmental needs, as well as common co-occurrence of past or current experience of family violence by the adolescent from other family members

An older person who is experiencing family violence is often described as experiencing '**elder abuse**'.

Intersectionality describes how systems and structures interact on multiple levels to oppress, create barriers and overlapping forms of discrimination, stigma and power imbalances based on characteristics such as Aboriginality, gender, sex, sexual orientation, gender identity, ethnicity, colour, nationality, refugee or asylum seeker background, migration or visa status, language, religion, ability, age, mental health, socioeconomic status, housing status, geographic location, medical record or criminal record. This compounds the risk of experiencing family violence and creates additional barriers for a person to access the help they need.

WHOLE OF GOVERNMENT SNAPSHOT 2019–20



3,467
Reports

The Central Information Point (CIP) delivered 3,467 reports.



4,026
Practitioners

4,026 practitioners completed Whole of Government eLearning units on MARAM and information sharing.



As at 30 June 2020,

83% of Victoria Police's workforce, including up to the rank of superintendent, have completed training in the new Family Violence Response Model.



Victorian Alcohol and Drug Association (VAADA) is creating a 'one-site stop' for family violence resources tailored to the AOD services workforce.



Strengthening Hospital Responses to Family Violence (SHRFV) published MARAM alignment for hospitals and health services as part of the SHRFV toolkit.



6,785
Assessments

6,785 risk assessments were undertaken by The Orange Door practitioners using Tools for Risk Assessment and Management (TRAM).



21,655
Requests
Recorded

The courts recorded 21,655 requests under FVISS.



Corrections Victoria recorded

1,080

requests for information, and information was shared

1,051 times.



Pilot of three statewide inclusion advisors funded by FSV to build capacity in relation to family violence for people from lesbian, gay, bisexual, trans, intersex and queer (LGBTIQ) communities, people with disability, and women in or exiting prison.

MARAM AND INFORMATION SHARING — ACHIEVEMENTS SINCE ROYAL COMMISSION (2016)

<p>SYSTEM</p>	<p>We have developed new risk assessment and management principles and system architecture</p>	<p>The family violence Multi-Agency Risk Assessment and Management Framework (MARAM) was developed.</p> <p>Amendment of the <i>Family Violence Protection Act 2008</i> has prescribed organisations to MARAM and the Family Violence Information Sharing Scheme (FVISS).</p> <p>New resources, tools and practice guidance have been developed for organisations to help them embed MARAM in their operations.</p>
<p>WORKFORCE</p>	<p>We are expanding the workforces covered by MARAM and information sharing and uplifting their professional competency</p>	<p>Approximately 37,500 professionals across 850 organisations and services were prescribed to MARAM, FVISS and the Child Information Sharing Scheme (CISS) in 2018 with a further estimated 370,000 professionals across 5850 organisations and services to be prescribed in 2021.</p> <p>18,671 workers have been trained in MARAM, FVISS or CISS across all platforms (as at June 2020).</p> <p>An accredited Vocational Education and Training (VET) unit of competency in identifying and responding to family violence was developed in 2020, with further work under the Industry Plan completed or in progress to uplift workforce capability and competency.</p>
<p>EMBEDDING</p>	<p>We are embedding MARAM and information sharing across the system</p>	<p>Change management positions have been funded in the Department of Health and Human Services, Department of Justice and Community Services, Department of Education and Court Services Victoria to support the embedding of MARAM in relevant sectors. A range of peak bodies and other entities have received funding to support this through the Sector Grants program.</p> <p>Victoria Police L17 family violence incident forms have been updated with additional questions relating to risk for children and additional recognised forms of family violence.</p> <p>MARAM screening and risk assessment questions have been embedded into hospitals and health services data systems, noting hospitals are yet to be formally prescribed as well as on the Specialist Homelessness Information Platform (SHIP)</p> <p>The Central Information Point (CIP) brings together information on perpetrators from Victoria Police, Courts, Corrections Victoria and Child Protection. This information is provided in a single report to professionals, supporting informed risk assessment and management.</p>
<p>REVIEW</p>	<p>We are evaluating as we go and building an evidence base</p>	<p>The first MARAM annual report 2018–19 on implementation of the Framework was tabled in Parliament by the Minister for Prevention of Family Violence on 20 February 2020.</p> <p>An early MARAM process evaluation and the legislated two-year review of the FVISS were completed in June 2020. The review of the FVISS was tabled in Parliament by the Minister for Prevention of Family Violence on 18 August 2020.</p>

IMPACT OF COVID-19

At the time of preparation of this report, metropolitan Melbourne has been subject to varying degrees of restrictions since March 2020. Prior to that, regional Victoria was seriously affected by the bushfires. This has had a significant impact on MARAM implementation, as it has on all parts of the service system. The COVID-19 pandemic naturally led to an urgent re-prioritisation of planned activities.

We know from national and international evidence that family violence risk and incidences of family violence increases during disasters. International and local experience demonstrates that measures introduced to limit the spread of coronavirus increase the risks perpetrators pose to victim survivors.³ Monash University surveyed family violence practitioners across Victoria in April and May 2020. Almost 60 per cent of respondents said the COVID-19 pandemic had increased the frequency of violence against women; 50 per cent said the severity of violence had increased, and 42 per cent of respondents noted an increase in first-time family violence reporting.⁴

Evidence also suggests that recessions and unemployment, which have arisen from the pandemic, can have negative impacts on mental health, relationships and parenting, which are recognised risk factors for family violence.⁵ Emerging research shows that the COVID-19 pandemic has disproportionately impacted women's employment.

Early evidence related to job loss and the economic impacts of COVID-19 suggest that women are facing increased economic insecurity. Financial hardship coupled with more time spent at home due to

social distancing and isolation measures is placing individuals at risk of domestic violence.⁶

The potential impact of the COVID-19 pandemic directions and associated restrictions on the response to family violence has not been underestimated by the Victorian Government. Departments have taken significant steps to pivot their services to remote models rather than face to face, so as to effectively respond to the increased family violence risk while maintaining MARAM alignment.

The MARAM Framework enables a foundation for a shared understanding of risk and a consistent approach to response across the service sector. FSV produced COVID-19 resources that retain MARAM at their core, which departments used in their own business continuity plans. FSV has also supported communities of practice for non-specialist workforces in their response to increased identification and response to family violence through online engagement.

Due to the impact of the COVID-19 pandemic, some planned MARAM alignment projects were paused to prioritise the production of resources for frontline workers specifically focused on the challenge of increased family violence risk during the pandemic. There has also been a concerted effort to move training online. The increased burden on framework organisations may have impacted their capacity to report and provide data in time for this report.

One impact of the COVID-19 pandemic has been a delay to commencement of Phase 2 organisations from September 2020 to April 2021.⁷ This purposeful delay recognises the

³ The Crime Statistics Agency records that the monthly number of family violence incidents was higher in every month during 2020 than 2019. In June 2020, the number of incidents was 15 per cent higher than in June 2019 <<https://www.crimestatistics.vic.gov.au/media-centre/news/police-recorded-crime-trends-in-victoria-during-the-covid-19-pandemic>>.

⁴ Pfitzner N, Fitz-Gibbon K and True J 2020, Responding to the 'shadow pandemic': practitioner views on the nature of and responses to violence against women in Victoria, Australia during the COVID-19 restrictions, Monash Gender and Family Violence Prevention Centre, Monash University, Victoria, Australia, <<https://research.monash.edu/en/publications/responding-to-the-shadow-pandemic-practitioner-views-on-the-natur>> (accessed 12 June 2020).

⁵ Demand for social services such as mental health and family relationship services, financial and material support, housing, and employment/training services will increase with increased unemployment and slow wage growth (Access Economics, 2008). Recession is possibly associated with a higher prevalence of mental health problems, including common mental disorders, substance disorders, and ultimately suicidal behaviour (Frasquilho et al. 2016). Unemployment has negative economic, social, physical health and mental health impacts, which can flow on to other family members, including children. Most of these are reversible if the unemployed person is re-employed relatively quickly (Gray et al. 2009). Relationship breakdown increased slightly in recessions (Charles and Stephens, 2004). The longer the duration of unemployment, the greater the risk of detrimental impacts on relationships (Kraft, 2001). Increasing unemployment may correlate to increased risk for children as the psychological impacts of unemployment on parents can adversely impact upon parenting and, consequently, children's wellbeing (Gray et al. 2009).

⁶ Workplace Gender Equality Agency 2020, *Gendered impact of COVID-19*, Australian Government, <www.wgea.gov.au> (accessed 8 October 2020).

⁷ Subject to final Ministerial approval at the time of report preparation.

critical role educators and universal health services play in Victoria throughout the pandemic, as well as points of intervention for family violence identification.

In the context of this report, a further impact of the pandemic is a delay to the implementation and use of the Monitoring and Evaluation (M&E) Framework which is linked to the Family Violence Outcomes Framework. The M&E Framework has been provided to all departments, and it is intended to form a part of alignment activities for departments going forward. Part of the M&E Framework is to gather data regularly through use of a MARAM Framework annual survey. Evaluation against outcomes in this year's consolidated report will be limited in terms of data references to the findings of evaluations as a result.

The impact of the COVID-19 pandemic on all aspects of every workforce cannot be underestimated. Research undertaken by Monash University has shown that the pandemic has in particular caused specialist family violence practitioners to feel a heightened sense of isolation and loneliness working from home and missing the incidental support and debriefing provided by colleagues. It has also shown the blurring of boundaries between work and home life, leading to family violence work invading practitioners' 'safe spaces'. While the Monash report did show the COVID-19 pandemic had some upside, particularly in service innovation, such as practitioner-led development of an alert system for women to signal when they need support, further work is needed to progress health, safety and wellbeing supports.⁸

The COVID-19 pandemic has highlighted opportunities for further engagement with victim survivors and responding to family violence through non-prescribed organisations, such as:

- supporting and raising the capability of contact tracing and testing workers to provide support to people who may be experiencing or using family violence
- working with non-MARAM prescribed essential services such as supermarkets and pharmacies that are accessible under stage 3 and stage 4 restrictions and have the potential to promote family violence support numbers and potentially be a safe place to call a specialist family violence service.

OUR COMMITMENT — VICTORIA'S FAMILY VIOLENCE LEGISLATIVE AND POLICY FRAMEWORKS

Victoria's commitments arising out of the Royal Commission commenced with amendments to the FVPA, and the successful translation into regulations and policy resulting in the MARAM Framework.

The work has continued to underpin the MARAM Framework through supportive policies, plans and strategies.

⁸ Pfitzner N et al. 2020, op. cit.

Set out below is an overview of the legislation, policy and frameworks that support Victoria's response to family violence.

MARAM reforms

Legislation and regulations

Family Violence Protection Act 2008 (Part 11)

- Provides authority for the responsible Minister to approve the family violence framework
- Requires framework organisations to align to the framework
- Established Ministerial reporting obligations and a legislative review

Regulation

Family Violence Protection (Information Sharing and Risk Management) Amendment Regulations 2018

- Defines prescribed matters for annual portfolio MARAM reports by Ministers, to be tabled in Parliament
- Prescribes framework organisations

Legislative Instrument

Family Violence Risk Assessment and Risk Management Framework

- Establishes 10 principles reflecting the values underpinning the MARAM Framework
- Defines four pillars with Framework requirements for alignment
- Establishes 10 MARAM responsibilities for responding to family violence

MARAM Framework

- Provides the evidence base and policy direction
- Describes the system architecture and accountability mechanisms
- Expands on the pillars in the legislative instrument

Family violence related frameworks

Everybody Matters

Inclusion and equity statement setting out the Victorian Government's long-term vision for the creation of a family violence system that is more inclusive, safe, responsive and accountable for all Victorians

Dhelk Dja

An Aboriginal-led agreement that commits Aboriginal services and government to work together and be accountable for ensuring Aboriginal people, families and communities are stronger, safer, thriving and free from family violence

Nargneit Birrang

A clear framework to address family violence impacting Aboriginal people and communities based on six integrated principles for Aboriginal holistic healing

EVALUATIONS

MARAM – 2020

Cube Group process evaluation of early implementation of the MARAM reforms

FVISS – 2020

Monash University Review of the Family Violence Information Sharing Legislative Scheme

MARAM AND FVISS – 2023

Five-year legislated review under the FVPA

WHOLE OF GOVERNMENT TRAINING AND RESOURCES

FSV continues to develop resources and deliver and develop training with government partners and stakeholder engagement.

Set out below is an overview of the resources and training developed (or in development) since the outset of the reforms.

Supporting resources						
<p>MARAM victim survivor focused Practice Guides</p> <p>Guidance to support professionals to understand their relevant responsibilities under the MARAM Framework towards the identification, assessment and ongoing management of family violence risk as it relates to their specific roles in responding to victim survivors</p> <p>Tools:</p> <ul style="list-style-type: none"> → Adult screening tool → Adult brief tool → Adult intermediate tool → Child assessment tool → Adult comprehensive tool 		<p>MARAM perpetrator focused Practice Guides</p> <p>Guidance to support professionals to understand their relevant responsibilities under the MARAM Framework towards the identification, assessment and ongoing management of family violence risk as it relates to their specific roles in responding to perpetrators</p> <p>Tools:</p> <ul style="list-style-type: none"> → Non-perpetrator specialist tool to assess risk at an intermediate level → Specialist perpetrator workforce tool to assess risk at a comprehensive level 		<p>MARAM organisational embedding guidance</p> <p>Guidance to support organisational leaders in the processes of aligning their organisations with MARAM</p> <p>Tools:</p> <ul style="list-style-type: none"> → MARAM Framework summary → Mapping tool → Embedding tools into existing practice → Executive summary slides → External partnerships guide → MARAM responsibilities guide 		
Training						
Non-accredited training						Accredited training
MARAM Screening and Identification	MARAM Brief and Intermediate	MARAM Comprehensive Family Violence Risk Assessment and Management (Comprehensive)	MARAM Comprehensive Family Violence Risk Assessment and Management (Renewing Practice)	MARAM Leading Alignment	MARAM Collaborative Practice	Course in Intermediate Risk Assessment and Management of Family Violence Risk 22561VIC

STRUCTURE OF THIS REPORT

The MARAM Framework is intended to create a model of response that can be used by all services that connect with individuals and families who may be experiencing family violence.

It covers all aspects of service delivery from early identification, screening, risk assessment and management, to safety planning, collaborative practice, stabilisation and recovery.

The objectives of the MARAM Framework are to:

- increase the safety of people experiencing family violence
- ensure the broad range of experiences across the spectrum of seriousness and presentations of risk are represented in family violence response, including for Aboriginal and diverse communities, children, young people and older people, across identities, and family and relationships types
- keep perpetrators in view and hold them accountable for their actions
- provide guidance on how to align to the MARAM Framework to ensure consistent service delivery.

To enable legislative reform to be implemented in a meaningful way across services and organisations, four strategic priority areas were identified and endorsed in the Whole of Government change management strategy in December 2019:

- 1. Provide clear and consistent leadership** through departments and sector peaks to support organisations and workforces in alignment.
- 2. Facilitate consistent and collaborative practice** through the implementation of key policies, procedures, practice guidance and tools across workforces including information sharing.
- 3. Build workforce and staff capability** through centralised Whole of Government training products, and adapted resources and training for workforces, as well as other capability raising measures.

- 4. Reinforce good practice and commitment to continuous improvement** through sharing key lessons, refining practice and addressing barriers as they emerge.

This report is structured around the four strategic priorities of the change management strategy. Each chapter starts with highlights from across the whole of government, continues with some detailed examples from across portfolios and concludes with an assessment of how the work undertaken is meeting the objectives of the MARAM Framework.

As alignment with MARAM increases, future reports will be able to chart the progress against the MARAM objectives and the change management strategy strategic priorities.

This report does not capture the full range of activities undertaken by departments and portfolio agencies, as the purpose is to provide a snapshot of achievements in MARAM alignment from 1 July 2019 to 30 June 2020 across the Victorian Government.

Case studies to demonstrate the impact of initiatives have also been included with names and some details changed to provide anonymity.

1. PROVIDE CLEAR AND CONSISTENT LEADERSHIP

Clear leadership is integral to the implementation of information sharing and MARAM on several levels.

FSV leads the reforms by ensuring departments, prescribed agencies and sector peaks receive consistent and accurate messaging. Departments and sector peaks lead by using these key messages, tailoring communications for their workforces, and using tailored guidance to implement the reforms. Departments⁹ and sector peaks have played a critical role within their areas of responsibility in ensuring sector readiness and the long-term cultural change necessary to implement and embed the reforms.

Key highlights

Government-led highlights:

- FSV practice notes to support specialists and universal services with pandemic relevant risk assessment and management resources
- The courts developed MARAM-aligned tools and practice guidance for risk assessments and safety planning for family violence practitioners while working remotely during the coronavirus pandemic
- Online training across FSV, DHHS and DJCS to support prescribed sectors

Sector-led highlights:

- Centres Against Sexual Assault (CASA) Forum established working groups to support alignment and implementation
- VAADA held several workshops and forums across the state to support the sector to understand their information sharing obligations and MARAM responsibilities
- CAV have built the capability of the practitioners in Financial Counselling Program (FCP) and Tenancy Assistance and Advocacy Program (TAAP) through tailored MARAM tools, guides, training and regular communications

SECTOR GRANTS

For the third consecutive year, FSV funded \$1.5 million worth of grants directly to the sector. These funds were distributed by FSV, DHHS and DJCS to 16 peak or other representative bodies from Phase 1 workforces across the service system to provide direct implementation support. This included five ACCOs.

Some highlights from the sector grants work in 2019–20 include:

- development of cross-sector understanding and relationships through the MARAM and Information Sharing Sector Capacity Building Working Group and Aboriginal Working Group
- production and sharing of culturally appropriate case studies, information sheets and practice guides tailored to workforces and reflecting people's experience of family violence
- webinar produced collaboratively by CASA Forum, Domestic Violence Victoria (DV Vic) and No to Violence (NTV): 'Responding to serious risk and sexual assault'
- Collaboration across a variety of sectors including Aboriginal services, Disability Services, and Multicultural services to better support the intersectionality aspect of MARAM alignment
- The five funded ACCOs established a bi-monthly community of practice to develop responses to the MARAM reforms.

To ensure consistency and continuity of leadership, all 2019–20 sector grant recipients were invited to submit funding and project proposals for 2020–21.

Sector grants in use

The ACCOs that make up the Sector Capacity Building Aboriginal Working Group hold a bimonthly community of practice (CoP).

The CoP aims to facilitate a culturally inclusive, trauma-informed and safe meeting space where conversations and collaborative practice continue to thrive. It has become a valuable, independent forum to work through complex

⁹ Noting DJCS includes Victoria Police and the Courts.

and crucial issues and has strengthened our networks and our working relationships.

The MARAM ACCO CoP is a strong, bonded group comprising Dardi Munwurro, Djirra, Elizabeth Morgan House, VACCA and VACSAL. While the CoP does not claim to represent or speak for the Victorian Aboriginal community, the underlying values and purpose of the group echo the founding principle of self-determination as outlined in *Dhelk Dja: Safe our way* (2018).

The CoP's collective response aims to highlight the best approach, practice and advice so that a cultural perspective and framework is heard, understood and embedded within the family violence sector. The CoP uses its position and experience to provide collective advocacy for the Aboriginal community and to build capacity and capability.

A significant responsibility of the CoP is to provide culturally inclusive responses to requests from government. Through a united voice in response to MARAM alignment, the CoP provides a culturally framed focus on specific issues that impact on the Aboriginal community.

The CoP has had many achievements so far, including:

- advocating for more Aboriginal voices in training
- highlighting the importance of cultural training

The CoP also:

- provides leadership in driving agenda and discussion topics in ACCO and mainstream working groups
- participates in evaluations and provides a collective response
- provides reviews of crucial documents including the MARAM Practice Guidelines and Family Violence modules
- advocates for additional collective funding for review of documents.

The CoP continues to provide advice about how culturally safe approaches can be incorporated into the MARAM materials for ACCOs and mainstream organisations. The next step is to share and extend the learnings to the wider sector, by providing guidance with a clear cultural lens.

SPECIALIST FAMILY VIOLENCE ADVISORS (SFVA)

Through *Industry Plan* funds, DHHS has funded 44 SFVA in Mental Health and AOD services, who in turn provide information to DHHS and FSV Centre for Workforce Excellence on the actions taken under the initiative. This ensures specialist family violence advice is available to AOD and Mental Health practitioners, whom the Royal Commission identified as playing a critical role in identifying and responding to family violence.

The SFVA roles help support MARAM alignment by supporting practitioners in identifying, assessing and managing family violence risk and promoting collaborative practice with other agencies.

VICTORIA POLICE

Information held by Victoria Police is crucial to keeping perpetrators in view and accountable for their actions and behaviours. Victoria Police have promoted the importance of information sharing by engaging closely with other Information Sharing Entities (ISEs) to improve the processes for requesting information. As a result, the request form (and associated processes) were updated to be more intuitive for ISE, ensuring the correct information was requested and released in accordance with Ministerial guidelines to avoid delays.

Victoria Police continues to participate in Whole of Government governance groups and engages with Phase 2 framework organisations for preparation towards additional information sharing requests.

THE COURTS

The Magistrates' Court of Victoria (MCV) and the Children's Court of Victoria (CCV) (collectively known as 'the courts') and the funded agency Court Network established a shared project to align court operations with the MARAM Framework. The project's implementation roadmap outlines a three-year plan to align the courts with the MARAM framework, with key milestones for each year. In addition, the courts have mapped responsibilities for initial family violence identification and screening, and risk assessment and management.

The roadmap helps support MARAM alignment throughout every level of the courts process.

In 2020–21, the courts will develop an overarching MARAM policy and embed the framework into existing operating guidelines and practice models, such as the specialist family violence courts (SFVC) model, bench clerk manuals and practitioners' guidelines.

In September 2019 the Shepperton SFVC commenced, the Ballarat SFVC commenced operation in November 2019 and the Moorabbin SFVC commenced operation on 16 March 2020.

In response to the COVID-19 pandemic, Court Network launched a telephone support model in May 2020. The phone model is staffed by volunteers who support court users to navigate the justice system. The practice model includes universal screening in line with base level MARAM screening and identification of family violence.

Court Network volunteers supported 32,470 court users with family violence related matters in 2019–2020.

DHHS

MARAM planning and implementation is underway for Child Protection, Housing, secure welfare services and Hurstbridge Farm. DHHS have convened a MARAM Implementation Steering Group to oversee the implementation activity across these prescribed workforces and provided leadership for the reforms.

Victoria’s Director of Housing manages over 62,000 properties, providing safe, long-term housing to people on low incomes. Priority is given to those most in need, including people who have recently experienced family violence.

A new housing operating model will be introduced during the 2020–21 financial year; Housing Service Officer (HSO) roles will be realigned in their relationship to Victorian Public Service (VPS) roles, and over 130 amendments to the *Residential Tenancies Act 1997* are being progressively implemented, including specific provisions concerning family violence that were established in mid-2020.

FSV — THE ORANGE DOOR

The Orange Door is coordinated by FSV.

The Orange Door model brings together specialist family violence services, children and family services, Aboriginal services and perpetrator services to deliver integrated assessment and access to support. This incorporates tailored support for women and children experiencing family violence, holistic support for Aboriginal families in local communities, help with the care and wellbeing of children, and work with perpetrators to manage risk and change behaviours.



The Orange Door services

A recent report by the Victorian Auditor-General’s Office (VAGO) assessed whether The Orange Door sites are providing effective and efficient service coordination for women and families and in particular whether DHHS and FSV:

- designed and planned the hubs effectively
- effectively support and oversee the operation of the five open hubs
- have reliable performance measurement and continuous improvement processes.

The VAGO report concluded that the hubs are not yet realising their full potential to improve the lives of people affected by family violence. The report recognised that FSV is working to improve the implementation of future sites and continues to build on the learnings of implementation to inform the future roll out of The Orange Door Network. DHHS and FSV have accepted all nine recommendations of the VAGO Audit.

FSV will work with all partner agencies and key stakeholders to embed MARAM into existing and new The Orange Door sites. This will include supporting the workforce to utilise the MARAM tools in TRAM for their risk assessment and safety planning for adult and child victim survivors ensuring greater consistency of identification, risk assessment and management.

FAMILY VIOLENCE PEAK BODIES

Domestic Violence Victoria

DV Vic as the peak body for SFVS established and facilitated a community of practice (CoP) with a focus on applying the MARAM and Information Sharing Schemes in practice. The group provides opportunities to share experiences, discuss emerging issues and support consistent practice while driving change within organisations across the state.

The group is run online to support member service participation from regional and remote areas. However, this format has also allowed the CoP to continue and not be disrupted due to COVID-19 pandemic restrictions.

Fourteen CoP sessions have been delivered to SFVS Practice Leads. Topics have included:

- operationalising tools for risk assessment and management
- risk assessment and safety planning with victim survivors with a disability
- tilting to the perpetrator
- working collaboratively with perpetrator services
- risk and safety during COVID-19
- person-centred empowerment during COVID-19
- maintaining child-centred practice during COVID-19
- collaboration and advocacy during COVID-19
- perpetrator accountability during COVID-19.

The Practice Lead CoP has been successful in:

- promoting a model of best practice standards and work towards state-wide consistent, transparent and accountable practice
- providing a foundation to generate and manage a body of knowledge for ongoing reflection of practice and continuous improvement
- providing a consistent online platform to host resources to inform practice and strengthen program delivery
- providing opportunities for peer support and the exchange of ideas and information
- gathering and sharing evidence from practice to inform policy, advocacy and the broader reform agenda.

No to Violence

No to Violence (NTV) supported the Victorian men's specialist family violence services in the implementation of the MARAM and Information Sharing (MARAMIS) reforms through a combination of targeted capacity building initiatives.

NTV developed a coaching model that involved reaching out to team leaders and coordinators within men's specialist family violence services to determine their specific needs around support implementing MARAM and information sharing. If services were interested in engaging NTV to facilitate a workshop with leadership or practitioners, they completed a pre-workshop survey to determine the target areas of content. The Practice Development Officer then visited services onsite and facilitated a tailored workshop to support embedding the reforms in practice. The visits were also an opportunity to offer team leaders assistance with workforce mapping and implementation of alignment through the NTV resources 'Workforce mapping tool' and 'Self-audit alignment tool'.

NTV then followed-up with established key contacts to provide resources and support in response to the workshop discussions, and any actions that came out of the completion of the mapping and alignment tools, such as reviewing implementation plans and providing guidance on training requirements.

Assessment of MARAM progress

Given the complexity of the MARAM reforms, which have required a Whole of Government change management approach, clear and consistent leadership is integral to delivering consistent service delivery. The coordination and oversight of the reforms involves many sectors and government portfolios and requires that government, peak and industry bodies and services work together.

Cube Group led the early evaluation of the MARAM reforms and produced a final report in June 2020. The report recognised many strengths in leadership towards achieving the reform outcomes including highly consultative governance forums and robust discussions of key policy issues. The decision to integrate governance for the MARAM, FVISS and CISS reforms was challenging, but it successfully

allowed important overlapping issues to be managed. Where available, FSV's active support has been positive.

All departments have experienced challenges primarily created by uncertainty. Short-term funding, the challenge of retaining staff with short-term contracts and competing priorities from other reform programs are key contributors to this context.¹⁰ This has been further exacerbated by the COVID-19 pandemic.

The leadership actions taken to date have ensured that Phase 1 workforces have taken important steps towards building a shared understanding of family violence and identifying the way in which services can respond to family violence. A considerable amount of work remains to be done for Phase 1 workforces, including embedding a MARAM-aligned family violence response through tailored training, developing MARAM aligned resources and building collaborative practice (see chapters 2 and 3).

Departments and the workforces within their remit each have a unique context for implementation that naturally requires variation in implementation approaches.¹¹ It is important for central department specialist teams to work closely with business units to facilitate a nuanced approach to implementation activities that considers the varied roles of prescribed business units and the context in which they work.¹² FSV will continue to take a centralised lead role, supporting departments to achieve MARAM outcomes as outlined in their individual departmental and sector grant project alignment plans, and by providing oversight and change management advice.

The early evaluation of the MARAM reforms by the Cube Group recommended that departments remain best placed to lead change management for their own sectors, and that the plans for change management will need expanding considerably to achieve the MARAM outcomes and in the future through the development of a maturity model of alignment.¹³ FSV has already taken such steps through the release of an organisational embedding guidance¹⁴ that provides clear, published guidance MARAM alignment which will be foundational for a maturity model.

Funding for sector grants and for SFVA positions will assist in the connection between departmental change management plans and translation to practice support for the workforces.

¹⁰ Ibid., p. 62.

¹¹ Ibid., p. 14.

¹² Ibid., p. 62.

¹³ Ibid., p. 90.

¹⁴ See the 'MARAM organisational embedding guide' section in chapter 2.

2. FACILITATE CONSISTENT AND COLLABORATIVE PRACTICE

FSV have a lead role in producing centralised resources. Organisations are guided by tailored resources developed by departments and sector peaks that support a change in practice.

Key highlights

Government-led highlights:

- The victim survivor focused Practice Guides and tools support professionals in their screening, identification, risk assessment and risk management practice, and were publicly released in July 2019.
- MARAM Practice Notes and factsheets to support targeted responses to family violence during the COVID-19 pandemic were released between March and June 2020.
- The organisational embedding guide (OEG) was released online in June 2020 to support organisations in their alignment to MARAM.
- The CIP delivered 3,467 reports.

Sector-led highlights:

- NTV provided individualised support for organisations in the alignment of their policies, processes and practice guidance.
- DV Vic redeveloped the Specialist Family Violence Services Code of Practice to align with the MARAM Framework.
- The Centre for Excellence in Child and Family Welfare (CECFW) developed a range of resources for Child and Family Services, including Child FIRST, and care services sectors, including a series of podcasts featuring interviews and Q&As with leaders in the field, as well as information sheets.

Portfolio examples — resources and tools for consistent practice

MARAM TOOLS AND PRACTICE GUIDES

The victim survivor focused Practice Guides and tools, released in July 2019, support professionals in understanding their risk assessment and risk management practice under the MARAM Framework. There is a foundational knowledge guide, and individual Practice Guides for each MARAM responsibility.



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MARAM victim survivor focused Practice Guides extract

The resources include risk assessment tools and safety plan templates for adults, and children and young people which can be tailored and/or embedded into existing tools by services.

APPENDIX 5: BRIEF RISK ASSESSMENT TOOL

Adult Victim Survivor Brief Risk Assessment Tool

Victim Survivor Details	
Full Name:	Alias:
Date of Birth:	Also known as:
Gender:	Intersex:
<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Self-described (please specify)	<input type="checkbox"/> Client preferred not to say
<input type="checkbox"/> Client preferred not to say	<input type="checkbox"/> Unknown
Transgender:	Sexual Orientation:
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Gay, lesbian or homosexual
<input type="checkbox"/> Client preferred not to say	<input type="checkbox"/> Straight or heterosexual
<input type="checkbox"/> Unknown	<input type="checkbox"/> Bisexual or pansexual
	<input type="checkbox"/> Asexual
	<input type="checkbox"/> Other sexual orientation
	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Client preferred not to say
	<input type="checkbox"/> Unknown
Primary address:	Current Location:
Contact number:	Comments:
Aboriginal and/or Torres Strait Islander	CAAD <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
<input type="checkbox"/> Aboriginal	LG871Q <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
<input type="checkbox"/> Torres Strait Islander	People with disabilities <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
<input type="checkbox"/> Both Aboriginal and Torres Strait Islander	Rural <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
<input type="checkbox"/> Client preferred not to say	Older person <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
<input type="checkbox"/> Neither	
<input type="checkbox"/> Not known	
Was an interpreter used during this assessment?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, what language):
Country of birth:	Year of arrival in Australia:
Bridging or Temporary Visa?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, what type):
Language mainly spoken at home:	Service provider client ID:

Has the adult victim survivor been asked screening questions? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>If yes, please indicate if any of the following risk factors were identified in the screening assessment.</i>			
Factors relevant to adult victim survivor		Factors relevant to perpetrator (continued)	
<input type="checkbox"/> Self-assessed level of risk	<input type="checkbox"/> Controlling behaviours*	<input type="checkbox"/> Physical harm	
<input type="checkbox"/> Factors relevant to perpetrator	<input type="checkbox"/> Has ever harmed or threatened to harm victim or family members (including child/ren)	<input type="checkbox"/> History of family violence	<input type="checkbox"/> Emotional abuse
<i>If no, please ask the following questions about the perpetrator, in addition to the set of questions below.</i>			
Question	Yes	No	Comments (or not known)
Have they controlled your day-to-day activities (e.g. who you see, where you go) or put you down?*	<input type="checkbox"/>	<input type="checkbox"/>	
Have they physically hurt you in any way? (hit, slapped, kicked or otherwise physically hurt you)	<input type="checkbox"/>	<input type="checkbox"/>	
Question	Yes	No	Comments (or not known)
Is more than one person making you feel afraid? (Are there multiple perpetrators)	<input type="checkbox"/>	<input type="checkbox"/>	
The following risk related questions refer to the perpetrator:			
RECENTRY	Are they currently unemployed?*		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Have they recently...		
	threatened or attempted suicide or self harm?*		
	<input type="checkbox"/>	<input type="checkbox"/>	
	misused alcohol, drugs or other substances? (specify substance)		
	<input type="checkbox"/>	<input type="checkbox"/>	
	followed you, repeatedly harassed or messaged/emailed you? *		
	<input type="checkbox"/>	<input type="checkbox"/>	
	been obsessively jealous towards you?*		
	<input type="checkbox"/>	<input type="checkbox"/>	
	has any violence increased in severity or frequency? (what and how)		
	<input type="checkbox"/>	<input type="checkbox"/>	

MARAM victim survivor focused — brief risk assessment tool extract

Work is now being undertaken to develop perpetrator focused Practice Guides and tools. These will replicate the same structure as the victim survivor focused Practice Guides, supporting practice across the 10 MARAM responsibilities.

The perpetrator focused program of work includes:

- non-specialist perpetrator workforce guides and tools (such as Mental Health, AOD, Housing/Homelessness and Child Protection) to assess risk at an intermediate level
- specialist perpetrator workforce guides and tools (such as men’s behaviour change practitioners) to assess risk at a comprehensive level.

FSV is collaborating with NTV and other experts on the Practice Guide development, and with Curtin University on the developments of the tools. It is anticipated that perpetrator focused Practice Guides and tools (specialist and non-specialist will all be released by early 2021.

In conjunction with the CECFW, FSV will continue to build the evidence to respond earlier to adolescents who use family violence. FSV is seeking to strengthen the capacity of workforces to respond to adolescents which will include embedding further guidance on adolescents who use family violence into the next Phase of MARAM Practice Guides.

MARAM ORGANISATIONAL EMBEDDING GUIDE (OEG)

The OEG is designed to build existing resources available to support MARAM alignment such as the MARAM Practice Guides. The OEG was developed in direct response to feedback from departments and workforces requesting additional guidance to outline clear alignment tasks, with practical examples of MARAM alignment. The OEG addresses specific tasks and challenges with embedding MARAM into practice and organisational systems.

The intended audience for the OEG is organisational leaders and managers from framework organisations and/or organisations that are voluntarily aligning with MARAM. These organisations cover a wide range of sectors and sizes, all with different purposes. The OEG therefore must be sufficiently generic in form and advice, which allows for departments and organisations to adapt the resource as required, whilst maintaining enough detail to be of use to leaders.

The OEG takes the form of a three-step process:

- **Step 1 — Complete an organisational self-audit tool.** The MARAM organisational self-audit tool contains a series of milestones to work towards as part of MARAM alignment, with specific examples on how to reach each milestone. The examples are supported by resources, such as linking to relevant pages in MARAM Practice Guides or tools. *Figure 1* below is an extract from the self-audit tool.
- **Step 2 — Complete an implementation plan.** A template Gantt chart is provided to organisations, with some examples included, to support the preparation of an implementation plan based on the activities they have highlighted in the MARAM self-audit tool as being the next priority.
- **Step 3 — Undertake an implementation review.** As part of continuous improvement, and to help inform a further self-audit, organisations are supported to review the success of implementation activities. This guide contains suggested questions and content for qualitative and quantitative reviews as well as case file audits.

Example	Resources
<ul style="list-style-type: none"> • Family violence <glossary link> is defined in accordance with s. 5 of the <i>Family Violence Protection Act 2008</i> (FVPA) and the MARAM Framework, also noting the Aboriginal definition of family violence <glossary link>. [Resource 1; Resource 2, pp.12, 20-23] • Foundational family violence knowledge is always accessible to staff through our policies, practice guidance and procedures. 	<ol style="list-style-type: none"> 1. Family Violence Protection Act 2008 (FVPA), s. 5 <http://www8.austlii.edu.au/cgi-bin/viewdoc/au/legis/vic/consol_act/fpa2008283/s5.html> 2. MARAM Framework https://www.vic.gov.au/sites/default/files/2019-01/Family%20violence%20multi-agency%20risk%20assessment%20and%20management%20framework.pdf

Self-audit tool extract

“The new self-audit tool layout has been a revelation! I find it incredibly helpful and have been using it”.

Sector grants recipient

The Department of Premier and Cabinet’s Behavioural Insights Unit (BIU) is leading a project to support MARAM alignment, with engagement from FSV, two AOD service providers and VAADA. This project will develop tools to complement the MARAM OEG. The tools will be made available to all AOD services through VAADA and then scaled for wider release through sector grants and online distribution.

The OEG has gone some way to addressing the request by sector for greater clarity around the specific requirements of alignment. Alignment requirements will continue to be a focus through further developed tools such as this in progress by BIU, and work on a maturity model.

INTERSECTIONALITY CAPACITY BUILDING PROJECT

FSV is progressing work on an Intersectionality Capacity Building project which will develop a suite of resources to support capacity building to better understand, recognise and respond to the needs of people experiencing family violence underpinned by an intersectional approach. The resources will support a whole of organisational approach for different service sectors to adopt and embed an intersectional approach to their work in responding to family violence. These resources will complement organisations’ policies, procedures, practice guidance and tools with alignment to MARAM. It is anticipated that the resources will be released in the second half of 2020.

DJCS — CONSUMER AFFAIRS VICTORIA (CAV)

Direct support has been provided to all Financial Counselling Program and Tenancy Assistance and Advocacy Program workforces to align their policies, procedures, practice guidance and tools with MARAM through a range of activities and resources, including:

- summarised and tailored MARAM Framework into a practice guide for each workforce
- developed customised MARAM risk assessment and management tools
- developed a COVID-19 pandemic family violence MARAM toolkit

- facilitated MARAM change discussion sessions with agencies to integrate MARAM tools into practice

Some of the activity’s agencies have reported over the past 12 months included:

- changes to the intake form to incorporate MARAM assessment questions
- staff regularly using the family violence evidence-based risk factors to identify risk
- development of a customised ‘Recognising and responding to family violence risk’ flow chart
- tailored MARAM tools, safety plans and practice guidance for each team within the organisation
- MARAM and FVISS have been added to the supervision template to prompt monthly reflective practice and case reviews
- family violence and MARAM professional development built into individual workplans
- most funded agencies have had facilitated team discussions with CAV about how to integrate MARAM tools into their work.

Forthcoming work to produce tailored resources and guidance will be informed by use of the OEG and will incorporate perpetrator focused practice guidance once released.

VICTORIA POLICE

Victoria Police has produced resources which assist in representing the broad range of experiences in family violence response for diverse communities:

- the *Family violence safety notice* booklet explains what constitutes family violence, what is a family violence safety notice and the importance of the standard conditions in the safety notice
- the *Family violence: what police do* information sheets explain Victoria Police’s response to family violence. They have been developed for victims of family violence, perpetrators of family violence and, people and/or services supporting them
- the *Family violence: technical terms bilingual tool* helps communication when talking about family violence and using interpreters
- a suite of videos in multiple languages to encourage people from culturally and linguistically diverse (CALD) communities to seek help if they are experiencing family

violence, available at <<https://www.police.vic.gov.au/family-violence>>.

The new Victoria Police Family Violence Report (FVR — previously known as the L17 form) was deployed statewide on 22 July 2019. Developed in partnership with Swinburne University and Forensicare, in response to the Coroner's findings of the Luke Batty Inquest and the Royal Commission, the FVR is a question-based, scored risk assessment tool for the initial police response to family violence incidents.

The completed FVR produces a score that is indicative of the likelihood of future family violence reported to police. This information guides the police response and is the basis for triage of high-risk family violence cases for proactive risk management and specialist response by the Family Violence Investigation Units (FVIUs). The FVR includes common risk factors identified in the MARAM Framework.

Practice guidance and online training were developed to support the introduction of the new FVR approach and to ensure it is used consistently. To ensure consistency in the application of the new FVR, mandatory force-wide face to face training for the deployment of the new FVR was undertaken: 83 per cent of Victoria Police's workforce including up to the rank of superintendent have completed the training. Family Violence Training Officers within each division are continuing to review practices and tailor education as needed within their local police area.

Victoria Police deployed a case prioritisation and response model (CPRM) statewide on 22 July 2019. The CPRM is a framework for FVIUs to identify and prioritise the highest risk cases and tailor risk management to prevent serious harm from recurring. The CPRM ensures consistency of practice across the 31 FVIUs and delivers evidence-based identification of medium and high-risk family violence cases. It ensures Victoria Police's resources are focused on family violence cases where ongoing harm to victims is likely and where specialist policing responses will have the greatest impact.

DJCS — CORRECTIONS VICTORIA

A dedicated and comprehensive family violence library was developed and launched on the Community Correctional Services (CCS) Portal. The CCS portal is a central information sharing platform that can be accessed by all CCS staff containing practice guidelines, tools and resources including:

- *Managing family violence in community correctional services* practice guidelines to assist CCS staff with supervision of victim survivors and perpetrators
- the Family Violence Screening Tool, Brief Assessment Tool and Intermediate Assessment Tool — Victim Survivor to assist CCS staff who have identified someone at risk or subject to family violence. The tools are based on the evidence-based risk factors in the MARAM framework
- a Perpetrator Brief Assessment tool based on the MARAM evidence-based risk factors. This tool assists CCS staff in identifying key risk factors that can be incorporated into existing intervention planning
- in response to a shift to a remote service delivery model for all low risk offenders and offenders on reparation orders, COVID-19-specific practice guidance was introduced, which includes guidance on the management of perpetrators and victim survivors.

In addition to specific COVID-19 practice guidance, a Remote Service Delivery Consultation Panel was established. It comprises DJCS staff with expertise in case management practice and parole and court stream processes. The panel provides support and consultation to practitioners where there may be escalating risks and difficulties in accessing services or system issues during remote delivery for offenders at highest risk of reoffending. A high proportion of cases presented were family violence related.

Between 20 April 2020 and 6 August 2020,¹⁵ 1,558 offenders were presented to the panel, of whom:

- approximately 41 per cent (646 offenders) were flagged as having family violence as an identified risk
- 131 matters were escalated to Victoria Police
- 129 offenders were referred to victim services
- 513 offenders were referred to family violence services.

Organisations funded by Corrections Victoria are also making progress in the production of resources and guidance for MARAM alignment. There has been a strong focus on mapping workforce roles and responsibilities, understanding training needs including embedding family violence as part of pre-

¹⁵ Noting this is six days after the reporting period.

service training, and embedding MARAM principles, pillars and responsibilities into the organisational culture. Additional COVID-19-specific guidance has also been developed by some organisations to assist staff to manage family violence issues and adapt service delivery.

As at the end of June 2020, Corrections Victoria had 45 funded organisations/service providers who are framework organisations.

Examples of how some of these organisations are aligning to MARAM through the development of resources and tools include:

- embedded the MARAM evidence-based risk factors into risk assessment and management tools
- aligned practices with broader concepts of intersectionality and gender-based drivers of family violence
- adapted training and support for student placements and tasked supervisors to support students to develop skills in working with family violence perpetrators and victim survivors
- introduced practice guidance, quick reference guides and practice tips that are consistent with MARAM, including instructions on record keeping and specific guidance to manage family violence during COVID-19 restrictions
- built FVISS and CISS into supervision templates and forms so that practitioners are prompted to factor the schemes and the possibility of sharing information into client case plans.

DHHS — MENTAL HEALTH, ALCOHOL AND OTHER DRUGS

DHHS is working with Turning Point, a national leader in addiction treatment, training and research, to review AOD intake and assessment tools, and accompanying clinician guides. The review, due for completion in late 2020, aims to identify amendments to best align these tools to MARAM. The AOD workforce will be offered training on these amendments. This is taking place at the same time as the Victorian Alcohol and Drug Collection (VADC) department is undertaking work to require AOD workers to record whether a client has experienced or used family violence. This data can be used to report on the prevalence of the experience or use of family violence by clients of AOD services. The proposed amendments to the VADC will also require AOD workers to record whether they have used the MARAM Framework or tools to inform their practice.

VAADA is creating a 'one-site stop' for family violence resources tailored to the AOD services workforce. Currently available are two navigator tools — decision trees that step out the actions an AOD worker should take when a client intake assessment indicates experience or use of family violence, or risk of family violence. The MARAM Navigator includes resources to use at each step, from screening at intake to conducting a risk assessment. The Family Violence Information Sharing Navigator uses a flow chart to assist AOD workers understand when to share information under either the Family Violence or Child Information Sharing Schemes, and what actions or considerations must be undertaken at each step.

The Chief Psychiatrist guidelines provide specialist advice and are used to inform practitioners and services about clinical issues related to the *Mental Health Act 2014*. The 'Family violence: guideline and practice resource' section includes advice about how to incorporate screening and risk assessment within routine mental health assessments, practice advice about how best to elicit information, and advice about how to respond appropriately when family violence is disclosed. The Chief Psychiatrist guidelines are expected to align to MARAM by 2021.

DHHS — CHILD PROTECTION AND CARE SERVICES

Child Protection, secure welfare services and Hurstbridge Farm have commenced work to align existing policies and procedures to MARAM and staff have been mapped to MARAM responsibilities. Child Protection continues to further develop its SAFER Children Risk Assessment Framework, which will be aligned with MARAM, although its implementation is delayed owing to the COVID-19 pandemic. In the interim, work has been undertaken to align existing Child Protection policies and procedures with MARAM. An implementation plan is being further developed for aligning Child Protection practice.

The Victorian Aboriginal Child Care Agency (VACCA) (which also delivers family services) has developed culturally appropriate MARAM risk assessments, safety plans and workforce delivery practices for the Aboriginal workforce and clients to reflect changes in workforce delivery. These have been updated to address issues related to the COVID-19 pandemic.

DHHS — HOUSING AND HOMELESSNESS

DHHS updated the *Home visits and inspections in public housing operational guideline* to outline HSO's MARAM responsibilities. The updates came into effect on 1 January 2020. The Homelessness Funding Guidelines now include the temporary COVID-19 Amendment to Homelessness Services Guidelines and Conditions of Funding. The amendment came into effect in March 2020 in response to the impacts of COVID-19 on people's living arrangements. The amendment is a live document and is being updated each time directions and restrictions change. The amendment includes a section on 'family violence during self-isolation', with links to MARAM Practice Guides.

Resources, such as guides on how to use the MARAM Screening and Identification tool, fact sheets about the screening and identification responsibilities, and the integration of the Screening and Identification Tool into existing Housing systems, are being developed to support the Housing workforce to meet their obligations under MARAM and the information sharing schemes.

The Council for Homeless Persons (CHP) has created role specific MARAM alignment practice guidance for homelessness services. Guidance for executives focuses on the broad objectives and cultural change that MARAM aims to achieve. Management guidance provides a tailored checklist of relevant organisational policies and procedures that may require review and adaptation, as well as advice about workforce training. Practitioner guidance aims to further develop practitioner understanding of how the information sharing schemes can benefit clients, as well as links to relevant general MARAM resources.

Work is being undertaken to incorporate MARAM tools into Homelessness IT systems, including the Specialist Homelessness Information Platform (SHIP), Secure Residential Services, The Salvation Army Service and the Mission Information System databases.

DHHS — MCH SERVICES

DHHS developed MARAM practice guidance that outlines MCH practitioners' MARAM responsibilities, and the data collection approach for the MCH workforce. The MARAM practice guidance was circulated to all MCH practitioners by the Municipal Association of Victoria (MAV) in early 2020. DHHS will continue to work with MAV to communicate with and support MCH practitioners with MARAM practice.

MAV has created the MARAM Information Sharing Advisory Group (Advisory Group), comprising MCH and family services coordinators and managers. MAV provides advocacy and support to MCH services and councils to improve capacity and confidence in implementing MARAM.

MAV has released a resource package to support MCH services align with MARAM. The package includes:

- Child Information Sharing and Family Violence Information Sharing Toolkit for Maternal and Child Health Services
- correspondence templates for making a request, proactively sharing, responding to a request, or updating a responder
- documentation of how council policies, procedures and guidelines are expected align to MARAM.

Work is underway to align the Child Development Information System (CDIS), which is used by MCH practitioners to record child health data, with MARAM. The CDIS is anticipated to be fully aligned with MARAM by October 2020. Alignment will enable MCH practitioners to record family violence information, including whether it was requested, received, or proactively shared.

PHASE 2 PREPARATIONS

Work has commenced on preparing hospitals for prescription in Phase 2.

The Strengthening Hospital Responses to Family Violence (SHRFV) team, established in 2014 and led by the Royal Women's Hospital and Bendigo Health, aims to support best practice responses to family violence in health care settings. Based on the experience of implementing the SHRFV model across Victorian hospitals, a range of resources and tools were developed to support Victorian public hospitals to implement the SHRFV model. This suite of materials also includes specialised content and is known as the SHRFV tool kit.

The SHRFV toolkit was developed prior to the development of the MARAM Framework and Practice Guides, and therefore there is a need to align the toolkit with MARAM in order to support hospitals. Ahead of the commencement of Phase 2, the Royal Women's Hospital and Bendigo Health received funding from FSV to align the toolkit to MARAM.

In May 2020, SHRFV published *MARAM alignment for hospitals and health services*. This document provides guidance and advice

to hospitals and health services, including designated Mental Health, to develop their MARAM Action Plan. The MARAM Action Plan should demonstrate how the four MARAM pillars will be incorporated into existing policies, procedures and practice. Seven supporting resources accompany the *MARAM alignment for hospitals and health services* as follows:

- *Supporting resource A: Workforce mapping for MARAM Alignment outlines how to map the workforce to the 10 MARAM responsibilities*
- *Supporting resource B: MARAM consultation questions to inform the development of the MARAM Action Plan*
- *Supporting resource C: Resource audit tool to assist the audit of existing policies, procedures etc. to ensure MARAM alignment*
- *Supporting resource D: Organisation audit tool to assist the audit organisational structures and systems against the alignment requirements of MARAM*
- *Supporting resource E: Facilitating collaborative practice provides guidance on establishing or strengthening partnerships*
- *Supporting resource F: MARAM Alignment Action Plan template*
- *Supporting resource G: Briefing paper provides an example briefing paper for leaders that can accompany the final MARAM alignment action plan and workforce mapping.*



MARAM Alignment for hospitals and health services

Alignment to the four MARAM Pillars and Principles

Portfolio examples — collaborative practice

FSV — THE ORANGE DOOR

As an entry point into the family violence system, The Orange Door receives information from Victoria Police through L17s (now FVRs). The Orange Door staff take steps to assess family violence risk and coordinate a multiagency service delivery to manage immediate risk.

Case study: The Orange Door, Victoria Police, CIP, Community Health Services

The Orange Door received two L17s in respect of Julie (74 years) and her son, Paul (53 years), who were residing together. Paul was identified as experiencing mental health issues and harmful use of alcohol. Julie had previously obtained an intervention order against Paul, but he had since returned to live with her.

When The Orange Door contacted Julie following the latest incident, Paul answered the phone and Julie declined a need for assistance. A risk was identified that Julie may be prevented from accessing help.

The Orange Door completed a CIP request which provided a long history of criminal offending by Paul, multiple periods in prison, significant mental health concerns and serious family violence offending. A consultation occurred with the Advanced Family Violence Practice Leader who recommended a request for health information. This identified Julie had regular engagement with a health service. The Orange Door contacted the health service who were then able to facilitate a discussion with Julie in a safe location. This allowed the opportunity for Julie to agree to a MARAM risk assessment and safety planning.

DJCS — CORRECTIONS AND JUSTICE

Many organisations have used MARAM to:

- identify gaps in risk assessment information
- make decisions about requests and voluntary information sharing with other services
- undertake needs assessments, develop safety plans for clients and refer them to other services
- establish collaborative practices with family violence specialist services, generalist services, Victoria Police and community organisations.

An example of how organisations in the Corrections and Justice portfolio are collaborating in practice is demonstrated in the following case study:

Case study: DJCS, DHHS

An Aboriginal man was released on parole. His offence was related to family violence against his partner. He had a history of drug use. A family violence intervention order was in force and there was DHHS Child Protection involvement with his children.

The man is participating in ReConnect provided by the Australian Community Support Organisation (ACSO). ReConnect provides targeted, intensive (up to 12 months) post-release reintegration outreach support for prisoners assessed as having high-level transitional needs.

ACSO Reconnect is working collaboratively with the man's Aboriginal Justice Worker, relevant AOD treatment service and his CCS practitioner to ensure wraparound services are available to him.

This keeps the person using family violence in view, and, where required for risk assessment and management, information will be shared to keep the victim survivor safe.

DJCS — YOUTH JUSTICE

Key activities that were reported by funded organisations include:

- involvement in sector communities of practice, The Orange Door presentations or other forums, either family violence practice specific or generalist
- seeking specialist advice from family violence services or community-based Child Protection practitioners
- development of organisational memorandum of understandings (MOUs), information sharing flow charts and other resources to ensure staff are confident and clear in their capacity to share information and work collaboratively
- nominating organisational MARAM champions to provide extra support to operational staff to identify relevant family violence risk information within the context of their day-to-day work.

Case study: DJCS, Child Protection, Victoria Police, FSV

A regional Youth Justice Community Support Service provider outlined a case where the organisation worked with Youth Justice, Child Protection, Victoria Police, Corrections Victoria, family violence services and other services to support a young person to engage safety planning, make a report to police and successfully leave a violent relationship.

The provider reflected that the collaborative work of the care team over an extended period was able to keep the young person safe and keep them engaged with services until they were ready to formally pursue charges and leave the relationship.

Case Study — DJCS

A mother was referred to a financial counsellor by a family violence worker. The mother had left an abusive relationship but had incurred telephone and utility debts. The financial counsellor was able to manage these debts through waivers and payment plans. An insurance company had breached the mother's privacy, which potentially threatened her safety, and a compensation claim was negotiated. A Flexible Support Package for furniture and a laptop for her daughter's schooling was applied for from the regional specialist family violence agency. The financial counsellor worked collaboratively with the family violence case worker to ensure client's safety planning was in place and the client's relocation was supported.

DJCS — CONSUMER AFFAIRS VICTORIA

All FCP organisations participate in regular collaborative practice with other programs internally, and with family violence and other services externally. Collaborative working models have been impacted in 2020 by COVID-19 and remote working.

Examples of enhanced collaborative practice in the last 12 months include:

- worker co-located at local family violence service one day a week
- greater identification of family violence has led to more secondary consultations with in-house family violence programs
- workers are now asking for details of risk assessments when receiving family violence referrals so that the client does not have to retell their story
- workers are providing details from their risk assessments when referring clients to other services so that there is a clearer picture of risk
- workers have access to existing safety planning so can focus resources on resolving the client's financial issues, whilst maintaining ongoing risk assessment and reviews of safety planning.

DJCS — VICTIM SERVICES, SUPPORT AND REFORM

The introduction of MARAM, and the resulting uplift in the identification of relevant family violence risk information has seen an increase in information sharing and collaboration across all the Victim Assistance Programs (VAPs).

Staff at Cohealth report being more aware of how to determine the predominant aggressor in the context of family violence. They are working more closely with family violence counselling and case management teams and have improved processes through co-case management to deliver better continuity of care for women with high or complex needs who are family violence victim survivors.

The VAP team at Eastern Access Community Health (EACH) have reported developing more supportive and collaborative working relationships with the EACH family violence counselling team, the EACH family violence specialist advisor and the regional specialty services for family violence.

Anglicare Victoria has strong working relationships with specialist family violence services, The Orange Door, Child FIRST, headspace, out of home care, family violence financial counsellors, and gamblers help therapeutic counsellors. Due to these established relationships, information is being shared under existing processes rather than under the CISS or FVISS. Anglicare Victoria has reviewed all MOUs (or service agreements) with external stakeholders to ensure the MARAM principles are included.

Windemere noted an increase in information sharing under FVISS and CISS and increased collaboration across program areas within Windemere, including more secondary consultations.

Case study — DJCS, Victoria Police, FSV

A man presented to a VAP office as a victim of family violence, claiming he had a previous intervention order against his female ex-partner. The man then disclosed that the same ex-partner had recently taken an IVO out against him and had been in contact with a local family violence service. Information provided to the VAP by the Victims of Crime Helpline listed the man as a victim survivor on three L17 referrals, but a different ex-partner was listed as the perpetrator. The VAP suspected the man may have been the predominant aggressor to both ex-partners. The VAP made an information sharing request to the local family violence service for any information pertaining to the man and his two ex-partners to assess risk.

The family violence service had a history of one ex-partner as a victim survivor and the man as a perpetrator over two years. The service shared knowledge that the man was currently continuing to perpetrate family violence against his ex-partner, which they determined using the MARAM Comprehensive Risk Assessment Tool. The family violence service disclosed that they were supporting her to manage the risk and her safety through case management and brokerage for security expenses.

The man was informed that the VAP could not provide support, and he was instead referred to his local community legal service for court support and to his GP for counselling.

DHHS — MENTAL HEALTH, ALCOHOL AND OTHER DRUGS AND HOMELESSNESS

VAADA has partnered with NTV and the Council to Homeless Persons to create an online, animated case study that demonstrates best practice information sharing across sectors and how to manage family violence.

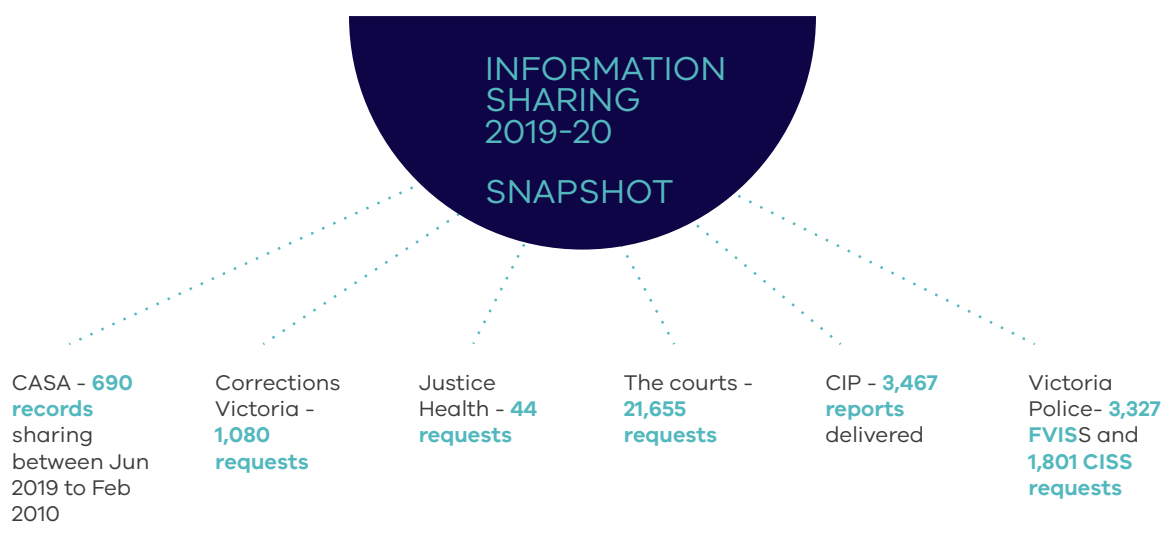
The animation demonstrates that different workforces have different considerations when sharing information, what these might be, and how they interact with the considerations and expectations that may exist in other workforces. It also shows the benefits to the client when information is shared.

VAADA is supporting government in developing tools specifically for AOD services that are aligned with MARAM. The tools are expected to be made available to all AOD services through VAADA and to other non-AOD workforces in a generic format.

Portfolio examples — information sharing

The importance of information sharing is reflected in MARAM responsibility 6. Information sharing between services was identified by the Royal Commission as essential for keeping a victim survivor safe and a perpetrator in view and accountable as part of collaborative practice.

The figure below highlights examples of information sharing taking place.¹⁶



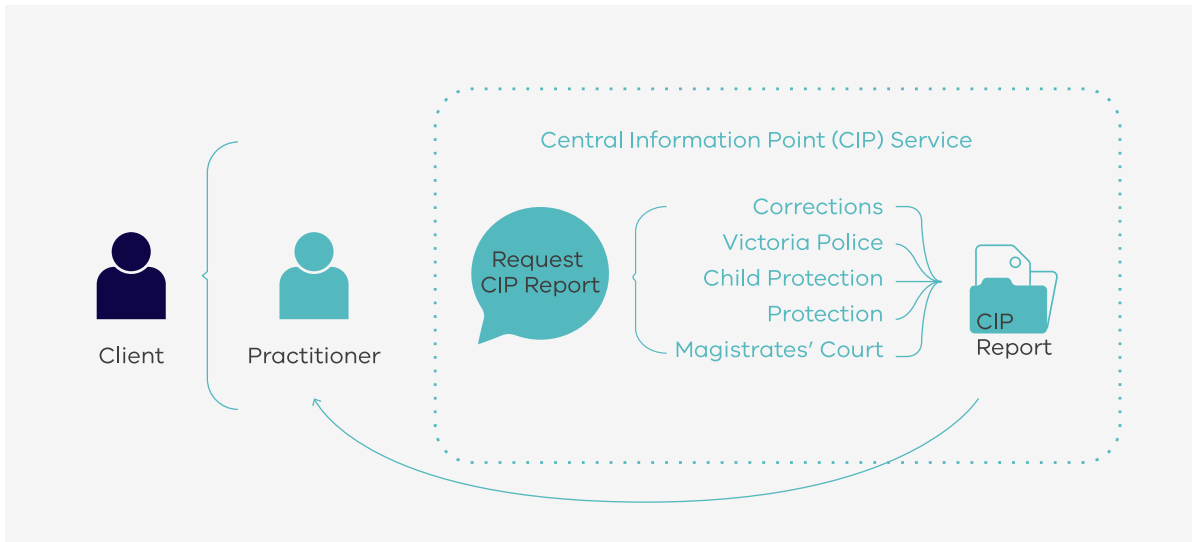
FSV, DHHS AND DJCS — THE CENTRAL INFORMATION POINT (CIP)

The CIP is a unique and targeted model of multiagency information sharing about perpetrators to inform risk assessment and management. CIP aligns with MARAM responsibility 6 (contribute to information sharing), responsibility 9 (contribute to coordinated risk management) and responsibility 10 (collaborate for ongoing risk assessment and risk management).

CIP brings together perpetrator information from Victoria Police, Courts MCV, Corrections Victoria and DHHS — specifically Child Protection.

The CIP reports continue to provide family violence practitioners with timely access to critical consolidated information to assess and manage risk posed by alleged perpetrators or perpetrators of family violence. CIP reports are currently available to The Orange Door and Berry Street.

¹⁶ Noting that there is no legal requirement for portfolios to specifically report on numbers of information shares that have taken place. Some portfolios are able to do so because of system capabilities. An absence of information sharing data for a department, portfolio or organisation does not indicate information sharing does not take place.



In 2019–20 the CIP delivered 3,467 reports.



CIP staff have attended tailored MARAM training which has helped to further develop their understanding and assessment of family violence risk factors in the data they review and share. On 27 March 2020, the CIP team relocated to work from home. As a CIP report is a collaborative process of pulling together the four data sets to indicate the level of risk from a perpetrator’s patterns of behaviour, systems have been modified to ensure that CIP staff can continue to work collaboratively to effectively share information complete the CIP report. This transition has meant that frontline practitioners continue to be supported to assess and manage risk of family violence.

In 2020–21, FSV has planned actions to support the ongoing implementation and alignment of the CIP to MARAM, including:

- aligning the CIP request form to MARAM risk factors
- enhancing collaborative risk assessment and management practice through system integration and enhancement, policy development and operational support.

CIP case study 1 — FSV, Child Protection

‘The victim survivor told me a few things that raised some flags for me and so I requested a CIP report. It was unbelievable what came back. Not only did he have a whole lot of prior offending, five years back, Child Protection made a case note when one of his kids from a previous relationship described, “Daddy having his hands around Mummy’s neck and hurting her”. Charges were never laid. But it was enough for us to know that he could be extremely dangerous — her life could be in imminent risk.”

CIP case study 2 — Victoria Police, Child Protection, FSV

‘A practitioner spoke of working with a client with limited English whom she identified as a victim survivor of family violence. The client had recently moved from one part of Victoria to another. She was originally identified by the new local police as a perpetrator of child abuse after her partner alleged that she had injured their child. The police and Child Protection excluded the client from the home. The practitioner requested a CIP report on the client’s partner. The CIP report showed that the client’s partner had been identified as a perpetrator of family violence by previous local police with multiple charges that dated back as far as seven years. The practitioner was able to use the information in the CIP report to confirm with police and Child Protection that her client was a victim survivor of family violence, including systematic abuse.’

FSV - RAMPS

RAMPS were an early example of multi-agency risk assessment, risk management and information sharing. The work of RAMP in this area informed the development of MARAM.

Since the introduction of MARAM and the information sharing reforms, I have seen a steady increase in the number of referrals to RAMP originating outside of the traditional referral sources of Victoria Police and specialist family violence services. This includes from services such as Mental Health, Alcohol and other Drugs and a range of other services. I attribute this increase to the introduction of MARAM and the information sharing schemes helping non-specialist family violence services identify and understand family violence risk’

RAMP Statewide Coordinator

The continued roll out of MARAM and further implementation of the information sharing schemes is intended to assist early identification of serious risk family violence offenders so that referrals to RAMP may continue to increase over time. In response to this, referrals to RAMP are now not solely based on the identification of a victim survivor’s risk but also the identification of perpetrators who are assessed as a serious threat to the safety of family members.

Ramp case study — DHHS, Victoria Police, FSV, Child Protection

An AOD worker carried out an intake assessment (aligned with MARAM) of a man in his early 20s. Several family violence serious risk factors were identified, including threats to harm his girlfriend, blaming her for his current life situation, including his current homelessness, police family violence assault charges and depression. He threatened to kill her then kill himself and spoke in detail about how he would achieve this.

The AOD worker attempted to contact the girlfriend, however the number the man provided was incorrect. The AOD worker then contacted the local police FVIU for advice on the case. As a result, police interviewed the perpetrator and contacted the local family violence RAMP coordinator to discuss the possibility of calling an emergency RAMP meeting, as they were unable to locate the victim survivor and were concerned for her safety.

The girlfriend was a previous client of a family violence service. Based on previous MARAM assessment from the family violence service and information provided by the AOD service on the current behaviour of the identified perpetrator, the RAMP coordinator called an emergency RAMP meeting.

At the emergency meeting Child Protection were able to provide current contact details for the victim survivor and a risk management action plan was implemented to address the immediate safety concerns.

FSV — CASA FORUM

In the April 2020 information sharing survey undertaken by CASA Forum, when asked whether ‘Information sharing reforms have led to improved outcomes for victim survivors’, 75 per cent of respondents stated yes.

Respondents commented that the Information Sharing Schemes provide ‘consistent processes’, ‘greater collaboration’, ‘shared understanding of assessing risk and risk management’, and that services are ‘more willing to share information’.

One respondent commented, ‘Information sharing has allowed staff to see the benefits to clients both therapeutically and in accessing

support and this has changed their view'. The increase in information sharing is evident:

- between **September 2018 and May 2019** — 25 information sharing records
- between **June 2019 and September 2019** — 330 information sharing records
- between **December 2019 and February 2020** — 360 information sharing records.

DJCS - CORRECTIONS AND JUSTICE SERVICE

A total of 1,599 requests for information have been received by Corrections Victoria since FVISS was implemented, including requests made to the Adult Parole Board. During the 2019–20, financial year Corrections Victoria received 1,080 requests and shared information a total of 1,051 times.

An information sharing factsheet is available for all Corrections Victoria staff outlining the types of information that can be shared under relevant legislation, who the information can be shared with and in what situations. This is in addition to nine one-pager family violence information sheets, developed by DJCS that detail what information key business areas can share, what information they have and what information is commonly beneficial to each business unit.

DJCS — JUSTICE HEALTH

Justice Health has clear protocols for information sharing under both the FVISS and CISS. These practices are embedded into ongoing business operations. Justice Health has a dedicated Assessment and Support Officer who oversees the release of information under the FVISS and CISS and liaises with other ISEs.

A review of information-sharing practices under both FVISS and CISS has been undertaken to ensure procedures are operating effectively and efficiently, and that any roadblocks are addressed to ensure the smooth and timely sharing of risk relevant information. A feedback process has been established with requestors of information under the FVISS and CISS; feedback to date has been limited but positive.

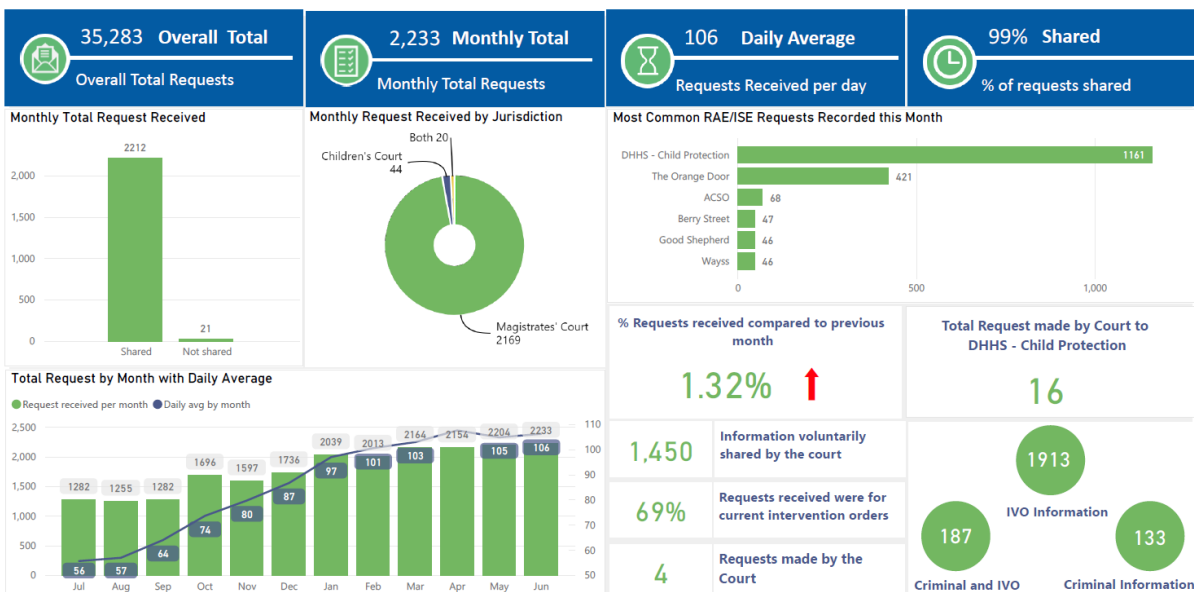
In the 2019–20 financial year, Justice Health received a total of 44 requests for information; 27 of these under the FVISS, four under the CISS, and 13 under both schemes. Justice Health declined one request as the requestor was not an authorised ISE. A further 17 requests were redirected to other agencies.

THE COURTS

The courts continue to receive monthly record-breaking requests and have not yet experienced a plateau in the number of requests received. To manage the high volume of requests and improve efficiency, the courts have put in place improvements in the FVISS data storage and reporting process.

Family Violence Information Sharing

FY Year: FY 2020
Month: Jun



Case study — DHHS and the courts

DHHS Child Protection made a request under FVISS for a copy of an intervention order to support a family violence risk assessment. The courts' central information sharing team advised the current order had not been served on the respondent. Upon further investigation, DHHS established that the respondent had been served with an older intervention order (IVO) but not the current IVO. The central information sharing team then contacted the relevant Magistrates' Court registry and provided them with the updated respondent information to enable the respondent to be served with the new order with the new date. The current address for the respondent was requested from DHHS Child Protection. The respondent was subsequently served with the current intervention order at the address provided by DHHS. The victim survivor now had the correct protection, and the respondent was served with the current intervention order.

Assessment of MARAM progress

As identified above, the complexity of the reforms and the change management required to drive consistent and collaborative practice is reliant on a set of centralised tools and resources which are then tailored by departments, sector peaks and organisations to suit workforces.

The MARAM reforms have involved a strongly consultative approach across government and expert groups in the development of resources, including the supporting practice guidance.

As can be seen in the examples provided of MARAM alignment, there continues to be a significant focus on the preparation of resources and updating of policies, procedures, practice guidance and tools and ensuring these are suitably tailored to workforces. These steps are essential to support building a shared understanding as well with organisational leadership as to what MARAM alignment means for the particular organisation and workforce/s. Additionally, alignment is likely to benefit from the authorising environment being extended from legislation only into more direct links with organisations via departments.

'The embedment of MARAM responsibilities into legislation has provided an authorising environment, however, stronger links are required between funding and service agreements and evaluation'

Statewide Family Violence Integration Advisor Committee Member

One of the objectives of the MARAM Framework is to provide guidance on how to align to ensure consistent service delivery. The examples in this chapter illustrate that in the past year significant steps have been taken across portfolios to develop the foundational resources required to achieve this outcome. The case studies demonstrate early successes of the MARAM reforms in creating a consistent and collaborative practice.

Future assessment of progress will be measured via increased information sharing, increased reporting from use of online TRAM, and where MARAM tools are embedded (such as within SHIP) and completion of Monitoring and Evaluation Framework Annual Organisational Survey.

3. BUILD WORKFORCE AND STAFF CAPABILITY

Successful implementation of the reforms requires practitioners to be appropriately trained in their MARAM and information sharing responsibilities. This is a significant task. Phase 1 prescribed approximately 37,500 professionals across 850 organisations. Phase 2 will likely prescribe up to 370,000 professionals in 5,850 organisations.

All face to face training delivery was disrupted in March 2020 owing to the outbreak of the COVID-19 pandemic and associated public health restrictions. Some services were able to pivot training to online prior to the end of the reporting period, but annual numbers trained are lower than previously anticipated as a result of these unforeseen circumstances.

Highlights

- 18,671 workers have been trained in MARAM, FVISS or CISS across all platforms (as at June 2020)
- Two-thirds of participants in the Leading Alignment post-training survey rated the overall module as high or very high
- In the Victims Services, Support and Reform portfolio 90 per cent of Victim Support Officers have received in-house MARAM and new L17 training and 75 per cent Foundational Family Violence Training by the Office of the Family Violence Principal Practitioner

FSV — REFORM LEAD

FSV is pursuing a multipronged approach to the delivery of MARAM family violence training.

Non-accredited MARAM training

Non-accredited training has been centrally developed to cover all MARAM responsibilities through the following MARAM training modules:

- **MARAM Screening and Identification** for professionals of prescribed organisations who may identify family violence is occurring and who engage with people in a one-off episodic or ongoing service

environment and are able to identify or screen for family violence

- **MARAM Brief and Intermediate** for professionals whose purpose of intervention is linked to family violence but not directly focused on family violence
- **MARAM Comprehensive Family Violence Risk Assessment and Management (Comprehensive)** for professionals specialising in family violence who are newer to the field and/or those who have not completed specialist Family Violence Common Risk Assessment and Risk Management Framework (CRAF¹⁷) (level 3) training
- **MARAM Comprehensive Family Violence Risk Assessment and Management (Renewing Practice)** for experienced professionals specialising in family violence who have previously completed specialist CRAF (level 3) training
- **MARAM Leading Alignment** for leaders and organisational managers to understand what is required under the MARAM Framework to demonstrate organisational alignment. It is multisector training and supports shared learnings across workforces with respect to alignment and implementation of MARAM.
- **MARAM Collaborative Practice** designed for workforces from all prescribed organisations who are not specialist family violence professionals. It is the successor for Identifying Family Violence training which was based on CRAF.

The non-accredited comprehensive modules and Leading Alignment continue to be provided by the Domestic Violence Resource Centre Victoria (DVRCV) to specialist family violence advisors. The non-accredited Screening and Identification and Brief and Intermediate modules have been provided to departments to be tailored for their workforces, and to complement their own training strategies. The MARAM collaborative practice module is being delivered by Regional Principal Strategic Advisors (PSAs) and is available to all workforces.

17 MARAM was previously known as the common risk assessment framework (CRAF).

During the year 2019–20:

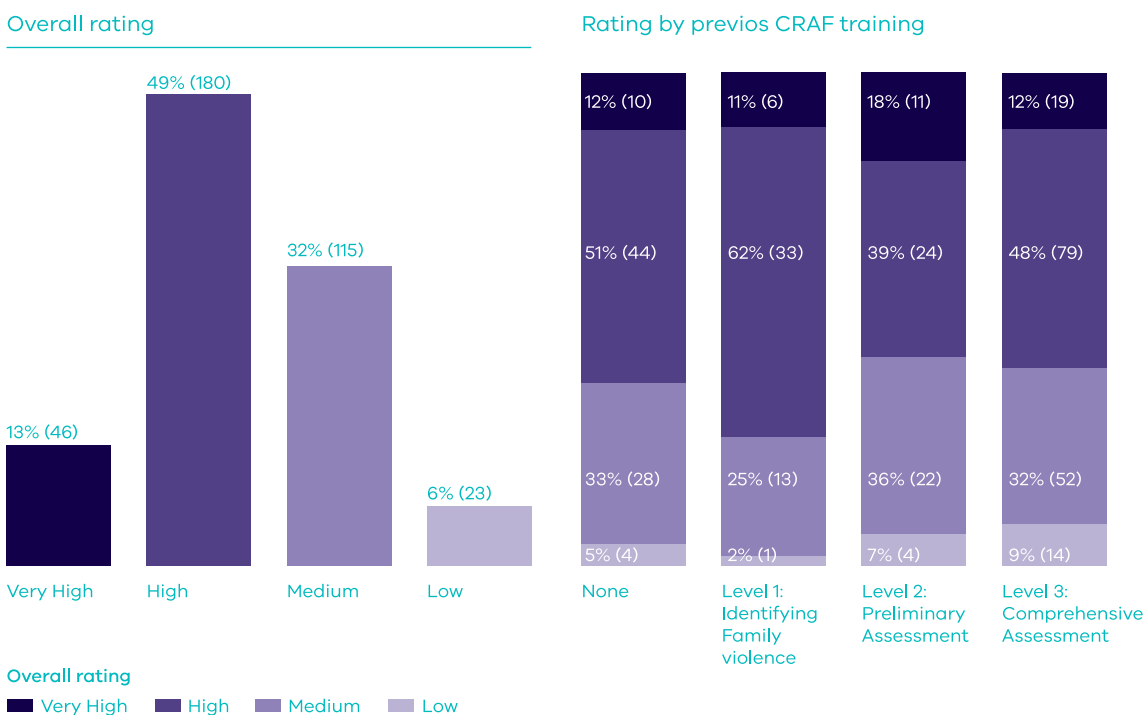
- 256 organisational leaders attended Leading Alignment¹⁸
- 1,705 specialist family violence workers attended comprehensive training¹⁹
- 1,416 attendees of MARAM collaborative practice.²⁰

Attendees of the Leading Alignment and Comprehensive Training modules are asked to complete a survey before and after the training.

Leading Alignment

The post-Leading Alignment survey indicates that almost two-thirds of participants in Leading Alignment training rated the overall module as high or very high. These ratings were influenced by the amount of prior family violence knowledge, with higher ratings being correlated with participants who had completed no or Level 1 CRAF training.²¹

Participant ratings for Leading Alignment training overall and by the level of previously completed CRAF training (n = 364)



Source of data: Cube Group 2020, Process evaluation of the MARAM reforms: final report, 26 June.

This shows that a majority felt they had a high or very high understanding of all minimum learning objectives associated with Leading Alignment training, and thus a majority of Leading Alignment participants should be well equipped to support organisational alignment. However, the results

¹⁸ Between July 2019 to March 2020.

¹⁹ Between September 2019 to March 2020.

²⁰ Between October 2019 to March 2020 and June 2020.

²¹ Of respondents who answered this question, 86 had not previously completed CRAF training, 53 had completed Level 1 CRAF, 61 Level 2 CRAF and 164 Level 3 CRAF.

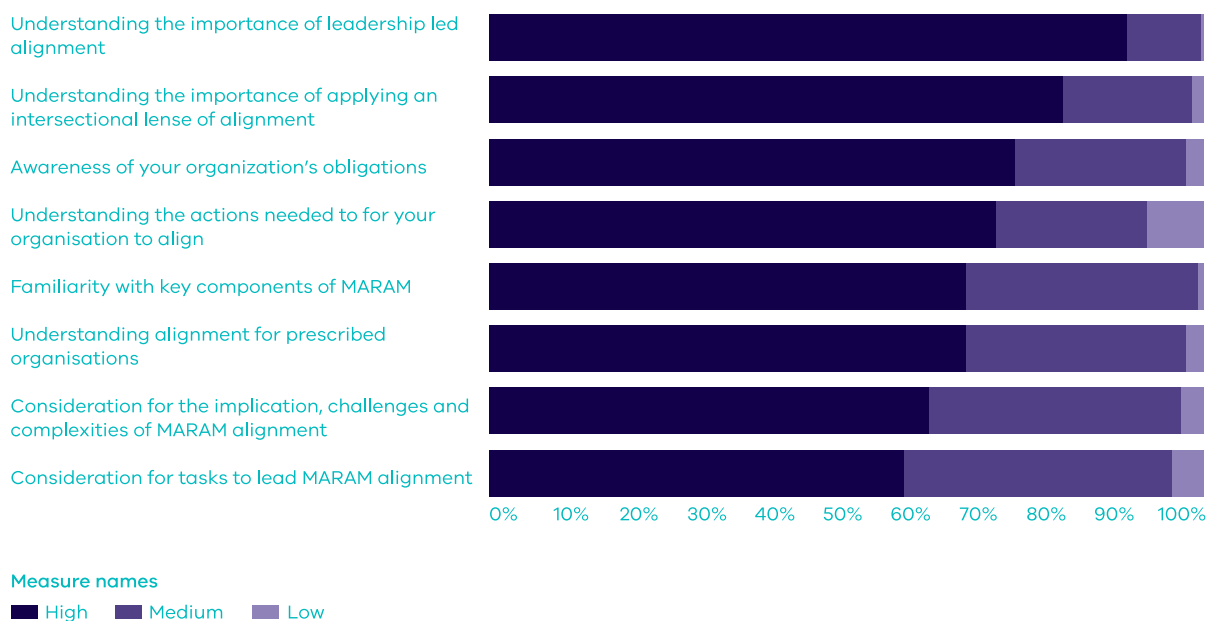
indicated the training may have lacked enough guidance on the practical steps that organisations should take to align. This is demonstrated by the following ratings:

- While 71 per cent of respondents felt they highly understood the actions needed for their organisation to align, 21 per cent rated themselves as having a medium understanding and 8 per cent rated themselves as having a low or very low understanding after training.
- 42 per cent of participants rated their consideration for tasks to lead MARAM alignment as medium or low after training.

This has now been addressed through the development of organisational embedding resources and the organisational self-audit tool. Leading Alignment training delivered online from September 2020 will include activities and training linked to the OEG.

Ratings of knowledge across the minimum learning objectives after completing Leading Alignment training

Note the high category includes answers for 'high' and 'very high' and the low category includes answers for 'very low' and 'low'.

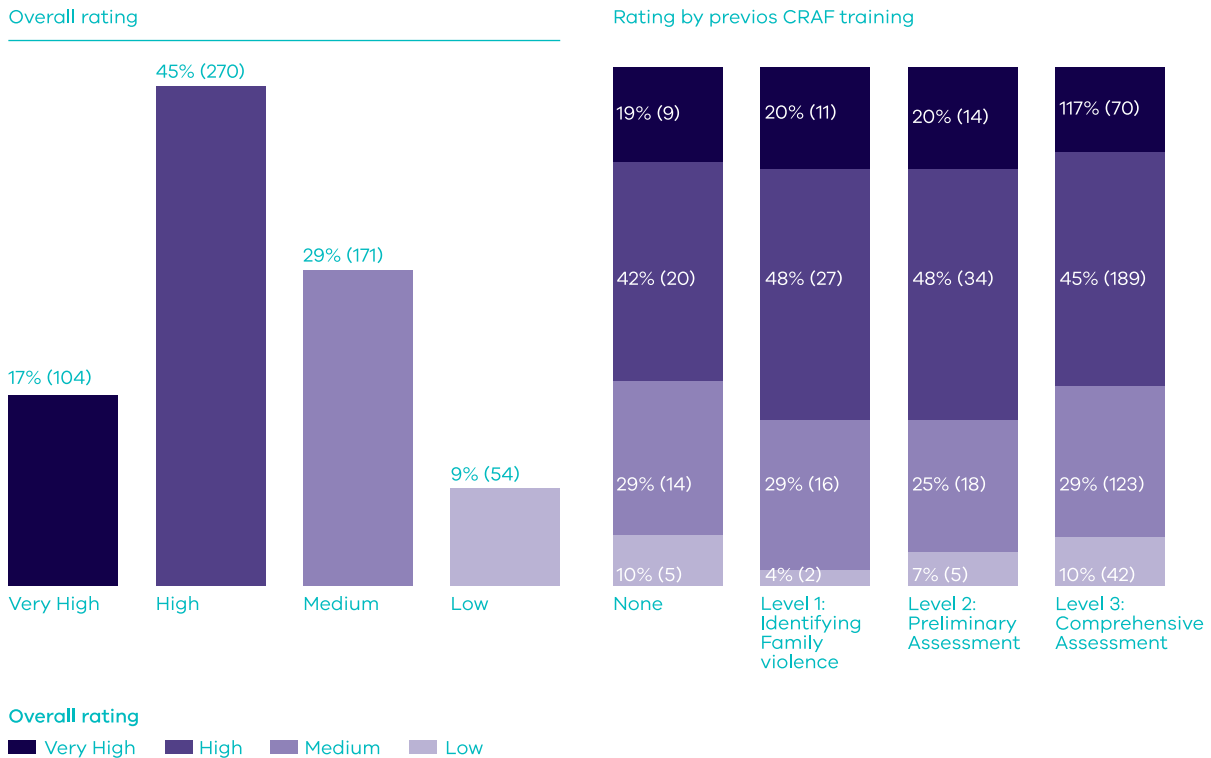


Source: *Cube Group 2020, Process evaluation of the MARAM reforms, final report, 26 June.*

Comprehensive Renewing Practice

The Renewing Practice post-training survey found that 62 per cent of respondents rated the training as 'very high' or 'high'. Participants who had previously completed either Level 1 or 2 CRAF training rated it higher than those who had not completed any CRAF training or Level 3 training.²²

Participant ratings for Renewing Practice training overall and by the level of previously completed CRAF training (n = 599)



Source: Cube Group 2020, Process evaluation of the MARAM reforms: final report, 26 June.

After training, respondents rated themselves highest on their:

- ability to identify and assess family violence risk using MARAM (84 per cent rating of 'very high' or 'high')
- to apply intersectional analysis to an assessment of family violence risk (82 per cent)
- awareness of their professional responsibilities under MARAM (81 per cent).

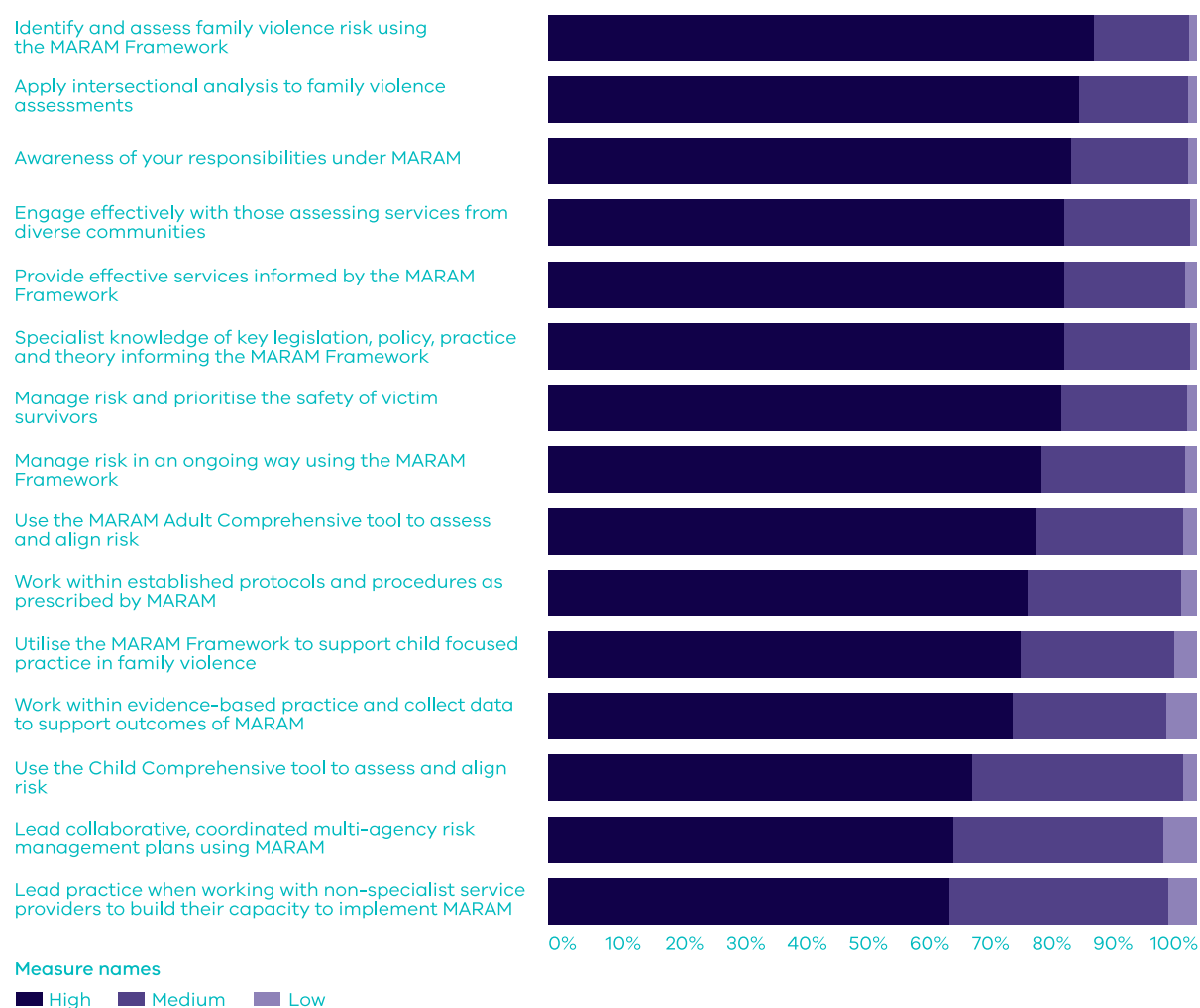
Post-training, participants felt they were least able to:

- lead collaborative, coordinated multiagency risk management plans, with more than one-third (37 per cent) rating their ability as medium or low
- lead practice when working with non-specialist service providers, with 38 per cent rating their ability as medium or low.

²² Of respondents who answered this question, 48 had not previously completed CRAF training, 56 had completed Level 1 CRAF, 71 Level 2 CRAF and 424 Level 3 CRAF.

Ratings of knowledge/ability across the minimum learning objectives after completing Renewing Practice training

Note the high category includes answers for 'high' and 'very high' and the low category includes answers for 'very low' and 'low'.



Source: Cube Group 2020, Process evaluation of the MARAM reforms: final report, 26 June.

MARAM ACCREDITED TRAINING

As identified in the first MARAM annual report, it is essential for long-term success that MARAM is built into pre-service qualifications for professionals who work within prescribed organisations. FSV has continued to work with DET to develop new accredited family violence training which is MARAM aligned. The 2021 Skills First contract strongly encourages training providers to import the existing unit VU22733: 'Identify and provide initial response to family violence risk' as an elective in all community services training courses to build family violence literacy.

The first unit (22510VIC Course in Identifying and Responding to Family Violence Risk) was accredited by the Victorian Registration and Qualification Authority (VRQA) in April 2019. The course is consistent with non-accredited MARAM Screening and Identification training; it covers family violence foundational knowledge and is available to all workforces regardless of

MARAM prescription. This approach provides an opportunity for family violence and MARAM to both be directed towards existing workforces and to be part of pre-service training for a wide range of workforces as the units can be imported into a range of other training courses. Exemptions to some of the eligibility criteria for a government-subsidised training place at a Skills First²³ contracted provider will provide training places with either low or no tuition fees to a broad range of people, including those with other existing qualifications.

Building on from the first unit (22510VIC Course in Identifying and Responding to Family Violence Risk), the Course in Intermediate Risk Assessment and Management of Family Violence Risk (22561VIC) was accredited by the Victorian Registration and Qualifications Authority in July 2020. This course:

- is consistent with MARAM brief and intermediate risk assessment and management
- contains two units — the first being the unit from 22510VIC and the second being a new unit focusing on MARAM responsibilities 3 and 4, including perpetrators and adolescents using family violence, requiring adherence with the yet to be released MARAM perpetrator practice guidance.

Course resources and assessments are in the process of being developed, with delivery of the second course scheduled to commence from early 2021. This means that the course will be available for any Phase 1 workforces not yet trained who wish to access the accredited course, and any Phase 2 workforces being prescribed in 2021. It will also be available to relevant workforces beyond those prescribed under MARAM. A number of training organisations are undertaking the necessary professional development to prepare for the delivery of this and other accredited training courses. A family violence professional development program is being delivered by the Vocational Education and Training (VET) Development Centre. Demand for training has been strong.

The scope for a course in Comprehensive Risk Assessment and Management of Family Violence will be developed in late 2020, which will then be tested with key family violence peak bodies, other experts and industry representatives. This course will be consistent with MARAM comprehensive risk assessment

and management and participants are to be limited to learners who hold relevant qualifications to be a specialist family violence practitioner. It will also have a strong focus on Aboriginal cultural safety. Delivery is anticipated from mid-2021.

FSV is currently working with DET to deliver a communications plan to encourage uptake of accredited units (when available) and to support understanding of how non-accredited and accredited training complement each other.

To support the rollout of accredited training, DET is collaborating with FSV to plan the development of a best practice education model for family violence accredited training to underpin the future delivery from the TAFE setting. The best practice model will support family violence trainers to be appropriately skilled to deliver safe, high-impact, and expert-led accredited training across Victoria. This will apply to both current trainers and measures to be implemented to increase the numbers of trainers to grow the supply of training places. Development of the best practice model will commence in late 2020. In the interim, professional development for family violence trainers is and will continue to be available through the VET Development Centre.

DJCS

Portfolios within DJCS have continued a strong focus on training across the workforce. This includes training existing workforces in foundational family violence knowledge to increase a shared understanding and updating introductory training, tailored and specific training on MARAM responsibilities and use of tools such as information sharing and where appropriate more specialised training to promote continuous improvement (such as Victim Services, Support and Reform engage in predominant aggressor training).²⁴

Highlights include:

- 90 per cent of current Victim Support Officers from Victims of Crime Helpline have undertaken inhouse MARAM and new L17 training
- 75 per cent of current Victim Support Officers from Victims of Crime Helpline have undertaken external MARAM training including leading alignment

²³ Skills First is a set of reforms for the training and TAFE sector. The reforms ensure that Victoria's training and TAFE system delivers high-quality training that leads learners to real jobs.

²⁴ Noting face to face training ceased owing to the coronavirus (COVID-19) pandemic with training pivoting to online modules.

The Courts

The courts have partnered with the DVRCV to deliver training to the comprehensive workforce and online delivery has commenced. Alongside comprehensive MARAM training, the courts are facilitating a FVISS “professional development blitz” by promoting Whole of Government eLearning modules to be accompanied by in-house webinars to contextualize the FVISS to the court’s operating environment.

The courts are developing further MARAM training materials and are planning to embed MARAM training into existing court processes.

This will include training modules for

- operational leaders, to help them effectively support frontline staff to apply the MARAM Framework
- human resources, to help them support staff who are experiencing family violence.

The courts will embed MARAM training into the Trainee Court Registrar program and orientation for all new starters and training for Court Network volunteers and will engage with the Judicial College of Victoria to implement training for the judiciary.

Court Network has aligned existing volunteer training with the MARAM Framework. One hundred and fifty volunteers have completed this revised training.

Case study: the courts, SFVS, legal services

A registrar from the Magistrates’ Court of Victoria referred a woman from a culturally and linguistically diverse background who presented as anxious to a Court Network volunteer. The woman was at court for a police-initiated family violence matter. The volunteer was able to facilitate access to a quiet room to talk to the woman about her immediate concerns and complete a screening MARAM assessment via an interpreter. The assessment indicated that family violence was occurring, and that an immediate response was required. The volunteer facilitated a warm referral to a legal service and specialist family violence service that supported the woman to access a high security refuge.

Koori Justice Unit (KJU)

All relevant Koori Women’s Place²⁵ staff members have attended available MARAM and FVISS training, as have the majority of Ngarra Jarranounith Place²⁶ staff members. Djirra and Dardi Munwurro are external service providers that provide ongoing activities to lift staff knowledge and capability in relation to the identification, assessment and management of family violence risk through MARAM, and how to share risk-relevant information to keep victim survivors safe and people who use family violence in view.

KJU will continue to promote cultural safety to mainstream organisations working with Aboriginal and Torres Strait Islander people to enhance working relationships, improve information sharing and provisions for secondary consultations.

Victoria Police

Training for Victoria Police is managed through the People Development Command. To ensure consistency in the application of the Family Violence Response Model mandatory force-wide training is required in family violence — as at June 2020, 83 per cent of Victoria Police’s operational workforce (up to the rank of superintendent) have completed the training. Additionally, the Centre of Learning for Family Violence has developed a FVISS and CISS training package for all Victoria Police employees.

Relevant Victoria Police staff attended MARAM Leading Alignment training and MARAM Framework training to ensure alignment to the framework when operationalising it through deployment of the Family Violence Response Model, which includes the FVR.

MARAM training has been continually delivered to new recruits throughout the COVID-19 pandemic.

DHHS

Information sharing and introduction to MARAM training

In 2019, DHHS developed and delivered statewide face-to-face cross-sector training

²⁵ The Koori Women’s Place is a program of Djirra and is an extension of Djirra’s work and commitment to supporting Aboriginal women’s safety and wellbeing

²⁶ Ngarra Jarranounith Place builds on the vision and vast experience of Dardi Munwurro — Strong Spirit, to provide programs that build stronger families and safer communities. Ngarra Jarranounith Place translates to Men’s Healing Place in Woi Wurung language. The program is designed to support men who use or are at risk of using family violence to make positive changes in their lives.

on the CIS and FVISS, which was available to all Phase 1 DHHS and DHHS-funded workforces. This training aimed to:

- develop an understanding of the CISS and FVISS (Pillars 1 and 2)
- foster a shared understanding of family violence (Pillar 1)
- promote consistent and collaborative practice (Pillar 2)
- provide an introduction to MARAM.

The face-to-face information sharing training was attended by DHHS and DHHS-funded workforces, including Child Protection practitioners, AOD workers, and Homelessness practitioners.

In late 2019, this face-to-face training was converted to a tailored eLearn for the MCH workforce, which uses sector-specific examples to bring practice implications for MCH practitioners to the fore.

MARAM training

DHHS tailored the Screening and Identification and Brief and Intermediate training for delivery to its Phase 1 workforces. Some face to face training was delivered in February and March 2020 before the impact of the COVID-19 pandemic. The training was urgently converted to online interactive webinars and delivered from May 2020.

Using Sector Grant funding and additional funding from DHHS, VACCA and the CECFW delivered MARAM Screening and Identification and Brief and Intermediate interactive webinar training to VACCA staff in July and August 2020.

DHHS is developing tailored MARAM eLearn packages for practitioners who align to Screening and Identification and Brief and Intermediate. The eLearn modules will be made available to existing Phase 1 workforces and to prepare Phase 2 workforces.

The eLearn packages will include foundational modules on MARAM and information sharing and will enable practitioners to build on their learning through tailored content, interactive learning and case studies.

Housing

The new Housing operating model will align with MARAM and include relevant MARAM responsibilities. As the changes to the Housing workforce are anticipated to commence in late 2020, the roll-out of MARAM Screening and Identification training, specific for the Housing workforce VPS 4–6, is expected to commence in

early 2021 in preparation for commencement of the new Housing operating model.

Child Protection

MARAM training specifically for the Child Protection sector was developed and due to be delivered throughout April to June 2020, but could not proceed due to COVID-19. The modules are being converted into a three-stage online training program for the 2020–21 financial year.

- Stage 1 is an introduction to the MARAM Framework, responsibilities, and the tools which practitioners are required to use in Child Protection. After completion of Stage 1, practitioners receive a weekly MARAM newsletter prompting ongoing self-reflection, supervision tasks, case studies, practice skills and key messages from partners, management and leadership.
- Stage 2 takes the practitioner into a deeper understanding of effective engagement, evidence-based risk factors, trauma and use of the Family Violence Screening and Risk Assessment.
- Stage 3 builds on the practitioner's understanding of risk management by working collaboratively with the victim survivor, holding the perpetrator accountable and engaging effectively with the service sector to achieve best outcomes.

As well as more traditional training, Child Protection workforces have additional learning methods to help build capability. MARAM is an ongoing professional development tool distributed to Child Protection on a weekly basis after they complete their MARAM in Child Protection Stage 1 training. The MARAM builds on the foundational knowledge delivered in Stage 1 training and continues the practitioner's journey of alignment with MARAM practice.

Between 17 April 2020 and 30 June 2020, DHHS delivered a 20-minute weekly Discussion Series online live sessions to the Child Protection workforce. These sessions will continue to be delivered during 2020–21 on a fortnightly basis for half an hour. All Child Protection practitioners in the state are invited to attend. On 1 May 2020, the Discussion Series focused on Family Violence Practice during COVID-19. Throughout July, August and September 2020, topics will be focused on family violence including the impact of family violence on the child, perpetrator accountability and information sharing. An average of 250 practitioners attend each live session.

Census of workforces that intersect with family violence

The Royal Commission into Family Violence highlighted the lack of detailed knowledge and essential workforce data about family violence in Victoria. Under the *Industry Plan*, a workforce Census will be conducted every two years, which will inform workforce planning and improvements for workforces that intersect with family violence.

The Census collects data across a wide range of workforces including:

- specialist family violence
- primary prevention
- services across the community services, health, justice, and education and training sector.

The Censuses led by FSV in partnership with peak bodies and member agencies in the family violence sector. The first Census was conducted in 2017 prior to the release of the MARAM Framework, and the second Census was conducted in late 2019 and early 2020.

The overarching aim of the 2019-20 Census was to assist in deepening understanding of a range of workforce issues, and to continue to build the evidence base to inform ongoing workforce capability development in responding to family violence, and broader Industry Planning.

The Census found that workers from a range of organisations prescribed to align with MARAM:



92%

of respondents within the specialist family violence response workforce indicated that they had heard of the MARAM framework,²⁷ and of these



81%

understood that the organisation that they currently worked for was prescribed to align with the MARAM framework²⁸

Source: 2019–20 Census of workforces that intersect with family violence

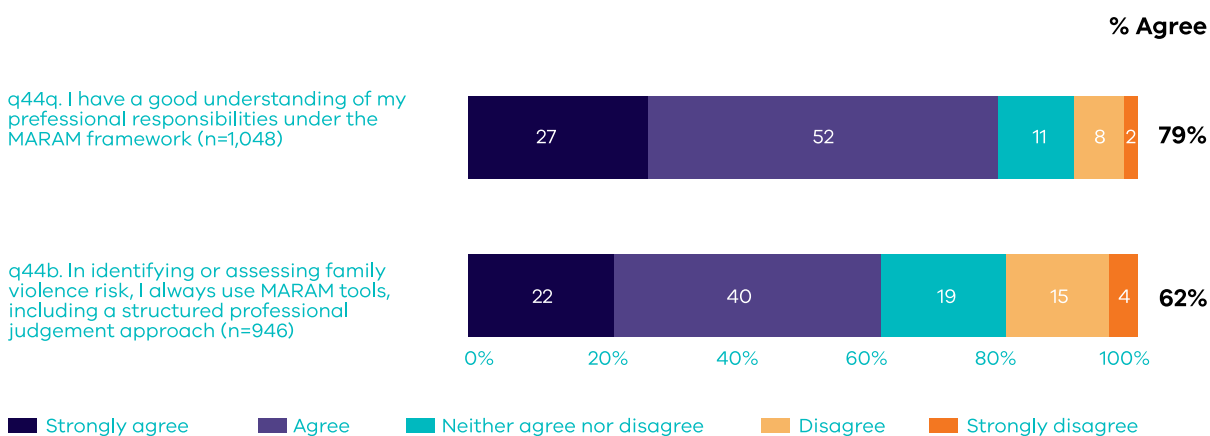
²⁷ Q42: Before today, had you heard of the Multi-Agency Risk Assessment and Management (MARAM) framework? (n = 1,482)

²⁸ Q43: Is the organisation that you work for in your current role prescribed to align with the Multi-Agency Risk Assessment and Management (MARAM) framework? (n = 1,356)

Of those who worked for organisations prescribed to align with the MARAM framework (representing a broad range of workforces), understanding of one's professional responsibilities under the framework was widespread (79 per cent). Additionally, a majority (62 per cent) consistently used MARAM tools (including a structured professional judgement approach) in identifying or assessing family violence risk.

Understanding of MARAM responsibilities and use of MARAM tools

Base: Respondents working for organisations prescribed to align with the MARAM framework



Q44. it is understood that not all MARAM tools have been released to date. however, please answer the following in relation to identifying risk for victim survivors by indicating the extent to which you agree or disagree with the following.

Source: 2019-20 Census of workforces that intersect with family violence

Key results across all organisation types on confidence, understanding of MARAM responsibilities, use of MARAM tools and understanding of information sharing responsibilities are shown below. It will be noted there is a variance in confidence levels and understanding, as well as use of tools. Some services are in Phase 1 of prescription and some in Phase 2 (that is, hospitals, community health, education sector) and progress can most appropriately be assessed with future reports as the reforms continue to roll out and MARAM maturity increases.

Key results by organisation type²⁹

Organisation type	Confidence in level of training and experience (% confident at Q37)	Understanding of responsibilities under MARAM (% agree at Q44a)	Usage of MARAM tools (% agree at Q44b)	Understanding of information sharing responsibilities (% good at Q46)
Overall workforce (n = 946–1,486)*	61%	79%	62%	81%
Specialist family violence victim survivor services (n = 448–570)	72%	82%	64%	87%
Specialist family violence perpetrator services / men's behaviour change (n = 142–190)	59%	86%	65%	86%
Aboriginal community-controlled organisation (n = 27–36)	58%	96%	74%	85%
Alcohol or other drug services (n = 33–40)	45%	76%	58%	85%
Victims assistance (n = 26–38)	53%	67%	58%	71%
Peak body (n = 13–46)	57%	87%	62%	65%
Women's health (n = 13--36)	61%	78%	54%	66%
Child protection (n = 9–14)	79%	91%	^	93%
Community health (n = 70–108)	50%	80%	64%	79%
Courts and court services (n = 50–84)	57%	63%	32%	80%
Family safety contact (n = 31–37)	70%	84%	65%	88%
Hospital (n = 24–70)	59%	57%	38%	66%
Housing / social housing / homelessness (n = 38–53)	58%	79%	50%	73%
Legal services (n = 16–110)	55%	75%	50%	65%
LGBTIQ services (n = 13–23)	61%	86%	85%	86%
Mental Health services (n = 27–42)	52%	67%	48%	70%
Multicultural or settlement services (n = 10–16)	31%	80%	70%	64%
Older people (including elder abuse) services (n = 5–15)	60%	^	^	75%
Education and training provider (family violence) (n = 16–38)	71%	78%	69%	75%
Sexual assault services (n = 55–72)	57%	81%	55%	80%
Regional integration (n = 8–13)	77%	82%	^	90%

*n = indicates the range of the sample sizes across the four key questions.

^Result suppressed due to low sample size (n < 10).

Source: 2019–20 Census of workforces that intersect with family violence

²⁹ It should be noted that some of the organisations listed are Phase 2 and not yet prescribed for MARAM which would impact anticipated knowledge of the reforms.

Of note, those who worked in The Orange Door reported a greater use of MARAM tools and information sharing which would be expected with the links to CIP reports and the early adoption of TRAM.



80%

of respondents within The Orange Door reported substantially higher usage of MARAM tools in identifying or assessing family violence risk, compared to those who did not work in the Orange Door (80% versus 59% of non The Orange Door respondents)



94%

of respondents within The Orange Door reported considerably higher understanding of information sharing responsibilities (94% versus 80% of non The Orange Door respondents)

Source: 2019–20 Census of workforces that intersect with family violence

The Census was undertaken between November 2019 and February 2020, after the prescription of Phase 1 organisations. It is positive to note that there is already a strong understanding of MARAM responsibilities and information sharing, most notably among Phase 1 organisations but also in Phase 2 organisations that are not yet prescribed. Services that adopted the MARAM tools at an early stage, such as The Orange Door, are reporting a substantially higher use of MARAM tools and this is a trend it is hoped will continue as more and more services adopt and embed MARAM tools.

The Census will be undertaken every two years and in the annual report to be tabled in 2023 will be able to provide data around the impact of MARAM alignment and progress made upon workforces responding to family violence.

Assessment of MARAM progress

It will take time to raise the capability of an estimated 370,000 workers and to increase confidence levels and reduce barriers. The MARAM evaluation recommended that all departments undertake a training needs analysis as anticipated by the Whole of Government change management strategy where not already undertaken to help inform prioritisation of future training.³⁰

The effectiveness of online modules being developed and delivered due to COVID-19 will also need to be reviewed and evaluated as training options progress, particularly for Phase 2 workforces where attendance at full training days may be more difficult. Online training provides an opportunity to reach workforces on a wider basis.

All departments are conscious of the need to provide training and many planned training delivery sessions were put on hold due to COVID-19. However, this has produced an opportunity to pivot training to an online mode of delivery which may increase accessibility whilst many are working from home and services reduced, as well as assist Phase 2 workforces and it is hoped that future annual reports will demonstrate a marked increase in available training.

Prior to the current COVID-19 pandemic, workforces were having issues attending MARAM training as the demand was higher than the training could accommodate. The recent innovation of MARAM training moving online presents an opportunity for accessibility issues to be addressed.

Peak Body

The development of accredited training and embedding into pre-service qualifications also enables an opportunity for Phase 2 workforces to utilise a greater array of training options, with FSV brokering between TAFEs and organisations to ensure accredited training is tailored and delivered conveniently where demand requires it.

Whole of Government training products have been developed and delivered as the reforms have progressed. To continue to develop skills and practice knowledge for staff, future training solutions that are tailored to workforces are required. Learning systems need to be implemented across workforces that allow current and future staff to continue to develop their practice, relevant to the functions of their role.

This may include resources and strategies such as: online modules, scenario-based modules and induction materials that encourage alignment to MARAM and enable the appropriate and timely sharing of information. Furthermore, departments and sector peaks should also identify other opportunities to develop staff capabilities that may complement training, such as the Child Protection Practice Discussion series discussed above.

The Census was undertaken in 2019 between November 2019 and February 2020 months after the prescription of Phase 1 organisations.

It is positive to note that there is already a strong understanding of MARAM responsibilities and information sharing, most notably amongst Phase 1 organisations but also in Phase 2 organisations that are not yet prescribed. Services that adopted the MARAM tools at an early stage, such as The Orange Door, are reporting a substantially higher use of MARAM tools and this is a trend it is hoped will continue as more and more services adopt and embed MARAM tools.

³⁰ Cube Group 2020, *Process evaluation of the MARAM reforms, final report*, 26 June, p. 127.

4. REINFORCE GOOD PRACTICE AND COMMITMENT TO CONTINUOUS IMPROVEMENT

As the information sharing schemes have rolled out and organisations align with MARAM, opportunities to share key lessons on what has and has not worked in practice is integral to the continued improvement of service systems.

Mechanisms to encourage the sharing of these lessons through feedback loops both within workforces, and across sectors have assisted in the refinement of practice, and present opportunities for continued learning and development beyond formal training. This knowledge has been gleaned from several mechanisms such as efforts to support workforces through sector peaks (for example communities of practice), as well as formal evaluations.

Early evaluation of the implementation of the MARAM reforms

In March 2019, FSV commissioned Cube Group to develop a M&E Framework for MARAM and to conduct an early implementation evaluation.

In June 2020, Cube Group provided the final report of the early implementation evaluation. The evaluation finds that MARAM is a complex and extensive program of work that is foundational to the Victorian family violence reforms. The report notes that, while considerable progress has been made in the development of MARAM, there is a need for a renewed approach to implementation in several areas.

The evaluation makes 35 recommendations (summarised below) to improve the implementation of MARAM in the areas of design of the reforms, delivery, governance, accountability, change management and capability development.

- **Design of the MARAM reforms:** Significant progress has been made in addressing the weaknesses identified by the Royal Commission, but further attention is needed to develop sector-specific guides on MARAM and to provide more concise guidance materials on MARAM responsibilities.

- **Delivery:** Greater oversight from governance bodies is needed and a clearer process for managing delays.
- **Governance:** Whole of Government roles in delivery need to be re-set to affirm current responsibilities for development of materials and tailoring to particular workforces. Each sector needs a central governance coordination team with good family violence expertise for at least the next three years.
- **Accountability:** While the legislative obligation to align to MARAM and the Ministerial reporting process aim to provide accountability for MARAM implementation, there are no specific indicators or expectations for Framework organisations to determine if they are meeting their obligations. More specific guidance should be provided to organisations via a maturity model. Consistent indicators should be provided in Ministerial reports via an annual survey of framework organisations.
- **Change management:** Funding for change management to departments and sector grant recipients should be linked to delivery of change management plans and agencies should be given more autonomy to lead implementation for their unique operational contexts.
- **Capability development:** A more sustainable plan for training large numbers of workers needs to be developed and improvements should be made to the content of current MARAM training modules. Face to face training should be prioritised for workforces with lower family violence literacy. Practice leadership roles in non-specialist agencies should be explored as another method to increase workforce capability.

FSV is working with other departments and agencies on a plan to implement the recommendations of the evaluation.

The recommendations of the Cube Group interim report will continue to serve as a useful focus on future alignment initiatives, against which progress will likely be measured in the five-year evaluation

Two-year review of the family violence information sharing legislative scheme

The Royal Commission found that effective and appropriate sharing of information is crucial to keep victim survivors safe and hold perpetrators to account. The Royal Commission also identified a number of barriers that exist in Victoria that prevent effective information sharing and the potentially catastrophic consequences of not sharing information.

The FVISS was created through a Part 5A of the FVPA and commenced in February 2018. The FVISS aims to create a cultural shift in information sharing practice through change to the authorising environment. The aim of this shift is to support improved assessment and management of family violence risk through information sharing between prescribed entities.

The FVPA requires that an independent review of the operation of the scheme be undertaken two years after commencement of the FVISS and tabled in Parliament. The independent review was undertaken by a team of researchers from Monash University.

The recommendations of the review aim to improve the operation of the FVISS and the FVISS implementation in Phase 2 organisations.

The review was guided by seven questions.

1. Has the FVISS been implemented effectively to date?
2. Has the FVISS been implemented as intended to date?
3. Has the implementation of the FVISS had any adverse organisational impacts?
4. What were the key barriers and enablers for implementation?
5. Has the FVISS resulted in increased levels of relevant information sharing between prescribed agencies?
6. Has the FVISS led to improved outcomes for victim/survivors and increased the extent to which perpetrators are in view?
7. Has the FVISS had any adverse impacts?

The review found that implementation of the FVISS has been broadly successful and has resulted in an increase in the volume and risk relevance of information shared about perpetrators. The report made 22 recommendations with areas for improvement including:

- the need to increase the capability of a range of workforces included in the FVISS through an improved training strategy
- the need to include perpetrator focused risk assessment and management tools in implementation to Phase 2 workforces
- how the FVISS addresses the impact on Aboriginal people.

A Whole of Government response to the recommendations has been published that supports all recommendations of the review and outlines an implementation plan. In response to the areas identified for improvement by the Monash FVISS review, several high-level priorities have been identified by FSV and will be the basis of ongoing review and inclusion in further alignment activities:

- **Impact on Aboriginal Victorians:** Aboriginal perspectives gathered through consultation are embedded as a core principle in the MARAM Framework, as well as in practice guidance, tools and training. FSV will continue to explore the impact of the reforms on Aboriginal Victorians and ensure Aboriginal cultural safety remains central to the reforms. FSV will do so through strengthening internal working relationships between the Centre for Workforce Excellence and the Aboriginal Strategy Unit to identify the links between work areas, support continued engagement of Aboriginal organisations through sector grants and the Dheik Dja partnership forum and ensure an Aboriginal lens in any revised training strategy for the roll-out of training on the release of the perpetrator practice guidance.
- **Implementation:** FSV will work to ensure the development of quality training and resources for the prescription of Phase 2 organisations, considering the likely ongoing impact of COVID-19. Further materials will

be developed to support the OEG which will further MARAM and FVISS implementation.

The MARAM Monitoring and Evaluation (M&E) Framework

Cube Group produced the M&E Framework in collaboration with FSV which is aligned to the Family Violence Outcomes Framework (FVOF).

The MARAM M&E Framework outlines a method to measure contribution towards FVOF outcomes, including increased safety of victim survivors, increasing extent to which perpetrators are in view and earlier intervention.

The MARAM M&E Framework has been provided to all departments and agencies that fund Framework organisations for use in their own monitoring, data gathering and evaluation work. The monitoring plan as part of the M&E Framework was approved by the Information Sharing and MARAM Steering Committee in December 2019.

As part of the M&E Framework, there is annual Framework Survey for completion by framework organisations on MARAM alignment. The plan is to regularly gather data through use of this survey. This was put on hold in early 2020 due to the COVID-19 pandemic, and it is now planned to be administered for the first time in 2021. Once the survey commences, it will provide more consistent data on MARAM implementation across sectors for use in the MARAM annual report.

Maturity model

The MARAM Framework notes that successful implementation requires significant culture change and system reform, which will take time and effort at all levels of the service system.

Organisations are at different levels of alignment with the Framework, starting with no or minimal alignment and moving through to very strong alignment and sector leadership. Alignment will be an ongoing process as the evidence base develops, along with the understanding of what constitutes good practice. A maturity model for the MARAM reforms will enable organisations to measure

their current progress and understand outcomes required to further alignment.

The OEG goes some way to introducing the maturity model concept, in that there are a series of milestones and examples that can be used to measure alignment between 'none' and 'significant'.

The Cube Group Process Evaluation of the MARAM reforms recommends that FSV:

'prioritise the development and finalisation of a MARAM alignment maturity model to provide a common language for organisational improvement and clear expectations regarding the maturity of alignment expected from prescribed organisations. It should include a clear description of priority areas for effective organisational alignment with MARAM, foundational activities/elements within each priority and definitions for various stages of maturity across each of the priorities.'

FSV will actively consider this and other recommendations in consultation with government partners in 2020-21.

Building from strength: 10-year Industry Plan for family violence prevention and response

*Building from strength: 10-year Industry Plan for family violence prevention and response*³¹ (the *Industry Plan*) was developed in response to recommendation 207 of the Royal Commission:³²

The Victorian Government develop or commission the development of a 10-year Industry Plan for family violence prevention and response in Victoria. The Plan should cover:

- the workforce requirements of all government and non-government agencies and services that have or will have responsibility for preventing or responding to family violence - among them specialist family violence services, perpetrator interventions, police, legal and justice services, and universal and secondary service systems

³¹ <<https://www.vic.gov.au/building-strength-10-year-industry-plan>>

³² <<https://www.vic.gov.au/family-violence-recommendations/develop-10-year-industry-plan-family-violence-prevention-and>>

- remuneration, capability and qualifications, workforce diversity, professional development needs, career development and workforce health.

The *Industry Plan* was released in December 2017 and it aims to sustainably shift the way the system prevents and responds to family violence and violence against women. It sets out a long-term vision for a workforce that is supported, valued, skilled and diverse. At its core is the creation of a system where specialist family violence and primary prevention sectors work together with community services, health, justice, education and training sectors to respond to the complexity and harms of family violence and violence against women, and to prevent it from occurring in the first place. It also outlines directions and immediate priority actions to lay the groundwork for sustained and enduring change.

In November 2019, *Strengthening the foundations: first rolling action plan 2019–22*, one of three rolling action plans under the *Industry Plan*, was released to outline the activities under the first tranche of *Industry Plan* implementation. This includes the development of MARAM and related training.

Several projects have already been undertaken under the *Industry Plan* that have driven continuous improvement and alignment with MARAM, some of which are referred to within this report, including:

- funding the specialist family violence advisor positions in the Mental Health and AOD sector
- the development of an accredited family violence identification and response training course aimed at a foundational level workers' role including universal workforces which is MARAM aligned
- launching an attraction and recruitment campaign for the specialist family violence and primarily prevention sectors to increase the specialist support available to the universal workforces
- addressing workforce supply challenges in the specialist sectors, including through the Enhanced Pathways to Family Violence Work program. In 2019 this program engaged 34 participating agencies, supported by 10 new Capability Building Coordinators, to create placement opportunities for 413 students and provided training supervision for 325 experienced workers. In 2020 the program will expand to engage over 80 organisations and 600 experienced workers, supporting

placements for approximately 1,070 students

- the Intersectionality Capacity Building project is developing a suite of resources to support capacity building on intersectionality for the specialist family violence and broader community services sector, which will include embedding an intersectionality framework. An intersectional approach is a core component of the MARAM Framework.

TRAM

TRAM provides the MARAM risk assessment tools onto an online platform for practitioner use (including the screening and identification, brief, intermediate, child and comprehensive assessments and the safety plan templates). It was initially rolled out in The Orange Door.

Uptake of TRAM within The Orange Door has steadily increased since the first release in April 2018. Over the last year, 6,785 risk assessments were undertaken by The Orange Door practitioners using TRAM. This was up from a total of 5,064 risk assessments that were undertaken in 2018–19 and represents an annual increase of 34 per cent.

Use of TRAM outside The Orange Door remained steady over 2019–20 with a small number of specialist family violence services continuing to use it on a day-to-day basis. Beyond this, most other specialist family violence organisations decided to wait for the upgrade of the Specialist Homelessness Information Platform (SHIP) with new MARAM tools before adopting online use of these tools as part of their day-to-day practice.

The MARAM portfolio annual report 2018–19 confirmed FSV was exploring opportunities to embed MARAM into SHIP so that MARAM tools are available for all funded Homelessness and specialist family violence services. Significant work progressed on this project during 2019–20, including building in the MARAM tools for release in the second half of 2020. Over the next period, FSV will release the MARAM Tools to all SHIP users and continue to explore options for extending availability of these tools to other workforces.

In early 2020, FSV sought feedback from TRAM users in The Orange Door on how TRAM's usability could be improved. Several ideas were proposed, including how to better leverage information from The Orange Door Client Relationship Management (CRM) system to reduce double entry and how the user interface could be improved to make completion times

quicker. FSV has developed a set of solutions based on this feedback and has followed up with users to validate ideas. FSV plans to implement these changes in 2020–21, along with other upgrades including new tools for working with perpetrators.

The Victims of Crime Helpline will commence a pilot in using TRAM for a six-month period with a view to ongoing implementation and use of the online risk assessment tools in 2020–21.

There is a strong role for TRAM to play among specialist family violence organisations who do not use SHIP and the broader range of Framework organisations beyond specialist family violence, including Homelessness organisations who do not use SHIP. It is anticipated that demand for TRAM will increase as organisations progressively align with the MARAM Framework and incorporate family violence risk assessment tools within their processes. With the onboarding of Phase 2 workforces, FSV will explore opportunities for further development of TRAM to be used by non-specialist services, including the potential to embed it in other IT systems.

The benefits of increased users of TRAM (whether via platforms such as SHIP or directly) is that there is a potential to draw on a more expansive set of consistent data to help understand not only alignment progress, but also expand the evidence base for understanding family violence.

Assessment of MARAM progress

The early evaluations undertaken of the reform progress highlight many strengths and notes that considerable progress has been made in implementation. However, the evaluations also acknowledge the complexities inherent in embedding reforms that require significant cultural and practical change over time.

Two years remains an early stage for a full assessment of progress against outcomes to take place and to identify continuous improvement. The evidence base for assessing progress against the objectives of the MARAM Framework is still being established.

As databases such as VADC are updated, and the online tools in TRAM and SHIP are increasingly used, this will help build data around risk assessments, safety planning and evidence based-risk factors.

The next Phase of work will be built against clearer defined roles between FSV and departments, following the early evaluation of the MARAM by Cube Group, and use of the M&E Framework to better evaluate outcomes.

NEXT STEPS

At the time of writing this report, COVID-19 continues in the State of Victoria as well as internationally, and the ongoing impacts upon victims of family violence and the services who aim to respond and support them are yet to be fully known. In Phase 2, organisations that will be brought into MARAM legislation include more services at the forefront of the pandemic impact and response such as hospitals and health services, community health services and organisations, aged care services and education.

The next Phase of work for 2020–21 onwards will consolidate the implementation progress made to date, support departments to continue to lead the roll-out of the reforms tailored to their workforces and to onboard Phase 2 organisations. There will be a continued role for departments to support family violence response during COVID-19 as determined by need and the course of events. Governance groups and sector grants will support the onboarding of Phase 2 organisations and seek to mitigate any difficulties which may arise from Phase 1 organisations being further ahead in their maturity of implementation.

The Victorian Government has released the second *Family violence reform rolling action plan 2020–2023* (RAP2) as part of its commitment in the 10-year plan: *Ending family violence: Victoria's plan for change*. RAP2 as the plan for the next Phase of the long-term reform of Victoria's family violence system. MARAM and information sharing form integral parts of the commitments in the plan.

As the reform evolves, progress will continue to be measured through this annual report and will be further informed by the legislative five-year review in 2023.

APPENDIX 1: PROGRAM AREA DESCRIPTIONS

ALCOHOL AND OTHER DRUGS SERVICES

DHHS funds a variety AOD services. AOD services typically employ a wide range of professionals, including counsellors, youth workers, medical staff, and residential withdrawal and rehabilitation staff. Approximately 40,000 Victorians access AOD services each year, many of whom have experienced or used family violence. AOD services can be accessed in community-based, hospital, or residential settings.

Specialist family violence advisors are funded by DHHS to provide advice to AOD services with the goal of enhancing the quality and consistency of an AOD service's response to clients who have experienced or used family violence.

CARE SERVICES AND SECURE WELFARE SERVICES

DHHS funds a range of community service organisations and ACCOs to provide various care services. These include home-based care (foster or kinship care), and lead tenant and residential care homes. Children may be placed in care services when the Children's Court determines the child or young person is unable to live safely with their family. Care services allocate a key worker for each care family and/or to each child or young person. The care services worker will support the child or young person, as well as their carer if they are in home-based care, in relation to the child or young person's health, emotional and behavioural development, education, family and social relationships, identity, social presentation, and self-care skills. Care services workers must ensure the child or young person participates in care-planning.

DHHS operates two 10-bed gender-specific secure welfare services. Secure welfare services provide a highly structured, secure environment for children or young people aged 10–17 years who are subject to a protection or interim accommodation order and who are at substantial and immediate risk of harm. Secure welfare direct care staff work intensively with

children and young people who are staying in a secure welfare setting.

CENTRES AGAINST SEXUAL ASSAULT

Sexual assault support services that provide support and intervention to women, children and men who are victim/survivors of sexual assault. This includes crisis care responses, counselling, casework, group-work, advocacy and a state-wide after-hours telephone crisis service.

CIP

The CIP is a unique and targeted model of multiagency information sharing about perpetrators to inform risk assessment and management. The CIP includes representatives from key government agencies; Victoria Police, corrections, courts and DHHS working together to share critical information about a family violence perpetrator from their respective databases. The collective information is gathered and recorded on a CIP report.

CHILD PROTECTION

DHHS Child Protection workforce provides child-centred, family-focused services to protect children and young people from significant harm caused by abuse or neglect where a parent has not protected or is unlikely to protect their child.

Child Protection practitioners receive and assess reports about children, make referrals, or investigate and intervene to protect children where necessary. Child Protection practitioners develop case plans for children in need of protection. They work closely with children and families to access services and supports to enable parents to safely care for their children by addressing identified protective concerns. Where necessary, Child Protection may take matters to the Children's Court and arrange for children to be placed in alternative care.

COMMUNITY BASED CHILD AND FAMILY SERVICES (CFS)

Community Based Child and Family Services promote the safety, stability and development of vulnerable children and young people, through case work support and practical interventions. Early and preventative help is critically important to prevent abuse and cumulative harm.

CORRECTIONS AND JUSTICE SERVICES

Corrections Victoria is a business unit of DJCS — implements court judgments and orders of the Adult Parole Board. It sets strategy, policy and standards for the management of the state's system of correctional facilities. It also develops programs for the management and rehabilitation of prisoners and the community-based supervision of offenders.

DESIGNATED MENTAL HEALTH SERVICES

DHHS funds 18 designated Mental Health services. These services provide voluntary and compulsory assessment and treatment to people in accordance with the *Mental Health Act 2014*. The assessment and treatment may be provided in inpatient or community settings. SFVA also provide specialist family violence expertise and advice to designated Mental Health services.

FINANCIAL COUNSELLING PROGRAM

The FCP is intended to support financially disadvantaged and vulnerable Victorians.

Financial counsellors can offer a range of support, depending on someone's eligibility for the service. This support could include providing advice about rights and responsibilities, negotiating with a creditor, or working out a realistic payment plan for debts.

Section 5 of the FVPA includes 'economic abuse' in the definition of family violence and persons accessing counselling through FCP may disclose family violence as a course of economic hardship.

HOMELESSNESS

DHHS funds a variety of framework organisations to provide Homelessness services. These services include crisis and short-term accommodation specifically for people experiencing homelessness as a result of family

violence, as well as generalist crisis and short-term accommodation, and outreach services. These generalist services are often accessed by people at risk of, or who have experienced, family violence.

HOUSING

Housing manages over 62,000 properties, providing safe, long-term housing to people on low incomes. Priority is given to those most in need, including people who have recently experienced family violence. The work of HSOs includes tenancy and property management, and the provision of housing advice and assistance. This means HSOs often visit and work directly with clients.

JUSTICE HEALTH

Justice Health is a business unit of DJCS and is responsible for the delivery of health and Mental Health services in adult prisons and youth custodial centres.

It reports to a Joint Management Committee consisting of the major stakeholders in the justice sector including Corrections Victoria, DHHS and Victoria Police. Justice Health contracts organisations that work with youth and adult offenders, which gives it the unique opportunity to identify and engage offenders with family violence support services while they are under supervision.

MCH

DHHS, in partnership with Victoria's 79 local governments, provides funding to the Universal MCH Program, and fully funds the Enhanced MCH Program and the MCH Line.

The Universal MCH program consists of 10 Key Age and Stage (KAS) consultations for all Victorian children, and a flexible component that allows additional consultations for families in need. The KAS consultations include an initial home visit followed by consultations at two weeks, four weeks, eight weeks, four months, eight months, 12 months, 18 months, two years and three and a half years of age. MCH practitioners conduct a routine screening assessment for family violence risk at the four-week KAS consultation. However, a screening assessment may be conducted at any visit if risk is suspected.

MEN'S BEHAVIOURAL CHANGE PROGRAMS

Men's behaviour change programs play an important role in promoting the safety of women and children. These programs focus on making men accountable and responsible for their violence toward family members. The purpose of these programs is to encourage the change process in men's behaviour and they provide a forum for exploring and challenging beliefs.

REFUGES

Women's refuges provide safe accommodation and support for women and children escaping domestic violence. Refuge locations are not made public to ensure safety and security.³³

RISK ASSESSMENT AND MANAGEMENT PANELS

A RAMP is a formally convened meeting, held at a local level, of nine key agencies and organisations that contribute to the safety of women and children experiencing serious and imminent threat from family violence. Across Victoria, there are 18 RAMPs that each meet once a month to share information and take action to keep women and children at the highest risk from family violence safe.³⁴

SPECIALIST FAMILY VIOLENCE SERVICES

Specialist Family Violence services aim to promote early intervention strategies to prevent the occurrence, or escalation of family violence and prevent the recurrence of family violence by offering post crisis support.

TENANCY ASSISTANCE AND ADVOCACY PROGRAM

TAAP is funded to assist Victorians who are financially disadvantaged, or victims of family violence, who have a private tenancy and who are experiencing tenancy problems that if not addressed may lead to homelessness or otherwise put at risk their health, safety and wellbeing.

THE COURTS

MCV and CCV are collectively known as 'the courts'. MCV is the first level of the Victorian

court system. Sitting in 51 locations, it hears most matters that reach court. There is no jury and each matter is heard and determined by a judicial officer. MCV has had a range of specialist family violence powers, functions and services. The Royal Commission recommended that all family violence matters be heard and determined in SFVC.

The CCV is a specialist court dealing with cases involving children and young people. In the Criminal Division, it hears matters involving the criminal offending of children and young people. In the Family Division, it hears cases related to the care and protection of young people at risk, and applications for intervention orders.

THE KOORI JUSTICE UNIT

The Koori Justice Unit (KJU) funds two ACCOs that are prescribed MARAM Framework organisations and ISEs under the Family Violence Information Sharing Scheme (FVISS):

- Djirra — Aboriginal Family Violence Prevention Koori Women's Place (KWP)
- Dardi Munwurro — Men's Healing and Behavioural Change Programs Ngarra Jarranounith Place (NJP).

The KJU supports culture and practice change across Djirra and Dardi Munwurro and their regionally based services and partners, including other ACCOs in training and communications.

THE ORANGE DOOR

The Orange Door is a free service for adults, children and young people who are experiencing or have experienced family violence and families who need extra support with the care of children. The Orange Door makes it easier for people to be safer and supported by being a gateway to connecting people with the following services:

- specialist family violence services
- family services
- Aboriginal services
- services for men who use violence.

³³ <<https://www.dvrcv.org.au/womens-refuges>>.

³⁴ <<https://www.thelookout.org.au/family-violence-workers/risk-assessment-management/risk-assessment-and-management-panels-ramps>>

VICTIM SERVICES, SUPPORT AND REFORM (VSSR)

VSSR, within DJCS, is the official Victorian Government agency responsible for helping people in Victoria manage the effects of violent crime. The VSSR oversees both the Victims of Crime Helpline and the Victims Assistance Program (VAP), two distinct programs in Victoria that provide a service to victims of crime, including victims of family violence. VSSR are also responsible for the Family Violence Restorative Justice Service, which facilitates restorative conversations for victim survivors of family violence.

VICTORIA POLICE

The role of Victoria Police is to serve the Victorian community and uphold the law to promote a safe, secure and orderly society.

Victoria Police provides policing services to the Victorian community across 54 Police Service Areas, within 21 divisions and four regions.

Responding to family violence incidents and working to keep perpetrators in view and accountable and victim survivors safe is an essential aspect of serving the Victorian community.

YOUTH JUSTICE

DJCS is responsible for the statutory supervision of young people in the criminal justice system.

DJCS's Youth Justice Service provides programs and resources to assist these children and young people to develop the knowledge, skills and attitudes to manage their lives effectively without further offending. Through supervision, offending related programs and linkages to appropriate support services, the youth justice service promotes opportunities for rehabilitation and contributes to the reduction of crime in the community.

APPENDIX 2: ABBREVIATIONS

ABBREVIATIONS COMMONLY USED IN THIS REPORT

AAG	Aboriginal Advisory Group
ACSO	Australian Community Support Organisation
AOD	Alcohol and other drugs
CALD	Culturally and linguistically diverse
CAV	Consumer Affairs Victoria
CCS	Community Correctional Services
CCV	Children’s Court of Victoria
CISS	Child Information Sharing Scheme
CRAF	Common Risk Assessment Framework (MARAM predecessor)
CECFW	Centre for Excellence in Child and Family Welfare
CIP	Central Information Point
COVID-19	Coronavirus pandemic
CRM	Customer Relationship Management
DV Vic	Domestic Violence Victoria
DVRCV	Domestic Violence Resource Centre Victoria
FCP	Financial Counselling Program
FSV	Family Safety Victoria
FVISS	Family Violence Information Sharing Scheme
FVIU	Family Violence Investigation Unit at Victoria Police
FVPA	Family Violence Protection Act
FVR	Family Violence Report used by Victoria Police
FVRIC	Family Violence Regional Integration Committee
HSO	Housing Service Officer
ISE	Information sharing entities
LGBTIQ	Lesbian, gay, bisexual, trans, intersex and queer communities
MARAM	Multiagency Risk Assessment and Management Framework and the Family Violence Information Sharing reforms
MARAM Framework	Multiagency Risk Assessment and Management Framework
MCH	Maternal and Child Health
MCV	Magistrates’ Court of Victoria

NTV	No to Violence
OEG	Organisational Embedding Guidance
PSAs	Principal Strategic Advisors
RAMPs	Risk Assessment Management Panels
SABTS	Sexually Abusive Behaviour Treatment Services
SASS	Sexual Assault Support Services
SFVA	Specialist Family Violence Advisors
SFVC	Specialist Family Violence Courts
SFVS	Specialist Family Violence Service
SHIP	Specialist Homelessness Information Platform
SHRFV	Strengthening Hospital Responses to Family Violence
TRAM	Tools for Risk Assessment and Management
VET	Vocational Education and Training
VRQA	Victorian Registration and Qualification Authority

APPENDIX 3: CURRENTLY PRESCRIBED ORGANISATIONS (PHASE 1)

CISS, FVISS and MARAM — all reforms	FVISS and MARAM only	CISS and FVIS only	CIS only
<ul style="list-style-type: none"> • Alcohol and other drugs services • Child Protection • DHHS Housing • Designated Mental Health Services • Homelessness services (providing access point, • outreach or accommodation services) • Justice Health • Justice Health’s funded or contracted services for young people • Maternal and Child Health Services • Multi-agency Panels to Prevent Youth Offending • Out-of-Home care services (now known as Care services) • Perpetrator interventions, including trials under the Family Violence Perpetrator Intervention grants • Registered community-based child and family services (including Child FIRST) • Risk Assessment and Management Panels • Sexual assault support services • Sexually abusive behaviour treatment services (SABTS) • Specialist family violence services (including family violence counselling and therapeutic programs) • The Orange Door (Support and Safety Hubs) • Victims Assistance Program services • Victims of Crime Helpline • Victoria Police • Youth Justice • Youth Justice funded community support services or programs⁴ • Youth Parole Board (Secretariat) 	<ul style="list-style-type: none"> • Adult Parole Board • Children’s Court (may be prescribed under the CIS Scheme pending legislative amendment) • Corrections Victoria funded or contracted rehabilitation and reintegration services or programs, prisoner services or programs and clinical services or programs for offender rehabilitation • Corrections Victoria, including Community Correctional Services and privately operated prisons • Court-ordered family violence counselling • Family Violence Restorative Justice Service • Justice Health’s funded or contracted services for adults • Magistrates’ Court (may be prescribed under the CIS Scheme pending legislative amendment) • State Funded Financial Counselling Program • Tenancy Advice and Advocacy Program 	<ul style="list-style-type: none"> • Commission for Children and Young People • Disability Services Commissioner 	<ul style="list-style-type: none"> • Registry of Births, Deaths and Marriages

APPENDIX 4: PROPOSED PRESCRIBED ORGANISATIONS (PHASE 2)

CISS, FVISS and MARAM — all reforms

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| <ul style="list-style-type: none"> • Government schools • Non-government schools (including Catholic schools) • Catholic and independent Catholic system bodies that assist, manage or govern Catholic schools in Victoria, including: <ul style="list-style-type: none"> • Catholic Education Melbourne • Catholic education office, diocese of Sale • Catholic education office, diocese of Sandhurst • Catholic education office, diocese of Ballarat • Edmund Rice Education Australia • Marist Schools Australia • Christian Brothers • Mercy Education Limited • Presentation Sisters <p>where these bodies provide support or services to Catholic schools relating to:</p> <p>a) student wellbeing or safety, or</p> <p>The support or services provided may relate to:</p> <ul style="list-style-type: none"> • children in out of home care • children involved in the criminal justice system • the provision of emotional wellbeing support • management of critical incidents and emergencies <p>b) professional ethics and conduct, or</p> <p>The support or services provided may relate to:</p> <ul style="list-style-type: none"> • the management of complaints and investigations • the promotion of professional ethics and conduct <p>c) learning diversity</p> <p>The support or services provided may relate to:</p> | <ul style="list-style-type: none"> • learning, mental health and development barriers • the provision of programs for Aboriginal children • the provision of programs for kindergartens • Victorian Institute of Teaching • Victorian Curriculum and Assessment Authority • Victorian Registration and Qualifications Authority • Kindergarten services • Long day care services • Before and after school hours care services • Education Justice Initiative, including: <ul style="list-style-type: none"> • Koorie Education Children's Court Liaison Officers • Regional Education Children's Court Liaison Officers • Koori Engagement Support Officers • Lookout Program • National School Chaplaincy Program • Quality Assessment and Regulation Division (QARD) • Security and Emergency Management Division (SEMD) • Statewide Vision Resource Centre • Visiting Teachers • Student Support Services, including: <ul style="list-style-type: none"> • state-funded psychologists • state-funded speech pathologists • state-funded occupational therapists • Enhancing Mental Health Support in Schools Program • Navigator Program • Project REAL • Primary School Nursing Program | <ul style="list-style-type: none"> • Royal Children's Hospital Education Institute • School-Focused Youth Services • The Geelong Project • Secondary School Nursing Program • State Chaplaincy Program • Ambulance Victoria • Bush nursing centres • State-funded Community health centres • State-funded Community-managed mental health services • General Practitioners* • Doctors in Schools Program • General Practice Nurses* • Multiple and Complex Needs Initiative • Public hospitals • Early parenting centres • Forensic Disability • State-funded aged care services • State-funded community housing organisations • State-funded homelessness services • Tenancy Plus Program • Refugee Minor Program • DHHS-funded supported playgroups • Dispute Settlement Centre of Victoria** • Refugee and migrant settlement or casework services • Victorian Disability Worker Commission* • Disability Worker Registration Board of Victoria* |
|--|---|--|

* not prescribed for MARAM

** not prescribed to FVISS or CISS

