The Northern Integrated Family Violence Services

MARAM
Alignment Survey

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2023
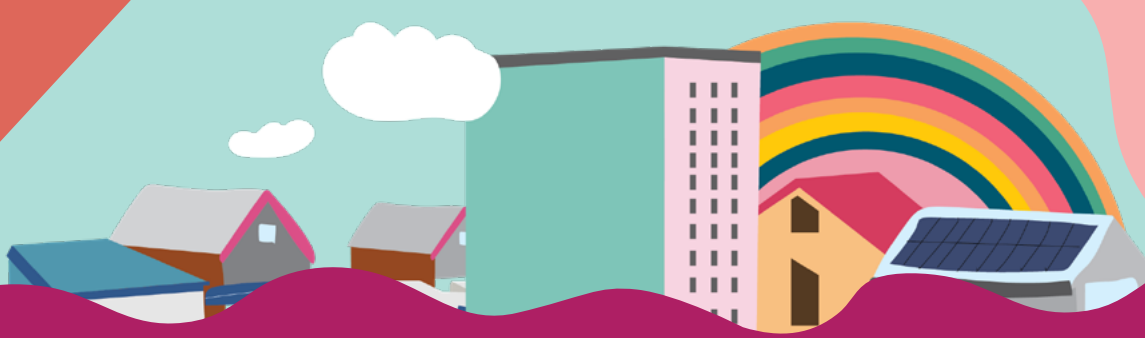
Acknowledgement of Country

The NIFVS partnership acknowledges Victorian Aboriginal people as the Traditional Owners of the land on which we provide our services – the Wurundjeri Woi-wurrung people of the Kulin nation – and pay our respect to their Elders past and present. We acknowledge that Aboriginal sovereignty was never given up and that we stand on stolen land. We are committed to Aboriginal self-determination and to supporting Treaty and truth-telling processes. We recognise the ongoing leadership role of the Aboriginal community on gender equality and the health, safety and wellbeing of women and gender-diverse people. As First Peoples, Aboriginal Victorians are best placed to determine a culturally appropriate path to these in their communities.

Recognition of Victim Survivors

We would like to recognize the victim survivors of family violence, sexual assault and all forms of gender-based violence. We are thankful for all the people who have shared their stories to inform our work of responding to and preventing family and gender-based violence.

Recognition of supporting regions

We recognise the precious contribution of the Gippsland Family Violence Alliance and the Eastern Metropolitan Regional Family Violence Partnership in sharing expertise and resources to complete this survey. We thank all practitioners who donated their time to complete this survey.

The NIFVS partnership acknowledges the support of Women's Health In the North as its auspice organisation

WOMEN'S HEALTH IN THE NORTH
voice • choice • power

The NIFVS partnership acknowledges the support of the Victorian Government

VICTORIA
State Government

Acronyms

ACCO – Aboriginal Community Controlled Organisations

CALD – Culturally and Linguistically Diverse

CASA – Centre Against Sexual Assault

CISS – Child Information Sharing Scheme

CoP – Communities of Practice

CRAF – Common Risk Assessment Framework

DFFH – Department of Family Fairness and Housing

FSV – Family Safety Victoria

FVISS – Family Violence Information Sharing Scheme

FVRIC – Family Violence Regional Integration Committee

FV – Family Violence

HMA – Hume Merri-bek Area

LGA – Local Government Area

LGBTIQA+ – Lesbian, Gay, Bisexual, Trans, Intersexual, Queer and Asexual + people

MARAM – Multi-Agency Risk Assessment and Management Framework

MARAMIS – Multi-Agency Risk Assessment and Management Framework and Information Sharing

NEMA – North-East Melbourne Area

NIFVS – Northern Integrated Family Violence Services

NMR – Northern Metropolitan Region

PSA – Principal Strategic Advisor

PVAW – Preventing Violence Against Women

RAE – Risk Assessment Entities
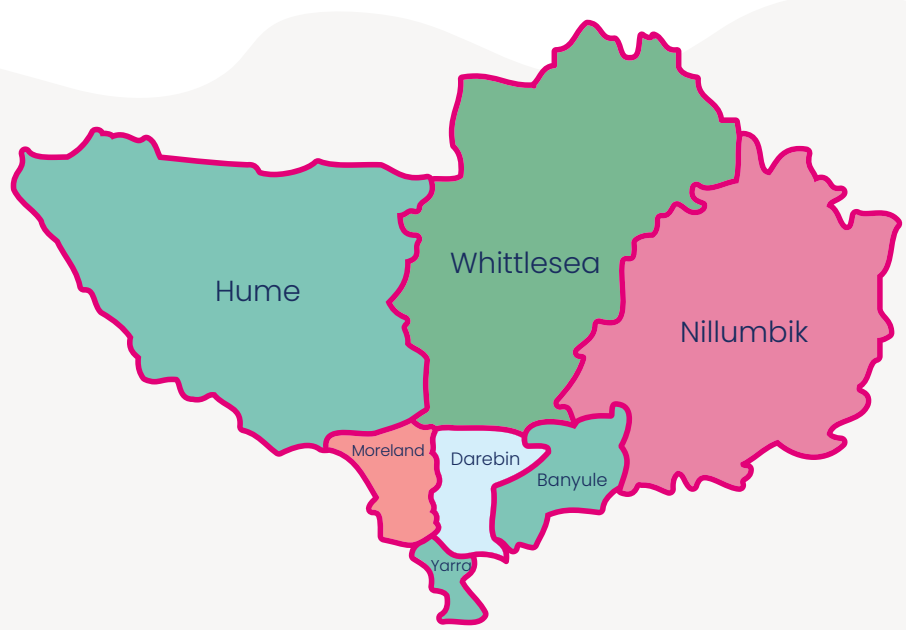
RAMP – Risk Assessment and Management Panels

TOD – The Orange Door

WHIN – Women's Health in the North

Contents

Melbourne's north is defined by the two Department of Families, Fairness and Housing (DFFH) areas of Hume Merri-bek and North East Melbourne

Executive Summary

The Multi-Agency Risk Assessment and Management (MARAM) Framework, along with the Family Violence Information Sharing Scheme (FVISS) and Child Information Sharing Scheme (CISS), were introduced to facilitate collaborative, cross-sector responses to family violence and child wellbeing.

The 2023 NIFVS MARAM Alignment and System Integration Survey is the first of an annual surveying process designed to establish a baseline for the collection of regional workforce data. Analysis of this data will support systems that monitor how the implementation of these reforms is progressing in the Northern Metropolitan Region (NMR) and whether they are improving family violence practice. Annual surveying will also provide longitudinal data regarding MARAM and Information Sharing Schemes alignment.

The survey was administered across an 8-week period (mid-August to mid-October 2023) and received 141 responses from practitioners working in MARAMIS prescribed organisations across the NMR. In addition to the survey, the survey questions were workshopped with 40 prescribed and non-prescribed professionals working across the NMR. The feedback from the workshop has been incorporated into the recommendations contained within this report, however, are not separately identified or articulated.

The results from both the survey and the workshop demonstrate that MARAMIS implementation has progressed in key areas. For example, the number of surveyed practitioners who have completed MARAMIS training, are using MARAM tools and have access to organisational support, including policies, internal training and supervision, has all increased. Additionally, most survey respondents are confident responding to

adults who have experienced family violence, and a significant number are proactively sharing information using FVISS or CISS.

When MARAMIS is working well, practitioners noted the positive impact on practice and client outcomes. However, practitioners identified that further support was required to enhance the practical elements of how the MARAM framework integrates and aligns with daily practice.

Most evident in participants' responses was the need for increased confidence across the NMR in relation to the Family Violence and Child Information Sharing Schemes. Respondents shared both a confusion around what information is to be shared and how to do so. Within this, concerns also were expressed around the availability of information to the legal representatives of the person using violence and how this information is being used to perpetrate further harm on the victim survivor of family violence.

Further work across regional partnerships and service sectors is required to address issues related to:

- the occurrence if instances whereby there is a reluctance or refusal to provide information when requested
- delays in receiving information requested especially in the cases of Risk Assessment Entities (RAEs) requests that are longer than 2 days
- the need for increased accessibility to Secondary Consultation
- the need for increased opportunities to co-case manage across sectors
- aligning organisational policies to enhance responsive information sharing, practices, processes and timelines.

The survey also collected data on the constitution of our sector workforces, which was found to be relatively stable and highly capable. There however remain key areas for greater work to strengthen systemic support and resourcing for the workforce, findings include:

- a consistent use of MARAM and both the Family Violence and Child Information Sharing Schemes

- enhancing working together through the employment of Collaborative Practice principals

- increasing confidence in the sharing of 'collaborative' risk assessment to avoid duplication of assessments and clients having to repeat their story to multiple professionals

- building on existing workforce development and training opportunities that support embedding MARAMIS into practice which may include:

  > enhancements to regional induction

  > Expansion of Communities of Practices and Lunch & Learn sessions on specific MARAM alignment topics

  > integration of MARAMIS alignment practices into professional supervision (non-clinical supervision)

  > introduction of access to 'field work' supervision and mentoring

  > acknowledging that the current suite of MARAM training does not provide all the skills required to use MARAM and that practitioners require further support to apply MARAMIS within the context of their roles

  > improving organisational alignment with MARAM through mapping where conflicting policies and procedures across organisations exist and assess how this affects the efficacy of MARAMS and impedes information sharing between services.

Ultimately the aim is to achieve an "integrated system-wide response to family violence in Victoria"[1] as is intended by the MARAM framework. The NIFVS FVRIC conceptualises integration as operating at multiple levels, requiring changes to the system infrastructure to enable changes in practice and client experience.

The findings of this survey indicate that there is further work to be undertaken to ensure that each level of integration is both addressed and achieved with effort to be focused on:

- ensuring that complementary policies and procedures addressing MARAM risk assessments and information sharing practices and processes exist across the region

- ensuring that the right resources and training are available that support the 'day to day' work of practitioners and that extend and build upon existing good practice

- scrutinising the barriers to Collaborative Practice and employing strategies across the region that enhance practice and seek to improve the experience of victim survivors and children across the region.

The recommendations contained within this report seek to establish achievable and tangible actions which will provide a solid foundation for addressing barriers and highlighting enabling factors to support the prescribed workforces in the NMR.

1. Family Violence Multi-Agency Risk Assessment and Management Framework, Victorian Government, 1 Treasury Place, Melbourne. State of Victoria, Australia, Family Safety Victoria, June 2018, p. 6.

Summary of Recommendations

1. Strengthen and support a culture of system-wide collaboration, including stremgthening of information sharing processes and policies.

This can include:

- Development of concise and accessible resources to guide practitioners through the steps of information sharing. Delivered by advocating for improved state-wide resourcing and locally specific resources.

- Increase opportunities for practitioners to engage in peer-to-peer shared learning that addresses key practice challenges and questions. .

- Building and enhancing cross-agency partnerships that support visibility of service pathways and establish defined processes for collaboration.

2. Improve workforce capacity building activities to reflect the current service landscape and translates to everyday use.

This could include:

- Delivery of regular, small scale capacity building activities that support ongoing skill building, and knowledge sharing, for example increasing availability of communities of practice in the NMR.

- Provide targeted capacity building support to prescribed practitioners in tiers 2 – 4, who are navigating significant risk and complexities.

3. Increase workforce capacity and confidence to work safely with people who choose to use violence, including adolescents.

This can include:

- Develop meaningful partnerships with services that work with adults and adolescents who use violence.

- Build on state-wide resources and support embedding of learnings on an operational level, for example through provision of training and distribution of resources.

- Provision of learning environments such as communities of practice and sector events for practitioners to explore key topics and questions.

4. Strengthen the skills and confidence of practitioners in mainstream organisations to provide inclusive, safe responses to people experiencing violence no matter their background, experiences or identities.

This can include:

- Develop meaningful partnerships with services in the Northern Metropolitan Region who provide specialized family violence services with communities such as (but not limited to) Aboriginal and Torres Strait Islander people, LGBTIQA+ people, migrant and refugees, older people, people with disabilities and people who experience complex mental health.

- Increasing visibility of children as people who experience violence in their own rights and support services that engage with children.

Full Report

Region Overview

Melbourne's north is defined by the two Department of Families, Fairness and Housing (DFFH) areas of Hume Merri-bek and North East Melbourne, and encompasses the seven Local Government Areas (LGAs) of Banyule, Darebin, Hume, Meri-bek, Nillumbik, Whittlesea and Yarra.

Family Violence Prevalence rates and estimates

In Australia, one in four *women (23%) have experienced violence by an intimate partner since the age of 15. In Victoria, an estimated 679,000 women (26%) have experienced violence, emotional abuse, or economic abuse by a cohabiting partner since the age of 15.[2]

In Victoria, family violence is the most pervasive form of violence perpetrated against women. While people of all genders experience family violence, it is overwhelmingly, perpetrated by men, against women (who are their current or former partner) and children[3].

In Melbourne's north, rates of reported family violence incidents in 2022 were 85.7 per 10,000 females and 28.8 per 10,000 males. These rates were lower than Victorian averages at 113.8 per 10,000 females and 39.1 per 10,000 males[4].

NIFVS acknowledges the need for more work to address how family violence data is collected to better understand the experiences of violence for those whose identities do not fit within the rigid gendered framing. NIFVS recognise that the gendered drivers of violence against women also drive violence against LGBTIQ people[5].

2. Australian Bureau of Statistics (2021–22). Personal Safety, Australia, website accessed 25 September 2023.
3. State of Victoria (2021). MARAM Foundation Knowledge Guide, Melbourne: Family Safety Victoria, p. 25
4. Women's Health Victoria. Victorian Women's Health Atlas, website accessed 24 September 2023
5. Rainbow Health Australia (2022). Pride in Prevention Partnership Guide, pg. 4

Methodology

Survey Design

The MARAM Alignment Survey was initially designed by the Gippsland Family Violence Alliance Governance Group in 2021. Since then, the survey has been implemented by 6 other DFFH areas and in 2022, the survey was minorly amended by Principal Strategic Advisors across these areas to support consistency in design. The questions in this survey were closely based upon the 2023 surveys conducted by the Gippsland Family Violence Alliance and Eastern Metropolitan Regional Family Violence Partnership. Additional questions were added to the start of the survey to gather more detailed demographic data of practitioners in prescribed MARAMIS programs in the NMR.

Survey Distribution

The NIFVS team disseminated the survey through formal and informal NIFVS networks including:

- Email communications to the NIFVS FVRIC membership, who distributed the survey to their networks and team.

- The survey was promoted externally through NIFVS and WHIN e-news and social media platforms (see Survey Promotion below).

The survey was originally arranged to be open from 21st August through 30th September 2023. The closing date was extended due to a low survey number of 104 respondents. An email was sent to the NIFVS FVRIC membership advising of the extension. This measure proved beneficial with responses growing to 141 by survey closure on the 15th October.

NIFVS used the Survey Monkey software, sharing QR codes and embedded links to distribute through professional networks.

Survey Promotion

The MARAMIS & Workforce Development Coordinator, with the support of the WHIN Digital Communications Consultant, developed a communications plan.

Collateral within this plan included:

- Social media tiles that were distributed on key social media platforms, including WHIN Instagram, LinkedIn and Facebook. At time of the survey distribution, NIFVS did not have standalone social media accounts. NIFVS leveraged the official platforms of Women's Health in The North as the Auspice agency to distribute promotional materials.

- A4 Flyer was attached to any promotional emails, this included a QR code linking people to the survey.

- Email signature banner, with an embedded link to the survey used by all NIFVS and WHIN staff members throughout the month of September.

- Promotional video by MARAMIS & Workforce Development Coordinator outlining the intent and outcomes of the survey. This video was shared across WHIN Instagram, LinkedIn, Facebook and uploaded to NIFVS landing page.

- A short message was shared in the WHIN e-news via MailChimp in August (pre-release) and September (announcing survey opening).

- Participation in the survey was incentivized by offering three respondents to go in the draw to win a Prezee vouchers worth $50.00.

Since the survey was finalized, NIFVS have employed a Communications and Program Support Officer who will support future surveys to have expanded promotion and more targeted reach to prescribed practitioners across the NMR.

Data Analysis

Once the survey closed, the data was cleaned and responses that were duplicated or did not meet the survey eligibility criteria were removed. The report's objective was to establish a baseline overview of MARAM alignment and integration in the NMR. In keeping with this objective, for questions with qualitative data, key themes and insights were derived, using a deductive thematic analysis approach. NIFVS acknowledges this report will not reflect the entirety of responses received, rather the most prominent and salient themes.

Changes to the data have only been made as necessary. For quantitative data this was only applied in the demographic data, for example for the question "Which Organisation do you work for?". If the respondent selected *Other* and wrote their Organisation name, this new Organisation was added to the list of Organisations, removing the *Other* response. For qualitative data, only minor changes were applied if needed, for example to protect respondent anonymity or for clarity purposes.

Sample

The findings of this survey should be considered in light of a number of limitations. Firstly, it is important to note that not all prescribed organisations participated in the survey, with 141 respondents to the survey. This report therefore is a small representation of the prescribed workforce. Proportionately, the survey was further completed by practitioners who work specialist family violence services and family services, this may have resulted in a slight skew in data, with more emphasis placed upon the needs and experiences of this cohort.

It is important to also note that Family Safety Victoria (FSV) launched the MARAM Framework Annual Survey in August 2023; this large-scale survey covering similar subject matter may have contributed to an initial low response rate to the training due to potential survey fatigue and lack of clarity around how the NIFVS survey differs from what was recently distributed by FSV.

Sample Breakdown

141 PARTICIPANTS

52 AGENCIES

Agencies

- Aborigines Advancement League Inc
- Dhelk Dja Action Group
- Djirra (formerly Aboriginal & Torres Strait Islander Corporation Family Violence Prevention & Legal Service (Vic)
- Margaret Tucker Hostel for Girls Inc
- VACCA
- Victorian Aboriginal Community Services Association Limited (VACSAL)
- Victorian Aboriginal Health Service Co-operative Limited
- Anglicare Victoria
- Kids First Australia
- Youth Development Australia Limited
- Brotherhood of St Laurence

- Cobaw Community Health Services Limited
- Hope Street Youth and Family Services Inc.
- Good Samaritan Inn
- Jesuit Social Services Limited
- Merri Community Health Services Limited
- Open House Christian Involvement Centres
- Sunbury Community Health Centre
- Banyule Community Health
- DPV Health Ltd
- healthAbility
- Victorian AIDS Council Inc (Thorne Harbour Health)
- Aboriginal Housing Victoria Limited
- JUNO
- Northcote RHC

- Safe Places Community Services Limited
- The Haven Foundation Ltd
- Women's Housing Ltd
- Banyule City Council
- Hume City Council
- Moreland City Council
- Whittlesea City Council
- Yarra City Council
- Mercy Public Hospitals Incorporated
- Arabic Welfare Inc
- Australian Greek Welfare Society Inc (trading as PRONIA)
- Australian Vietnamese Women's Association
- Foundation for the Survivors of Torture and Trauma (Foundation House)
- inTouch

- Berry Street Victoria Incorporated
- The Salvation Army
- Uniting
- Georgina Martina Inc.
- VincentCare
- Mind Australia
- NEAMI
- Melbourne Health
- Austin Health
- Department Family Fairness and Housing (Child Protection)
- Muslim Adult Family Youth Services
- Mackillop Family Services
- Northern Health
- Department of Education and Training
- Your Community Health
- The Youth Junction Inc.

Workforces:

Specialist Family Violence – Women & Children	20.71%	Maternal Child Health	3.57%
Specialist Family Violence – Men	1.43%	Youth work	2.14%
Specialist Family Violence – Adolescent who use violence in the home	3.57%	Child Protection	9.29%
Housing	3.57%	Court Services	1.43%
Disability	5.00%	Department of Justice	1.43%
Aged Services	2.14%	Corrections Victoria	4.29%
Aboriginal Community Controlled Organisations	4.29%	Education (schools)	3.57%
AOD	3.57%	Early Year's Education (Preschool and Daycare)	2.14%
Mental Health	6.43%	Health care	2.86%
Family Services	10.71%	Counselling & Therapeutic services	7.86%

Workforce:
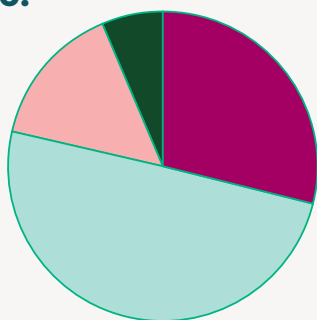
- **29%** for 5+ years
- **14.9%** for 1-3 years
- **6.38%** for less than 1 year
- **49.65%** for 3-5 years

What entity is your org mandated as?

ISE (Information Sharing Entity)	33.33%	47
RAE (Risk Assessment Entity)	14.89%	21
Both	34.04%	48
Unsure	17.73%	25

How often are non-specialist family violence services identifying clients experiencing current family violence?

24%
N/A

17%
weekly

12.5%
daily

12.5%
once every
3 months

10%
monthly

7%
once every 6 months

7%
never

6%
annually
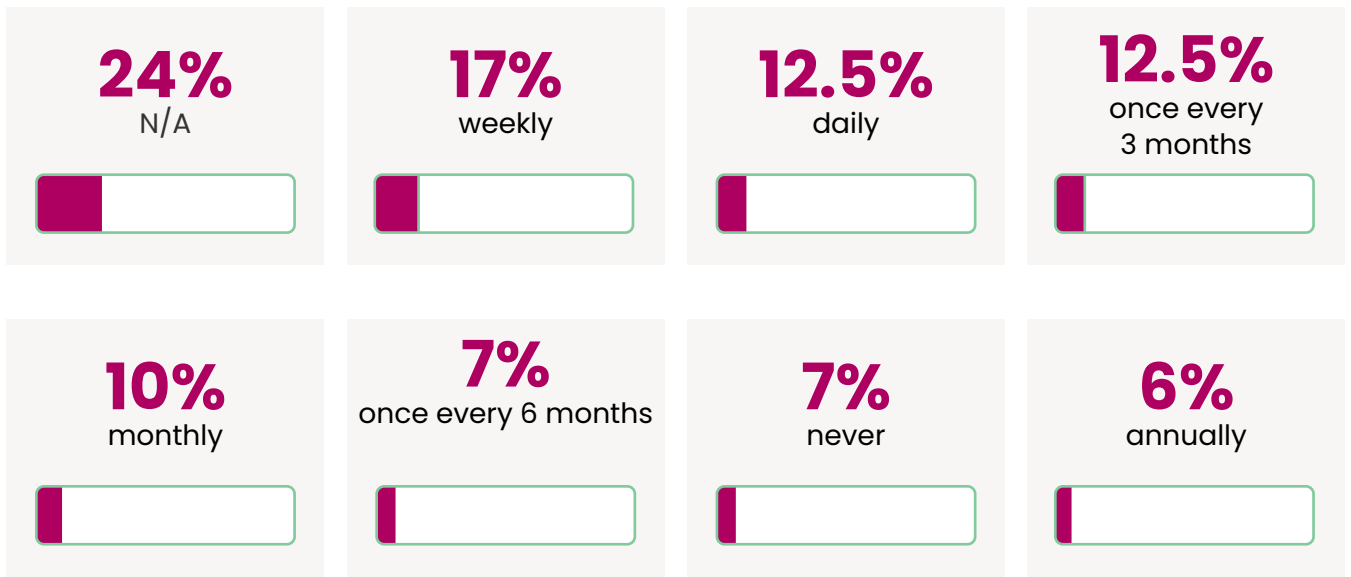
How often are non-specialist family violence services identifying clients who have experienced family violence in the past?

22%
N/A

21%
weekly

13%
monthly

12.5%
daily

8%
once every
3 months

7%
once every
6 months

5%
annually

6%
never before
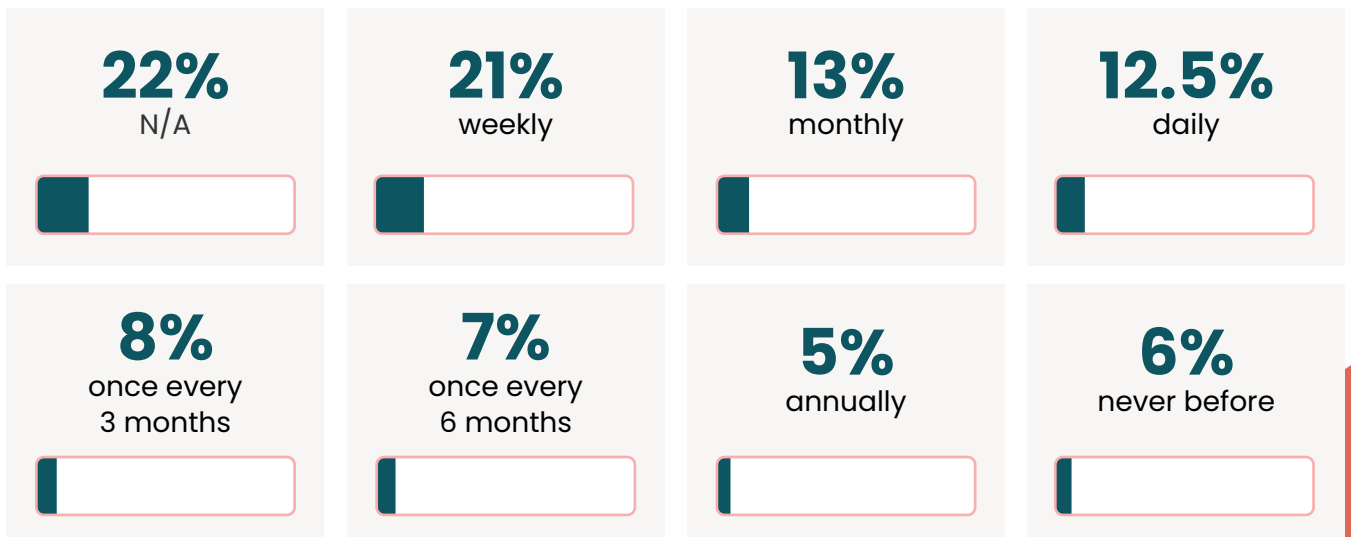
Demographic Overview

Age range

18 – 24	**13.48%**	**19**
25 – 39	**36.17%**	**51**
40 – 59	**37.59%**	**53**
60 – 74	**12.77%**	**18**
75+	**0.00%**	**0**

Identify as Aboriginal, Torres Strait Islander or both

Aboriginal	**14.89%**	**21**
Torres Strait Islander	**14.18%**	**20**
Both Aboriginal and Torres Strait Islander	**14.18%**	**20**
Neither	**56.74%**	**80**

Identify as from the LGBTIQA+ community

52.48% Yes

43.97% No

3.55% Prefer not to answer
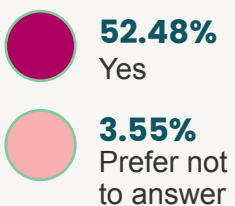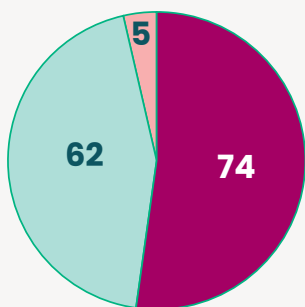
Respondents who have a disability

46.81% Yes

53.19% No
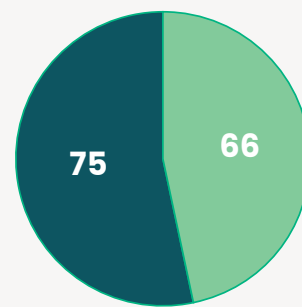
Location
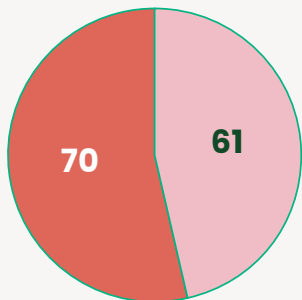
46.56%
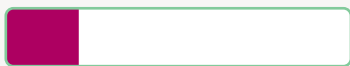Hume/Merri-Bek

53.44%
NEMA

15 participants
Other

70

61

Others noted to be work across multiple LGAs
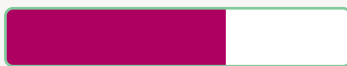
Employment Status

24.3%
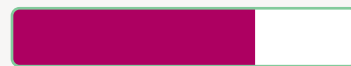are new
raduates

60%
are
full-time

69%
are employed
permanently

40%
are
part-time

48.85%
are in a
leadership role,

31%
are
contract

of which

38%
are in it for
1-3 years

27%
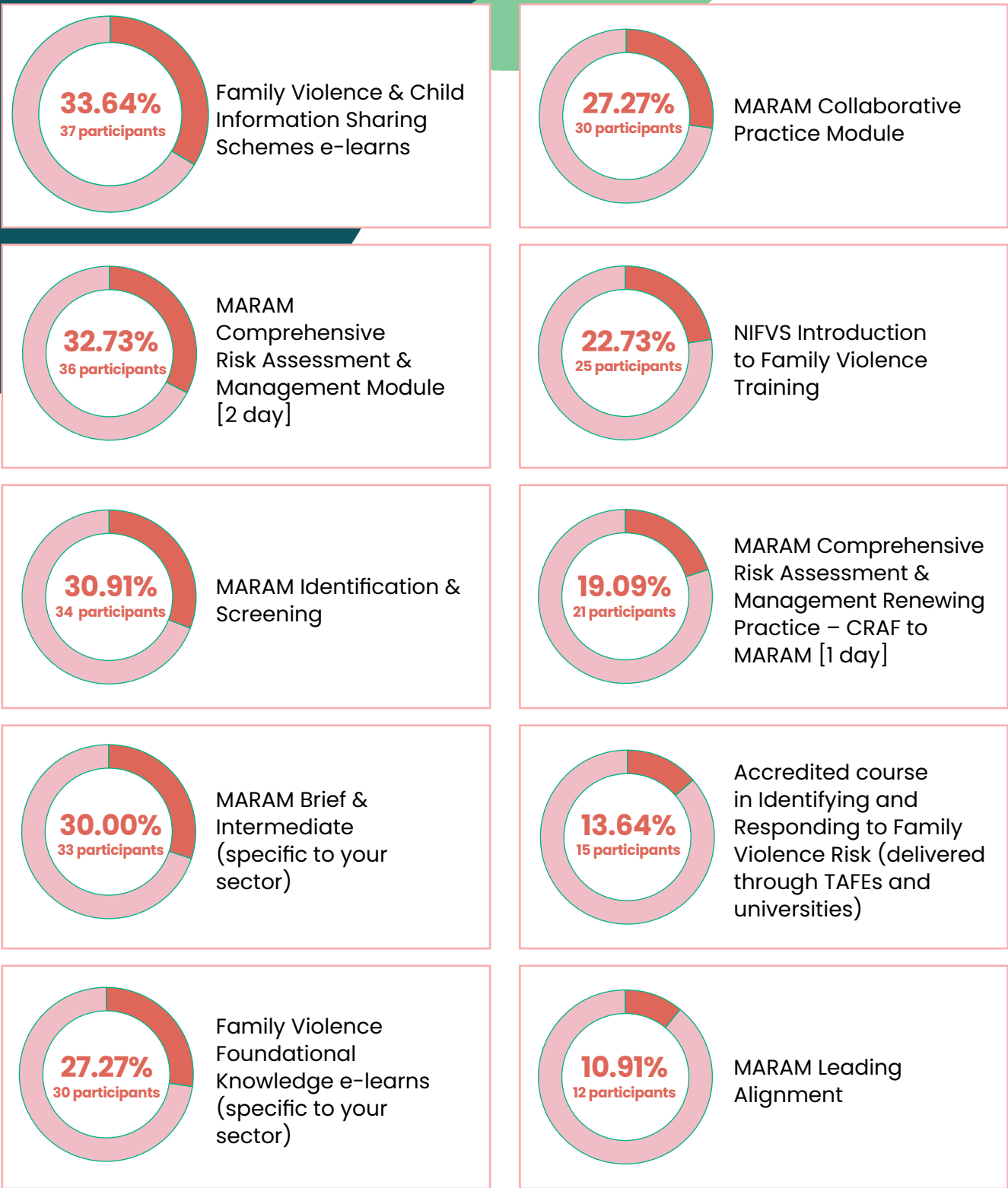for less than
1 year

25%
for
3-5 years

10%
for
5+ years

Results

Training & tools

MARAM/ISS/FV trainings completed:

33.64%
37 participants
Family Violence & Child Information Sharing Schemes e-learns

27.27%
30 participants
MARAM Collaborative Practice Module

32.73%
36 participants
MARAM Comprehensive Risk Assessment & Management Module [2 day]

22.73%
25 participants
NIFVS Introduction to Family Violence Training

30.91%
34 participants
MARAM Identification & Screening

19.09%
21 participants
MARAM Comprehensive Risk Assessment & Management Renewing Practice – CRAF to MARAM [1 day]

30.00%
33 participants
MARAM Brief & Intermediate (specific to your sector)

13.64%
15 participants
Accredited course in Identifying and Responding to Family Violence Risk (delivered through TAFEs and universities)

27.27%
30 participants
Family Violence Foundational Knowledge e-learns (specific to your sector)

10.91%
12 participants
MARAM Leading Alignment

10.91%
12 participants

Regional Inaduction

9.09%
10 participants

I have not completed any MARAM training by previously did CRAF training

9.09%
10 participants

I have not completed any MARAM training by previously did CRAF training

1.82%
2 participants

None of the above – I have not completed any training yet

**3.64%**
4 participants

Other

Comments & Insights

Practitioners are wanting MARAM trainings that are focused on people using violence, with particular interest in the adolescents who use violence

- *"We have had a few young people who have been victim/survivors or perpetrators of family violence and the emotional impact it had on workers (and the leadership team) was different and more pronounced than the challenges of sitting with mental health or AOD risks…so I think it would be good to have training on adolescents who use violence (especially challenging if they have been victim/survivors or witnessed FV as a child/adolescent)."*

- *"Training on working with persons who use violence, particularly adolescents who use violence within the home."*

There is a strong appetite to tailor capacity building to focus on the application of MARAM, particularly when working with people from marginalised communities

- *"MARAM is culturally inappropriate".*

- *"I still think that there is not sufficient lens on children's experiences of violence".*

- *"Training would be useful on supporting clients with complex mental health issues as often higher risk clients who have experienced significant FV have ongoing complex needs."*

- *"How do we can work with users of family violence attending for mental health support."*

- *"More specific LGBTQIA+ FV response training."*
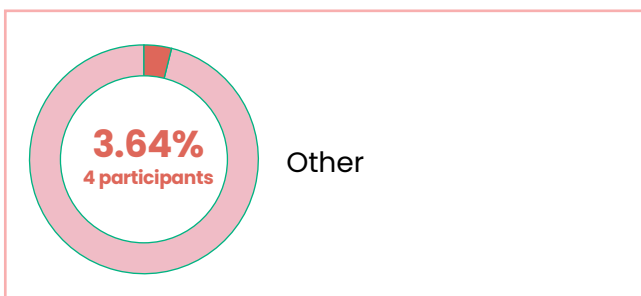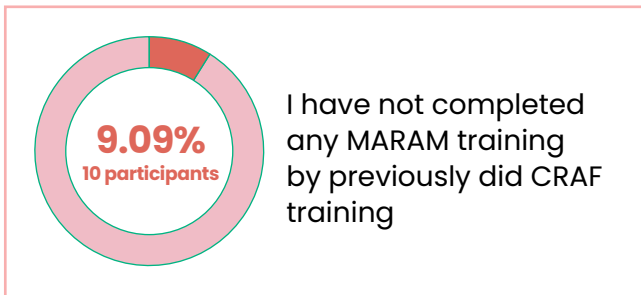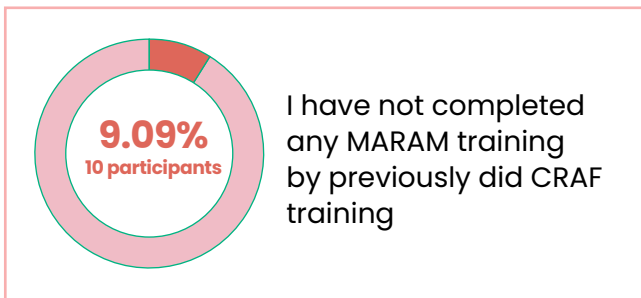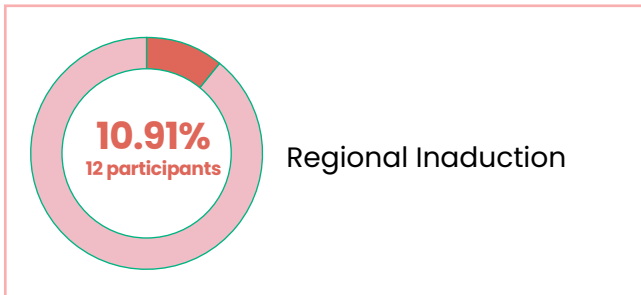
Practitioners requested capacity building that focus on the practical elements of how MARAM integrates into daily practice. It is interesting that despite a full suite of MARAM training resources being available online, this remains a strongly vocalised need. This may reflect the need for more accessible resources or that current MARAM training offerings are not applicable to the workforce needs

- *"Less about the MARAM framework and more immersive training to allow me to apply my knowledge of the framework, training to date has been quite chalk and talk."*

- *"Rather more training, I would like access to regular webinars or online support group where users can ask questions and get help from other practitioners and receive service updates."*

- *"It would be more beneficial to have case studies and success stories from other organizations that have successfully implemented the MARAM framework to help me understand how this fits with my work."*
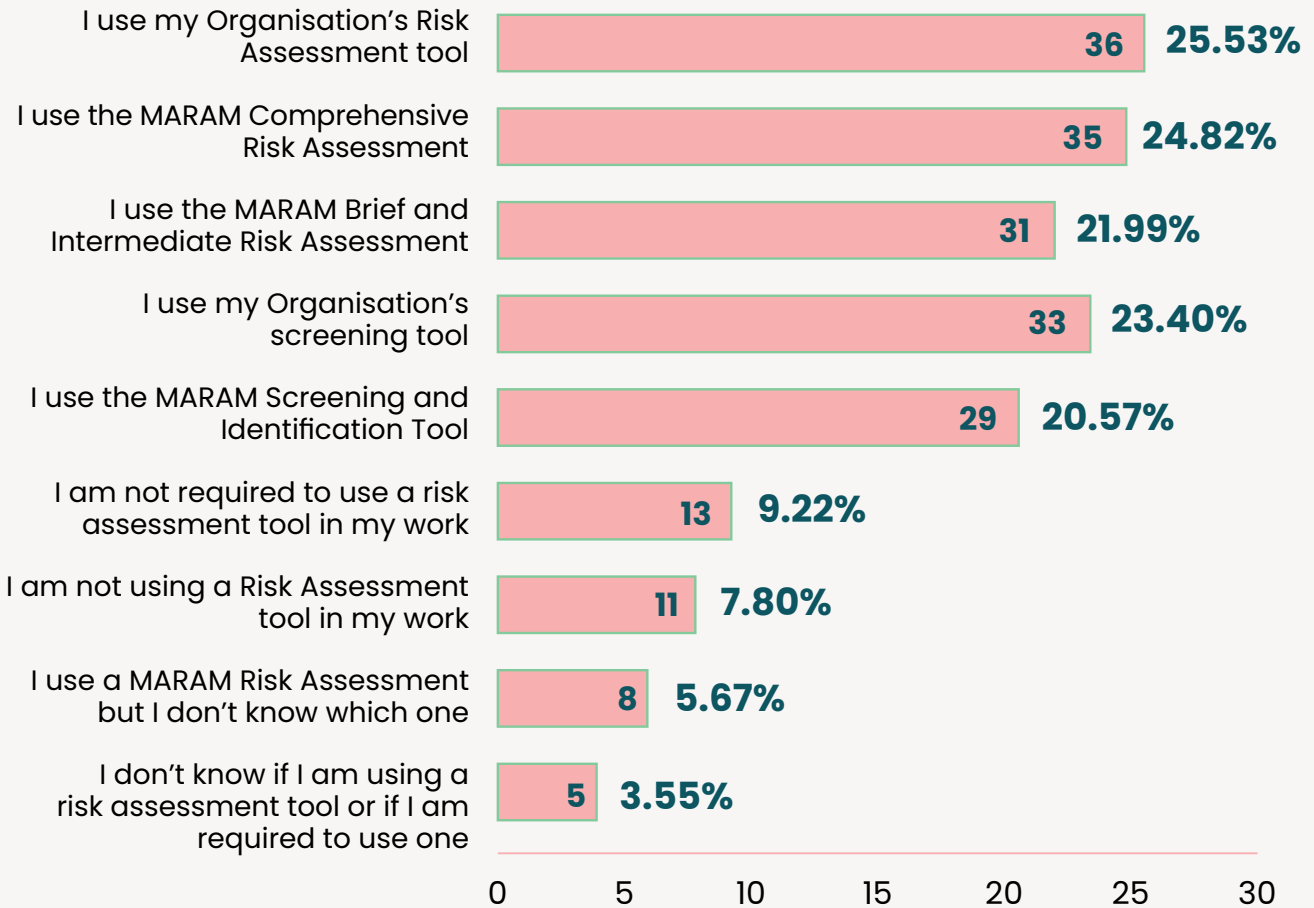
Practitioners particularly from tiers 2 – 4, are unclear on how they fit within the family violence response service system

- *"I do not work in a specialist FV service but 90% of my clients experience FV in some form and I feel that because we are not a specialist FV service that point is disregarded."*

- *"Greater clarity on how we as a non-specialist family violence team who encounter clients with past or current family violence experience can best be supporting these clients."*

- *"More support is needed for services that work with children, we identify cases of family violence all the time, but how we fit into the system is confusing."*

- *"Maternal child health nurses are seeing FV all the time, but we don't have the same as specialist services, even though we are managing risk all the time."*

MARAM Tools

Use of the MARAM Risk Assessment tools

Response	Count	Percentage
I use my Organisation's Risk Assessment tool	36	25.53%
I use the MARAM Comprehensive Risk Assessment	35	24.82%
I use the MARAM Brief and Intermediate Risk Assessment	31	21.99%
I use my Organisation's screening tool	33	23.40%
I use the MARAM Screening and Identification Tool	29	20.57%
I am not required to use a risk assessment tool in my work	13	9.22%
I am not using a Risk Assessment tool in my work	11	7.80%
I use a MARAM Risk Assessment but I don't know which one	8	5.67%
I don't know if I am using a risk assessment tool or if I am required to use one	5	3.55%

Comments & Insights

There are inconsistencies in the application of the MARAM and its tools across prescribed services

- *"There are different expectations with other services when using the MARAM and agencies we refer to sometimes expect the comprehensive MARAM when we are only trained to complete the intermediate MARAM."*

- *"Some agencies are confused about what their MARAM requirements are…this is especially challenging when trying to work with organisations that don't see family violence as part of their core work."*

- *"There are different understandings of phrases like "at risk" amongst services."*

- *"Different organizations use different templates and eligibility criteria".*

MARAM tools are seen as laborious and time consuming for an already overwhelmed service system

- *"The format and style of the MARAM tool does not allow it to be a fluid document and is not flexible under our organisation's policies."*

- *"The length of the MARAM Risk Assessment tools is a barrier… and it is hard to update the form in an ongoing way, especially if the original MARAM came from another organisation".*

- *"The integration of the MARAM Risk Assessment tools with organizational tools currently used by agencies is lacking, causing repetition and extra work to navigate process."*

More work is needed to strengthen the cultural safety and inclusivity of the MARAM tools

- *"We have adapted our tools to make them culturally safer to use with community, but that means that mainstream services are using culturally unsafe tools."*

- *"The language used in the MARAM tools is binary and non-inclusive for people from CALD background and LGBTIQA+ communities."*

- *"The tools remain quite cis and heteronormative focused."*

- *"Language is not given enough consideration. If English is not your first language communicating the risk assessment tools, even with an interpreter is very challenging.*
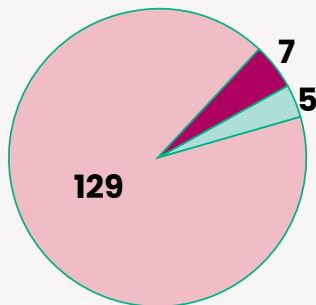
Organisational policies and support

Organisational Policies & Procedures

Participants who have had online access and/or are aware of their own organisation's policies and procedures in relation to **risk assessment** with clients

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134
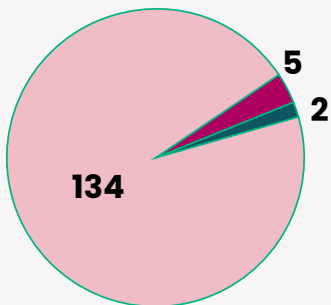
- 95.04% Yes
- 3.55% No
- 1.42% Unsure

Participants who have had online access and/or are aware of their own organisation's policies and procedures in relation to **safety planning** with clients

7
5
129

- 91.49% Yes
- 4.96% No
- 3.55% Unsure

Participants who have had online access and/or are informed of their own organisation's policies and procedures in relation to **Information Sharing (FVISS & CISS)**
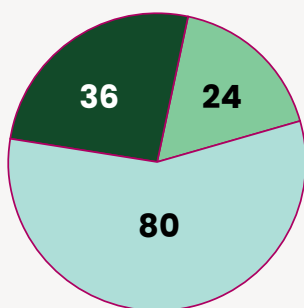
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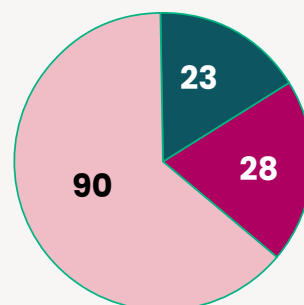
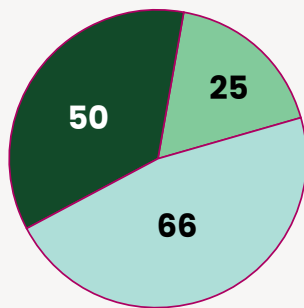- 63.83% Yes
- 16.31% No
- 19.86% Unsure

Internal Training

Participants who have been provided with **internal training** on completing a **risk assessment**
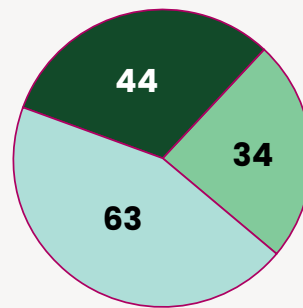
- **57.14%** Yes
- **25.71%** No
- **17.14%** Unsure

(Pie chart values: 36, 24, 80)

Participants who have been provided with **internal training** on completing **safety plans**

- **46.81%** Yes
- **35.46%** No
- **17.73%** Unsure
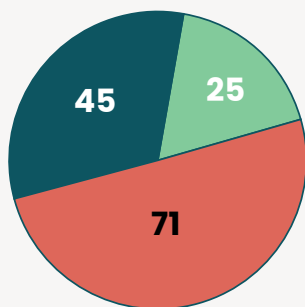
(Pie chart values: 50, 25, 66)

Participants who have been provided with **internal training** on the process for utilizing **FVISS and CISS schemes**

- **44.68%** Yes
- **31.21%** No
- **24.11%** Unsure

(Pie chart values: 44, 34, 63)

Supervision

Participants who have received **supervision** relating to **risk assessment and safety plans**

- **50.35%** Yes
- **31.91%** No
- **17.73%** Unsure

(Pie chart values: 45, 25, 71)

Participants who have received **supervision** relating to utilizing **FVISS and CISS**
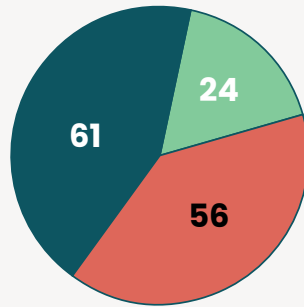
- **39.72%** Yes
- **43.26%** No
- **17.02%** Unsure

(Pie chart values: 61, 24, 56)

Participants who have received **supervision** on **secondary trauma and family violence**
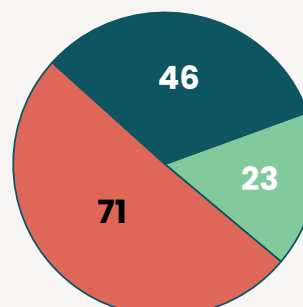
- **50.71%** Yes
- **32.86%** No
- **16.43%** Unsure

(Pie chart values: 46, 23, 71)

Comments & Insights

Practitioners raised the value of tailored organisational resources to help them understand how the MARAM framework applies to their work setting

- *"My organisation developed a nifty brief script to ask our clients questions related to risk and safety in the intake space, as well as FVISS and CISS schemes."*

- *"My organisation has created a number of resources that support how we use MARAM".*

- *"Attending internal trainings about family violence have been helpful as they have explored information sharing, and assessing risk and safety planning which has helped understand how to use this in my work with young people."*

- *"We have mostly been advised to watch e-learn videos that don't really explain how the MARAM applies to how we help the people we work with."*

Some organisations are in the process of embedding MARAM specific resources and supports

- *"My organisation is currently assessing practice against MARAM framework to identify any gaps and areas for improvement."*

- *"The organisational training modules have only been recently finalised and being rolled out to staff."*

- *"Our organisation is in the process of finalising and rolling out a comprehensive system and procedure to ensure that we are MARAM compliant organisation-wide."*

Access to family violence supervision is varied, with a strong interest in reflective supervision to navigate the impacts of family violence work upon worker health and well-being

- *"Our team would greatly benefit from supervision on secondary trauma."*

- *"External supervision has been most helpful for exploring the trauma impacts of working with family violence cases."*

- *"I am looking forward to fv specific supervision which is starting soon."*

- *"Supervision is quite task focused, i would prefer it is reflective with critical feedback, particularly to manage the impacts of working with family violence cases."*

Information sharing schemes are the area that practitioners are receiving the least internal support for

- *"There are no internal instructions for how to information share, so I still feel confused about how to approach it each time."*

Practitioner confidence

Confidence in understanding agencies' policies, procedures and practices for using the MARAM Framework and ISS

62%

Confidence in understanding of MARAM Framework and ISS and their purposes

65%

Confidence in working with clients who are experiencing family violence

68%

Confidence in working with clients who are using violence in their home

54%

Confidence with referral pathways for clients who are perpetrating family violence or using violence in their home

60%

Confidence with referral pathways for clients who are experiencing family violence

71%

Comments & Insights

The referral process, including lack of clarity around service pathways, waitlists and eligibility were raised as a key area impacting practitioner confidence

- *"The referral process is repetitive, difficult and the threshold for risk is so high, very rarely are we successful. Therefore, we hold FV risk in the majority of our cases despite not being a FV specialist."*

- *"Although being aware of the referral pathways for clients, referrals can often be difficult due to wait times, demands on services, inability of some services to be able to provide certain services to families."*

- *"Unclear when someone is eligible for case management, when to re-refer to TOD."*

- *"Learning the referral pathways in the northern region is an ongoing area of development for myself."*

- *"With the introduction of the MARAM and Orange door, the referral pathways and roles are changing a lot as they improve these systems, which is sometimes confusing and means extra work."*

Practitioner confidence for working with people experiencing violence is stronger than working with those using violence. This may be addressed in time as the practice resources for working with people using violence are currently being rolled out by No To Violence and Safe and Equal

- *"There are a lack of services in the region for clients who are perpetrating FV and for those services there are long waitlists, and there is a lack of accountability. This impacts on staff's confidence in making referrals opposed to referrals for victim survivors."*

- *"I am looking forward to the new training becoming available for myself and the clinicians in the Mental Health Service to help us work with people using violence and what that looks like in practice for us."*

Secondary consultation

Who are practitioners seeking secondary consultation for?

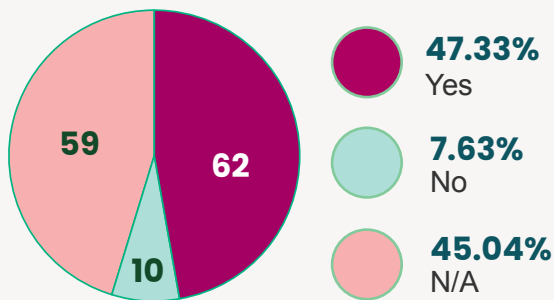|		
Adolescent who are using violence in the home	30.00%	39
Adolescents who have experienced violence in the home	30.00%	39
Adult woman who is/has experienced violence in the home	46.15%	60
Adult male who is using violence in the home	32.31%	42
Children who have experienced violence in the home	35.38%	42
Elder abuse	23.08%	30
Same sex relationship which has violence in the home	16.92%	22
Persons who have identified as Aboriginal or Torres Strait Islander	35.38%	46
Persons from LGBTIQA+ communities	20.77%	27
Persons with a disability	21.54%	28
Male victim survivors	18.46%	24
Migrant/refugee women who experienced violence in the home	40.00%	52
Migrant/refugee men who have experienced violence in the home	17.69%	23
Are there any other groups you have sought a family violence secondary referral for?		3

Who are practitioners seeking their consultations from?

Specialist Family Violence Service (Berry Street; Anglicare; The Salvation Army; The Orange Door; or Specialist Men's service)	39.13%	54
Specialist Family Violence Workers in your own organisation	27.54%	38
I am a specialist family violence worker	26.81%	37
Child Protection	20.29%	28
Community Legal Centres	19.57%	27
Specialist Family Violence Advisors for Mental Health	15.94%	22
InTouch Multi-Cultural Centre Against Family Violence	15.22%	21
Men's Referral Service	15.22%	21
Aboriginal Community Controlled Organisation	14.49%	20
Northern Centre Against Sexual Assault (NCASA)	14.49%	20
Safe Steps	14.49%	20
Specialist Family Violence Advisors for AOD	11.59%	16
Victims of Crime Victoria	10.87%	15
Specialist Family Violence Advisors for Disability	10.14%	14
Department of Justice	7.97%	11
I have never sought a secondary consultation	10.14%	14
Other (please specify)		6

Other secondary consultation pathways raised:

- Internal supervisor
- Elder abuse services
- Uniting
- Victoria Police
- Community justice services

Have practitioner expectations met when seeking a Secondary Consultation?

47.33% Yes

7.63% No

45.04% N/A

59 62 10

How often are specialist family violence practitioners providing secondary consultations?

Multiple times each day	**9.23%**	**12**
Once per day	**8.46%**	**11**
A few times per week	**22.31%**	**29**
Once per week	**10.77%**	**14**
A few times per month	**10.00%**	**13**
Once per month	**3.85%**	**5**
Rarely	**9.23%**	**12**
Never	**0.77%**	**1**
N/A - I am not a specialist family violence worker	**26.15%**	**34**

Insights

Most respondents reported that when they did seek secondary consultations expectations were met, particularly when from specialist family violence services

- *"Questions were answered and appropriate referral pathways were suggested."*
- *"Secondary consults have been helpful for a varied opinion and other options for supporting the client."*
- *"Specialist organisations I have reached out to have been extremely supportive and helpful."*
- *"They provide recommendations to support safety in areas when all other considerations have been attempted, but safety isn't reducing."*
- *"Prompt advice and clarity given."*

The Orange Door was raised as a service with inconsistent experiences with secondary consultations. Factors such as workforce resourcing, capacity and experience of the person providing information may be impacting the quality of these responses

- *"It has varied depending on whom I have spoken with. Sometimes the Orange Door staff can be difficult to reach."*
- *"TOD appear to encourage the client to call and not the agency. If I phone it is often days until someone responds and I am unable to refer the client so I usually encourage the client to call."*
- *"I have sought secondary consult from TOD and have found that they generally just advise the woman call them. Sometimes the woman doesn't want to so I am looking for support as to how I can support her."*

**Practitioners are experiencing a delayed response time or no response to requests for consultation**

- *"It is highly concerning not getting responses or a service not being available and not knowing what is possible for clients".*
- *"Everyone is busy, but delays in secondary consultations mean we are held back from knowing possible next steps for clients."*

Information sharing

How often are practitioners proactively sharing information using the Information Sharing Schemes (FVISS and CISS)

Daily	**6.57%**	**9**
Weekly	**24.82%**	**34**
Monthly	**10.95%**	**15**
Once every 3 months	**10.95%**	**15**
Once every 6 months	**12.41%**	**17**
Once every 12 months	**7.30%**	**10**
I have never proactive shared information without a request	**23.36%**	**32**
I was not aware I could proactively share without a request	**3.65%**	**5**

How often are practitioners responding to requests to share information through FVISS and CISS?
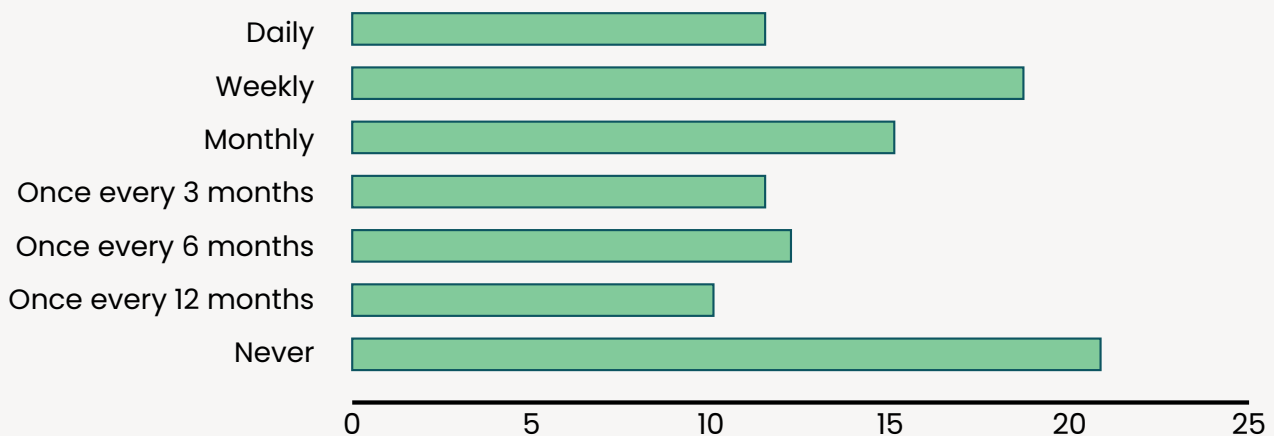

How long does it usually take for ISEs to respond to requests via FVISS & CISS?

Within one working day	**21.64%**	**29**
Within two working days	**23.88%**	**32**
Within three working days	**15.67%**	**21**
Within four working days	**7.46%**	**10**
Over a week	**6.72%**	**9**
I don't know	**24.63%**	**33**

Experiences of RAEs when trying to gather information:

No reply to an Information Sharing Request	35.35%	35
A refusal to provide information without a reason	28.28%	28
A refusal to be allowed to talk to the worker who managed the case	19.19%	19
A long delay (more than 2 working days) in receiving information	45.45%	45
Would you like to make comment on any of the above? Are there any other barriers you are commonly experiencing? (Free response)	10.10%	10

The overall quality of information you received through FVISS & CISS
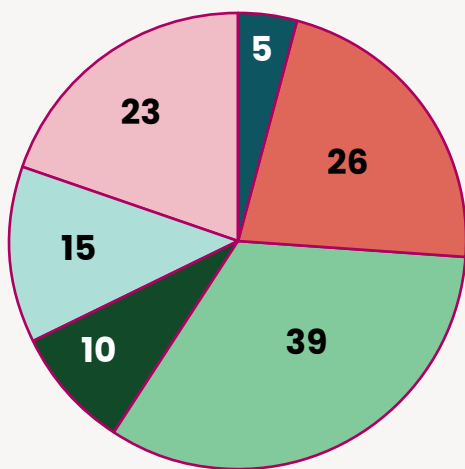
4.24%
Poor quality- the information usually doesn't assist with risk assessment, safety planning or child well-being

22.03%
Ok quality- the information sometimes assists with risk assessment, safety planning or child well-being

33.05%
Good quality- the information regularly assist with risk assessment, safety planning or child well-being

8.47%
High quality- the information always assist with risk assessment, safety planning or child well-being

12.71%
I do not receive information

19.49%
I work at an Information Sharing Entity

Insights

Practitioners require greater clarity on the processes around Information Sharing. This has been voiced as a significant area of need throughout the survey

- *"Regular published case studies that can be reviewed in our own time about how the FVISS and CISS actually works would be helpful."*

- *"Clearer guidance on when to share ie when it is necessary, when is it suggested and when is it not. Also, clearer guidance around impacts to Privacy Act so that staff feel more confidence around this."*

- *"More clear resources and tutorials on how to use the information sharing."*

- *It would be helpful to have a clear flow chart of the different sharing schemes between organisations."*

There is a disconnect amongst services, particularly around expectations of information and detail of the content shared

- *"Much of the information shared is extremely brief and does not provide full details on family experiences."*

- *"There are sometimes misunderstanding of the various consent requirements depending on who the information relates to and risk thresholds."*

- *"I would like further clarification on expectations of an RAE."*

- *"Different services have different understanding of their threshold for sharing information."*

- *"I find often Child Protection and police expect us to share information, but are not as open to sharing with us."*

Practitioners raised issues with receiving information back in a timely manner. Particular concern was raised with the response rate with Victoria Police. Delays in response are dissuading practitioners from requesting information

- *"We need quicker response times, I have stopped submitting FVISS with Victoria police as they don't reply for 4 weeks".*

- *"The days it takes to sometimes get information is stressful, because we are trying to manage risk but for days can be missing key information to inform our understanding of risk."*

- *"Police need to be more open to sharing information with us when regarding high-risk cases so we can consider strategies into our safety planning."*

- *"I find barriers with police, often I will have to chase them up and informants won't be able to be contacted."*

Conclusion

The first MARAM Alignment and System Integration Survey undertaken in 2023 for the Northern Metropolitan Region, has established a baseline mapping on the progress of MARAM implementation and where critical gaps exist that require further systems support.

The results have shown that whilst the prescribed workforce demonstrates a strong understanding and commitment to implementing the MARAM Framework, pressing challenges remain. Areas for increased workforce support and capacity building include a need to strengthen service system collaboration. Inclusive of this is the importance of establishing greater clarity and consistency around Information Sharing and collaborative risk assessment practices. The need for workforce capacity building activities that are tailored to specific service and organisational settings was also voiced. Additionally, extending the specialisation of the prescribed workforce was raised as a need, in particular how to work with adolescents using violence and inclusively with people from marginalised communities who are still not meaningfully reflected in the design of 'mainstream' services.

NIFVS further recognizes that some of the points raised by participants call for domains of systems improvement that require action on a state-wide level. This for example included changes to the MARAM risk assessment tools, MARAM portal and more generally for improved usability of MARAM tools. Some of the key recommendations from the survey notably are also consistent with findings from surveys completed across other regions of Victoria. These patterns demonstrate that regional actions will also need to include a focus on advocacy for state-wide systems change, which is ultimately needed for sustainable integration and alignment of MARAM across the NMR.