



MARAM Alignment for hospitals and health services

Alignment to the four MARAM Pillars and Principles

Background

The Victorian Government introduced the *Family Violence Risk Assessment and Risk Management Framework*, often referred to as the common risk assessment framework or 'CRAF' in 2007. The CRAF and associated evidence-based risk assessment tool was designed to create a shared understanding of the issues underpinning family violence, guide professionals to identify, assess and respond to risk factors associated with family violence, and enable a consistent service response to all victim survivors. In 2015 the Royal Commission into Family Violence (the Commission) was established in recognition of the adverse impacts of family violence and the need to invest in reforms. The Commission's report, delivered in March 2016, made 227 recommendations to improve Victoria's responses to family violence, and the Victorian Labour Government pledged to implement all recommendations.

The Commission recommended the redevelopment of CRAF, the result of which is the Family Violence Multi-Agency Risk Assessment and Management Framework or MARAM. MARAM has been established in law under a new Part 11 of the Family Violence Protection Act 2008. This means organisations that are authorised through regulations, as well as organisations providing funded services relevant to family violence risk assessment and management, must align their policies, procedures, practice guidance and tools to the MARAM Framework. The first phase of organisations became prescribed in September 2018, including state funded Sexual Assault Services, Alcohol and Other Drug Services and designated Mental Health Services. Additional organisations will become prescribed in the first half of 2021, including Hospitals (subject to ministerial approval).

The Commission also recommended the *Family Violence Protection Act 2008* be amended to create a specific family violence information sharing regime. Two new information sharing schemes have subsequently been legislated, creating additional opportunities to request and share risk relevant information in addition to existing legislation.

The Family Violence Information Sharing Scheme (FVISS) enables 'prescribed information sharing entities' to share information to assess and manage family violence risk. The Child Information Sharing Scheme (CISS) enables prescribed entities to share information to promote the wellbeing and safety of children. The FVISS began for a select group of organisations and services in February 2018 and CISS for a select group of organisations in September 2018. Victorian public hospitals are scheduled to become 'prescribed framework organisations' under the *Family Violence Protection Act 2008* and the *Child Wellbeing and Safety Act 2005 (Vic)* in the first half of 2021 (subject to ministerial approval). Although not prescribed until early 2021, there is significant work that can be undertaken in preparation.

The Strengthening Hospital Responses to Family Violence (SHRFV) model and toolkit were developed prior to the MARAM Framework and Practice Guide development. This guide is designed to enhance work





underway as part of SHRFV and to further support hospitals and health services to align their family violence work to MARAM and therefore meet their legislative obligations as prescribed entities.

Terminology

Reference to hospitals and health services throughout this document refers to public hospitals and health services that are/to be prescribed under MARAM.

The term 'department' has been used to refer to clinical and non-clinical departments, teams and services within a hospital or health service.

The term 'staff groups' has been used to refer to clinical and non-clinical workforce groups or particular classifications of staff that work within a department of a hospital or health service.

Overview of MARAM

The MARAM Framework is best practice for family violence risk assessment and management, based on current evidence and research. It aims to establish a system-wide shared understanding of family violence and collective responsibility for risk assessment and management. The MARAM Framework and supporting resources should be used by hospitals and health services to guide their contact with individuals and families experiencing family violence.

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, 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 and behaviours
- Guide alignment with the Framework for use across a broader range of organisations and sectors who will have responsibilities to identify, assess and respond to family violence risk
- Ensure consistent use of the Framework across these organisations and sectors.

The [MARAM Framework](#) sets out the policy approach to implementing the Framework Legislative Instrument and outlines;

- 10 Framework Principles which help build a shared understanding about family violence. All MARAM alignment activities should take into account the 10 Principles, as they are pervasive.
- Four Conceptual 'Pillars' that organisations must align their policies, procedures, practice guidelines and tools to.
- 10 MARAM Practice Responsibilities for professionals which cover the spectrum of responses to family violence from respectful engagement, identification and screening, risk assessment and management and multi-agency collaborative practice.

The health sector's role within the service system

MARAM is underpinned by an understanding that all sectors and services within the integrated service system have a role to play in supporting effective responses to family violence. Hospital and health services have a pivotal role in:

- Providing a point of entry for victim survivors to access or interact with the service system





- Screening and identification of family violence risk in the first instance
- In some roles within hospitals and health services assessing and managing family violence risk
- Sharing relevant risk information with other services and making referrals for specialist support
- Working collaboratively with multiple services as part of a multi-agency response

What is required for alignment to MARAM?

To align to MARAM, hospitals and health services must undertake actions 'to effectively incorporate the four pillars of the Framework into existing policies, procedures, practice guidance and tools, as appropriate to the roles and functions of the prescribed entity and its place in the service system'(Victorian Government, 2018, p16). Under the Framework, each pillar contains a legislative framework requirement that hospitals and health services must align to. Hospitals and health services must also consider the 10 MARAM principles in their alignment activities, as well as how to operationalise FVISS and CISS.

Organisations are not expected to have fully aligned to MARAM from the day of prescription. The MARAM Framework and legislative instrument do not provide a specific timeframe for alignment. Alignment to MARAM is progressive and is expected to take time and be an ongoing process through opportunities for continuous improvement within a maturity model. The Victorian Government's initial focus is to support hospitals and health services to develop and implement a process for alignment, rather than focusing on compliance measures. This approach recognises the complexity of the health sector, and that each service has its own unique clinical environment, resources, and will be at different stages of implementing the SHRFV whole-of-hospital response to family violence. There are no minimum standards for alignment, the [MARAM alignment checklist](#) provides recommended actions for prescribed organisations to undertake in the first three, six and twelve months. In line with the pillars of the framework, the actions associated with achieving alignment will differ for each organisation. Hospitals and health services have the discretion to lead and tailor the alignment process to their specific context and unique strategic and clinical operating environments in line with the pillars of the MARAM Framework including the 10 Responsibilities.

Ministers with responsibility for framework organisations are required to prepare annual reports on how organisations are progressing with alignment including the 'Framework requirements'. A consolidated report from the Minister for Prevention of Family Violence is then tabled in Parliament and available for public review. Departments are putting in place additional mechanisms to review and monitor alignment progress, including an annual survey of Framework organisations.

While MARAM is a maturity model, prescription under FVISS and CISS are immediate, and as such hospitals and health services will need to be able to respond to requests from the date of prescription.

It is important to note that while the MARAM Framework outlines responsibilities for working with perpetrators, current alignment requirements focus on working with victim survivors. Practice guides and resources to support how organisations should work with and respond to perpetrators are in development by Family Safety Victoria and are expected to be released in late 2020. Practice guidance for working with adolescents is also in development, with dates for release still to be confirmed.

Why is alignment important?

Aligning to MARAM will contribute to enhanced health outcomes. Research (Webster, 2016) has identified intimate partner violence as the leading cause of disease burden for women aged 18 to 44. The Commission recognised the unique role the health sector has as a critical entry point for identifying people affected by family violence, providing medical care and a pathway to specialist support and assistance. The Commission (State of Victoria, 2016, p28) noted that 'some victim survivors will not contemplate engaging with a specialist





family violence service but will interact with health professionals at times of heightened risk of family violence or seek treatment for injuries or medical conditions arising from violence they have experienced.' Aligning to MARAM enables hospitals and health services to embed evidenced-based best practice that contributes to enhanced health outcomes by ensuring the health needs of people experiencing family violence are met that is inclusive of their right to safety.

Alignment to MARAM enables an effective, integrated service response that empowers victim survivors, prioritises their safety and can hold perpetrators in view and hold them accountable for their behaviours and actions. MARAM alignment supports consistency of practice across the service system and sets clear expectations of the roles different services have within the integrated service system for assessing and managing family violence risk. It will ensure that when a victim survivor seeks help they will receive a suitable and consistent response no matter what service they engage with. Increasing family violence identification, assessment and management will enhance opportunities for early intervention to prevent escalation of risk and further harm.

A central element of the experience of violence is the loss of control and feelings of powerlessness. One of the MARAM principles is that the 'agency, dignity and intrinsic empowerment of victim survivors must be respected by partnering with them as active decision-makers in risk assessment and management'. Alignment to MARAM enables hospitals and health services to ensure victim survivors have control over their healthcare and engagement with the service system. Indeed, any action taken by a hospital or health service to support a victim survivor to increase their safety must be done with a patient centred focus.

MARAM Alignment Action Plan Development Process

This document outlines a process to assist hospitals and health services to develop a *MARAM Alignment Action Plan*. A hospital or health services' *MARAM Alignment Action Plan* should detail:

- High-level information about alignment requirements
- Detail evidence of work that is currently underway that demonstrates alignment to MARAM
- Identify gaps in alignment and areas for improvement
- Provide recommendations for action and outline the associated timelines to support MARAM alignment.

The purpose of the *MARAM Alignment Action Plan* is to provide a hospital or health service's Chief Executive Officer and Senior Leadership with a plan to support full MARAM Alignment for their endorsement.

Appendix A provides an example of a *MARAM Alignment Action Plan*. This example has been amended from The Royal Women's Hospital's *MARAM Alignment Action Plan*, as such the details within this template are specific to its operating environment and should not be seen as prescriptive or necessarily applicable to other hospitals or health services.

Like all change processes, alignment to the MARAM Framework is likely to require significant cultural change and system reform that will take time and require appropriate strategic and operational planning, implementation, oversight and effort at all levels of the organisation. Hospitals and health services SHRFV activities will provide evidence for alignment, but further work is required to align to MARAM and operationalise FVISS and CISS.





It is at the discretion of hospitals and health services to determine who leads this work. However, it is recommended that staff with expertise in family violence, such as SHRFV or social work department, lead this process with the support of senior staff, appropriate governance structures and a senior executive sponsor.

It is recommended that this guide is read thoroughly at the outset to fully understand the various elements of work that will need to be undertaken in developing an *MARAM Alignment Action Plan*.

The recommended process for the development of the *MARAM Alignment Action Plan* involves six key components, as illustrated below. These six key components are explained in detail on the following pages in consecutive order. In practice, activities identified in this document will likely overlap as they are interrelated, and should be undertaken in an order that best suits each hospital and health services' unique operating environment.

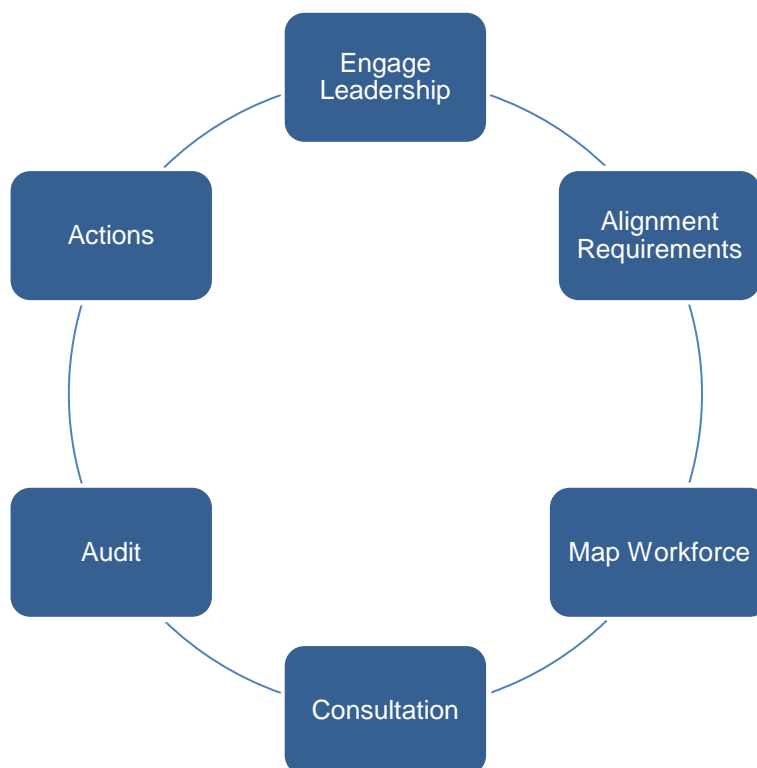


Illustration: Six components for the development of an Alignment Action Plan

The following resources have been developed to support this process:

- *Workforce Mapping for MARAM Alignment* (Supporting Resource A on SHRFV toolkit website [\[insert link\]](#)) – Proposes a methodology for mapping hospital and health services' workforce against the 10 MARAM responsibilities
- *Facilitating Collaborative Practice* (Supporting Resource B on SHRFV toolkit website [\[insert link\]](#)) – Designed to assist hospitals and health services to look at where they need to establish or strengthen partnerships between departments and with external agencies and associated processes to ensure the MARAM responsibilities can be met by their workforce
- *Alignment Action Plan Example* (Appendix A) - Provides an example of a completed *MARAM Alignment Action Plan*. This example has been amended from The Royal Women's Hospital's *MARAM Alignment Action Plan*





- *Resource Audit Tool* (Appendix B) – Designed to assist hospitals and health services to undertake a systematic audit of established policies, procedures, guidelines and practice guides against the MARAM alignment requirements
- *MARAM Consultation Questions* (Appendix C) – Sample list of questions that can support staff to gather information to inform the recommendations of activities detailed in the *Alignment Action Plan* and *Workforce Mapping document*.
- *Organisation Audit Tool* (Appendix D) – Designed to assist hospitals and health services to undertake a systematic audit of internal activities, structures and systems against the alignment requirements of MARAM
- *Briefing paper* (Appendix E) – Example content in a briefing paper for hospital and health services' executive leaders that can accompany the final *MARAM Alignment Action Plan* and *Workforce Mapping for MARAM Alignment* documents.
- *MARAM Alignment Action Plan* template (Appendix F) – Provides a *MARAM Alignment Action Plan* blank template that hospitals and health services can use.

Engage leadership

Hospitals and health services executive leadership teams must have a strong understanding of the MARAM Framework and information sharing reforms, and the requirements associated with their organisation's legislative obligations. An executive leadership team who are committed to MARAM alignment and its implementation will significantly enhance the outcomes and benefits for victim survivors, and effectively support their staff to operationalise these family violence reforms.

Introducing change within any hospital or health service requires careful planning and strong leadership to ensure that staff embrace new ways of practice. Leadership communication and consultation is critical to implementing the MARAM change process, to address potential resistance, facilitate organisational family violence literacy, inform decision making and an ongoing commitment to continuous improvement.

Like the SHRFV program, MARAM alignment requires an executive sponsor to lead this process. A governance or advisory committee with executive representatives is also required (and a requirement under Pillar 4). The role of this committee is to have oversight of key decisions to support MARAM alignment and resourcing associated with its implementation. The leadership team should allocate staff time and resources to support this work. The team who leads MARAM alignment must have a strong understanding of family violence practice and the requirements of MARAM.

Undertaking briefings to support broader leadership understanding and engagement with MARAM are critical. It is recommended that briefings and progress updates are provided to the board, executive directors, clinical and non-clinical directors, and managers. Consideration should be given to who is best placed to provide these briefings. For example, the executive sponsor is likely to be the best person to present to the hospitals' board and executives. An example briefing presentation is included in the MARAM Organisational Embedding Guide, which is scheduled for release in mid-2020.

Leaders should read and understand

- [MARAM Framework](#) - Provides policy guidance to organisations that have responsibilities in assessing and managing family violence risk, and are prescribed under regulation as Framework organisations.





- [MARAM Framework on a page](#) - A summary of the key architecture of MARAM and the Framework contents.
- [MARAM responsibilities: Decision Guide for Organisational leaders](#) – High-level guidance for organisational leaders to determine MARAM responsibilities.
- [MARAM alignment checklist](#) – A checklist for organisational leaders to start aligning their organisational policies, procedures, guidelines and practice to MARAM.
- Organisational Embedding Guide – This document is a supporting resource for leaders of organisations that are required to align their operations with the MARAM Framework, and who will lead the necessary changes within their organisation. This document is due to be released in mid-2020.

Other resources available to support leaders to understand MARAM alignment and obligations associated with the Information Sharing Schemes include

- [MARAM Leading Alignment training](#) – Training designed to support leaders in promoting and leading MARAM alignment in their own organisations.
- [Information sharing schemes and MARAM online training for Leaders](#) – Online learning for staff who work in organisational policy or leadership roles within prescribed organisations and who play a role in supporting the introduction of the schemes within their organisations.
- [MARAM practice guides](#) – Supports professionals to understand their relevant responsibilities under the MARAM Framework that includes the identification, assessment and ongoing management of family violence risk as it relates to their specific roles.
- [Child Information Sharing Scheme Ministerial Guidelines](#) – Provides direction on how prescribed information sharing entities should handle confidential information responsibly, safely and appropriately under the Child Information Sharing Scheme. The guidelines also set out how the legislative principles of the scheme are to be applied.
- [Family Violence Information Sharing Scheme Guidelines - Summary](#) - Provides direction to prescribed entities on how to share information in relation to assessing or managing risk of family violence and includes guidance and resources to ensure that information is shared appropriately and responsibly.

Alignment requirements of the four MARAM pillars

The development of the *Alignment Action Plan* is underpinned by an understanding of the framework requirements of each of the four MARAM pillars and actions that hospitals and health services can take to effectively incorporate each pillar and demonstrate alignment. This will assist a hospital or health services to:

- Outline alignment requirements
- Explore and detail evidence of work that is currently underway that demonstrates alignment
- Identify gaps and areas for improvement, and recommended actions to support MARAM alignment

This section provides an overview of each pillar, its framework requirement and considerations for how alignment could be demonstrated by a hospital or health service. Hospitals and health services should refer to the MARAM Framework and supporting resources outlined in the section above for more detailed information.





Pillar 1: Shared understanding of family violence

Framework requirement

Framework organisations demonstrate an evidence-based, shared understanding of family violence risk and impact. A shared understanding promotes an effective, integrated service response to family violence and comprises:

- spectrum of family violence types
- evidence-based risk factors used to support determination of seriousness of risk
- complexity of experiences across the community.

The Framework is based on the belief that to provide consistent, effective and safe responses for people experiencing family violence, services need a shared understanding of family violence. The Framework principles and the information covered in Pillar 1 articulate the essential foundational knowledge and contemporary evidence that staff need to know. This includes an understanding of:

- What constitutes family violence
- The underlying drivers of family violence, which includes an understanding of structural inequalities and community attitudes
- An intersectional approach to family violence
- A trauma-informed approach
- Evidence-based family violence risk factors
- Shared responsibility to keep perpetrators in view and accountable.

The Resource *Audit Tool* (see Appendix B) can assist to understand in more detail the alignment requirements associated with Pillar 1 and the related MARAM Principles.

How can alignment be demonstrated?

Hospitals and health services can demonstrate alignment to Pillar 1 through actions that build organisational and staff family violence literacy and incorporate relevant information from the Principles and this Pillar into their strategy, policies, training, and other whole-of-organisation family violence initiatives.

Evidence of alignment

Hospital and health services should explore and detail evidence of work underway, gaps and areas for improvement, and recommended actions to support MARAM alignment that increases a **shared understanding of family violence** in the following areas:

Governance and strategy

Examples include:

- Family violence included in the strategic plan as an objective or area of focus
- An organisational family violence or prevention of violence against women strategy
- A family violence position statement endorsed by the health service's board and executive
- Family violence integrated into diversity plans and activities to promote intersectionality (i.e. Reconciliation Action Plan, Disability Action Plan, Rainbow tick accreditation)

Family violence and other whole-of-organisation policies

Examples include:

- Identifying and Responding to Family Violence Policy (updated to align to MARAM)
- Family Violence Workplace Support Policy (updated to align to MARAM)
- FVISS and CISS Policy
- Privacy and Confidentiality Policy
- Child Safety Policy





- Information Management and Data Collection

The *Resource Tool Audit* (see Appendix B) can assist with auditing associated documents to support MARAM alignment requirements.

Staff training and education

Examples include:

- Delivery of *SHRFV Foundational Practice or Sensitive Practice* training, these trainings are MARAM aligned and replace earlier SHRFV training modules.¹
- Percentage of staff trained and whether this is a mandatory staff competency
- Family Violence Grand Rounds

Communication initiatives and activities

Examples include:

- SHRFV whole-of-organisation communications plan
- Family violence awareness raising campaigns (i.e. 16 Days of Activism, Go Orange, World Elder Abuse Awareness day)
- Internal and external family violence media and communications initiatives
- Family violence internal staff forums and events
- Intranet content

Corporate orientation

Examples include:

- Presentation on MARAM, SHRFV program and/or family violence strategies, programs or initiatives during all new staff and volunteer orientation
- Presentation on the Family Violence Workplace Support Program that details the health services' response for their staff who are impacted by family violence

Pillar 2: Consistent and collaborative practice

Framework requirement

Framework organisations use a shared approach to identification, screening, assessment and management of family violence risk. Framework organisations use tools that are consistent with the evidence based factors at **Table 1**, and share information relevant to family violence risk assessment and management with other services in accordance with relevant laws.

The use of tools that share an evidence base, and information sharing, support consistency of practice across services and help to:

- keep victim survivors safe and manage ongoing risk
- keep perpetrators in view, accountable for their actions and behaviours and assisting them to change their behaviour
- reinforce a shared understanding of family violence and risk
- strengthen formal and informal collaborative arrangements.

Seriousness of risk is to be assessed through structured professional judgement, which comprises a victim's self-assessed level of risk, fear and safety, assessment against evidence-based risk factors, information sharing to inform assessment and professional judgement.

Note: Table 1 refers to the list of evidence-based risk factors associated with greater likelihood and/or severity of family violence in the [MARAM Framework](#), p. 27.

¹ Please note that staff who have attended SHRFV training prior to MARAM alignment will require further training.





Pillar 2 builds on the shared understanding of family violence created in Pillar 1, by developing consistent and collaborative practice to family violence risk assessment and management across different professional roles and sectors. MARAM Pillar 2 outlines:

- The evidence-based best practice approach and tools to undertaking family violence risk identification, screening and assessment and management
- The process of determining the seriousness of risk using Structured Professional Judgement
- The concept and importance of collaborative risk management
- How sharing information sharing in line with relevant information sharing legislations enables professionals to take timely and decisive action to respond to family violence to increase victim survivor safety and provides opportunities to keep perpetrators in view and accountable for their actions and behaviours.

The *Resource Audit Tool* (see Appendix B) can assist to understand in more detail the elements of alignment to Pillar 2 and related Principles.

How can alignment be demonstrated?

Hospitals and health services can demonstrate alignment to Pillar 2 via undertaking actions to build staff's family violence practice knowledge, skills and competencies, and incorporate relevant Principles and information from Pillar 2 into their clinical practice, procedures, practice guidelines, tools and training.

Evidence of alignment

Hospitals and health services should explore and detail evidence of work underway, gaps and areas for improvement, and recommended actions to support MARAM alignment that **promotes consistent and collaborative practice** in the following areas:

Procedures, practice guides and tools

Examples include procedures and practice guides that have embedded the MARAM evidence-based risk assessment tools and capabilities relevant to assigned responsibilities:

- Identifying and Responding to Family Violence Procedure
- Client intake and assessment procedure incorporating evidence-based risk factors
- Safety planning resources
- Family Violence Workplace Support Procedure
- FVISS and CISS Procedure including consent and release of information forms and record keeping obligations
- Privacy and confidentiality procedure
- Antenatal Family Violence Screening Practice Guideline
- Home Visit Staff Guideline
- Emergency Procedure
- Child Protection Management Guide
- Client at Risk Summary Guidelines

Staff education and training

Examples include interventions that focus on staff capacity building around the application of MARAM aligned family violence knowledge and skills in practice related to Pillar 2:

- Delivery of SHRFV Foundational Practice or Sensitive Practice training. These trainings are MARAM aligned and replace earlier SHRFV training modules.²
- Inclusion of MARAM training as a mandatory staff competency
- Attendance at internal or external face-to-face MARAM training

² Please note that staff who have attended SHRFV training prior to MARAM alignment will require further training.





- Percentage of staff that have been trained to the level required to support their MARAM responsibilities, including attending external MARAM training (i.e. Leading Alignment Training; MARAM Collaborative Practice Training, Comprehensive Renewing Practice: CRAF to MARAM Training; Comprehensive Newer Family Violence Specialist Training, and Brief and Intermediate)³
- Communities of practice and shadowing sessions with experienced family violence clinicians
- Resourcing of the SHRFV Clinical Champions Network with champions across all clinical departments and services
- Train-the-trainer initiatives

Clinical systems and infrastructure

Examples include:

- Organisational operating model for FVISS and CISS
- Family violence workflows and the relevant MARAM Adult screening/identification, Adult brief, Adult intermediate and child risk assessment tools embedded into electronic or paper based medical record systems
- Embedding mandated family violence screening in antenatal clinics
- Consider evidence-based opportunities to embed screening for family violence procedures into clinical practice
- Advanced practice and credentialing of staff within clinical and allied health settings, such as per the [Allied Health Workforce Capability Framework](#)

Support, clinical supervision

Examples include:

- Supervision policies around family violence practice
- Clinical case reviews that support family violence collaborative and coordinated practice
- Ensuring external staff access to support and counselling, such as the Employer Assistance Program, have family violence credentials

Cultural safety and intersectional practice

Examples include:

- Attendance of staff at training that supports cultural awareness, intersectional or anti-oppressive practice or working with at-risk cohorts
- Implementation of the [Aboriginal Cultural Safety Framework](#)⁴
- Secondary consultations and referral processes are embedded in procedures with organisations such as W/Respect, InTouch, Seniors Rights and Aboriginal Community Controlled Organisations.

Human Resources

Examples include:

- Workplace Support Program Procedure⁵
- Delivery of Family Violence Workplace Support Managers Training, and percentage of managers trained and whether this is a mandatory staff competency
- Update to Position Descriptions

Partnerships

Examples include:

- Establish or strengthen protocols with external specialist family violence services
- Establish or strengthen protocols with external culturally specific services
- Establish or strengthen protocols with external agencies and services that provide shared care

³ Information on available MARAM training can be found at <https://www.vic.gov.au/training-for-information-sharing-and-maram>

⁴ Implementation resources are forecast to be implemented in 2021

⁵ SHRFV Family Violence Workplace Support Program resources are currently being updated, and will be released in 2020. These will require updating if staff are in scope for MARAM, FVISS, CISS (at the time of release this was currently under consideration by Family Safety Victoria)





Pillar 3: Responsibilities for Risk Assessment and Management

Framework requirement

Framework organisations understand their responsibilities in risk assessment and management practice and how these relate to the operation of Part 5A of the **Family Violence Protection Act 2008**, as applicable.

Framework organisations assign responsibilities of services and services providers within them in accordance with **Table 3**.

Note: Table 3 refers to the list of 10 responsibilities found in the [MARAM Framework](#) document.

Pillar 3 identifies 10 responsibilities for effective responses to family violence across the integrated service system. The responsibilities cover all aspects of effective response from sensitive and safe engagement, early identification, screening, risk assessment and management, information sharing, to safety planning and collaborative practice including a multi-agency response. Alignment to these responsibilities support consistency of practice across the service system, and expectations between organisations, professionals and service users.

How can alignment be demonstrated?

Hospitals and health services can demonstrate alignment to Pillar 3 through assigning the MARAM responsibilities to departments and staff groups within their organisation, mapping responsibilities in and across organisational workforces, and embedding the relevant responsibilities into policies, procedures, practice guidelines, tools and training competencies.

Evidence of alignment

Hospitals and health services should explore and detail evidence of work underway, gaps and areas for improvement, and recommended actions to support MARAM alignment to Pillar 3 that relates to MARAM aligned **family violence risk assessment and management** practice across their organisation.

Workforce mapping

Examples include:

- Consultation with clinical and non-clinical departments, and governance and advisory groups to map the health service's workforces against the MARAM responsibilities
- Map workforces against the MARAM responsibilities across the organisation organisations (see Mapping health workforces against the 10 MARAM responsibilities section below).

Policies, procedures, and practice guidelines

Examples include procedures and practice guides that have embedded the MARAM evidence-based risk assessment tools and capabilities relevant to assigned responsibilities:

- Identifying and Responding to Family Violence Procedure
- Client intake and assessment procedure incorporating evidence-based risk factors
- Safety planning resources
- Family Violence Workplace Support Procedure
- FVISS and CISS Procedure including consent and release of information forms and record keeping obligations
- Privacy and confidentiality procedure
- Protocol for release of confidential patient information
- Antenatal Family Violence Screening Practice Guideline
- Emergency Procedure
- Child Protection Management Guide





- Client at Risk Summary Guidelines
- Family Violence Referral Pathway Guide

Staff education and training

Examples include interventions that focus on staff capacity building around the application of family violence knowledge, skills and competencies in line with MARAM responsibilities:

- Delivery of SHRFV Foundational Practice or Sensitive Practice training. These trainings are MARAM aligned and replace earlier SHRFV training modules.⁶
- Number of staff that have been or require to be trained to the level required to support their MARAM responsibilities (i.e. Leading Alignment Training; MARAM Collaborative Practice Training, Comprehensive Renewing Practice: CRAF to MARAM Training; Comprehensive Newer Family Violence Specialist Training, Brief and Intermediate Training)
- Attendance at internal or external scenario-based training sessions or around family violence practice or trauma-informed practice
- Communities of practice and shadowing sessions with experienced family violence clinicians
- Resourcing of the SHRFV Clinical Champions Network with champions across all clinical departments and services

Pillar 4: Systems, outcomes and continuous improvement

Framework requirement

Framework organisations:

- establish or utilise existing relevant governance and advisory structures to implement the Framework
- collect consistent information about the evidence-based family violence risk factors, through tools aligned to **Table 1**, of service users' individual experience of the forms of family violence
- undertake activities to change organisational culture and practice to promote continuous improvement in risk assessment and management practice, information sharing and enhanced collaboration with other services.

Note: Table 1 refers to the list of evidence-based risk factors associated with greater likelihood and/or severity of family violence in the [MARAM Framework](#), p. 27.

Pillar 4 describes how organisational leaders and governance bodies contribute to, and engage with system-wide data collection, monitoring and evaluation of tools, processes and implementation. It provides information relating to priorities for data collection and how aggregated data is used to understand service user outcomes and systemic practice issues, to support continuous practice improvement.

How can alignment be demonstrated?

Hospitals and health services can demonstrate alignment to Pillar 4 by:

- Establishing or utilising existing governance advisory structures to implement the framework.
- Establishing internal mechanisms that support data collection, disaggregation and reporting in line with the [Victorian Government Family Violence Data Collection Framework](#) (such as relating to patient demographics, the evidence-based family violence risk factors and the patient's individual experience of family violence including the nature of relationships and identification of victim survivor and perpetrator)

⁶ Please note that staff who have attended SHRFV training prior to MARAM alignment will require further training.





- Establishing internal mechanisms that support data collection, disaggregation and reporting relating to information that supports opportunities for continuous improvement and to inform policy decision making, such as service delivery and client outcomes relating to family violence
- Contribute to, and engage with, system-wide data collection, monitoring and evaluation of tools, processes and implementation when requested
- Undertake activities to change organisational culture and practice, and promote continuous improvement in risk assessment and management practice, information sharing and enhanced collaboration with other services

Evidence of alignment

Hospitals and health services should explore and detail evidence of work underway, gaps and areas for improvement, and recommended actions to support MARAM alignment to Pillar 4 that relates to **systems, outcomes and continuous improvement** across their organisation.

Governance and advisory groups

Examples include:

- Board leadership and governance reporting requirements, such as family violence progress reporting requirements associated with the strategic plan, family violence or violence against women strategy, and the Statements of Priorities
- An established family violence strategic advisory group or committee that provides strategic oversight of all family violence initiatives including MARAM alignment
- An established family violence operations group that functions as a mechanism to support frontline managers and project leaders to operationalise family violence practice change that includes work required for MARAM alignment
- A program advisory group or attendance at external committees that has representatives from the hospital or health service, specialist family services, government departments, academics and victim survivor groups, and communities of practice

Data collection, monitoring and continuous improvement

Examples include:

- Establishing internal mechanisms that support data collection, disaggregation and reporting relating to patient demographics, the evidence-based family violence risk factors and the patient's individual experience of family violence (including the nature of relationships and identification of victim survivor and perpetrator) i.e. via the electronic medical record
- Establishing internal mechanisms that support data collection, disaggregation and reporting relating to information that supports opportunities for continuous improvement and to inform policy decision making, such as service delivery and client outcomes relating to family violence
- Data collection and reporting for the Family Violence Workplace Support Program that includes staff training data that measures impact and outcomes (i.e. via the learning management system)
- Contributing to, and engaging with, system-wide data collection, monitoring and evaluation of tools, processes and implementation with the Victorian Government
- Integrating family violence into the health services quality improvement plan with reporting mechanisms via quality and safety committees and the hospital's quality account
- Undertaking evidence-based clinical audit, research and evaluation projects (such as the System Audit Family Violence Evaluation (SAFE) Project funded by the Collier Charitable Fund, which is led by the Women's and The University of Melbourne) and having processes in place to act on recommendations from evaluations that take place

MARAM implementation

An example includes:

- Undertaking and implementing a *MARAM Alignment Action Plan*
- Undertaking and implementation of *Workforce Mapping against the MARAM responsibilities*





Organisational change

An example includes:

- Evaluation and reporting data relating to the success and quality improvements associated with the SHRFV program and progress of MARAM alignment on an annual basis.

Mapping the health workforce against the 10 MARAM responsibilities

In order to meet the alignment requirements for Pillar 3, hospitals and health services must map their workforce against the 10 MARAM responsibilities for risk assessment and management, and facilitate their practical application. Workforce mapping requires executive oversight and should be a collaborative process undertaken with executive directors, directors, managers and leadership within all departments of a hospital and health services to reach agreement.

The Women's have developed a separate resource, *Workforce Mapping for MARAM Alignment* [\[insert link\]](#) to support hospitals and health services to map their workforce, understand the practice expectations associated with the responsibilities and develop a *Workforce Mapping* document. The methodology and practice expectations outlined in this document are specific to the unique operating environment in health, and have been endorsed by Family Safety Victoria.

The final *Workforce Mapping* document should be presented to executive leaders for endorsement, as outlined in the Seek Endorsement section below.

How hospital and health services map their workforce will inform what recommendations are required to be put forward in the *MARAM Alignment Action Plan*. Through identifying the changes required in non-clinical and clinical practice, a hospital or health service will need to consider what actions are required to facilitate this change in practice and ensure their organisations can meet their responsibilities under MARAM, such as updates required to family violence policies, procedures and practice guides, training needs and changes to clinical systems and infrastructure.

Consultation

It is recommended that a consultation process be undertaken with executive directors, directors and managers and leadership within all departments of a hospital and health service to determine the content and recommendations of the *MARAM Alignment Action Plan* and *Workforce Mapping document*. Determination of recommended actions and workforce mapping should be a collaborative process. A collaborative approach supports informed and effective recommendations that are appropriate, feasible and achievable. This process builds a shared vision and responsibility for MARAM alignment and its implementation.

During these consultations, it is important to seek information to include in the *MARAM Alignment Action Plan* for each of the four pillars and to come to a consensus for mapping the workforces against the MARAM responsibilities. Consultation may need to occur over a period of time to reach agreement.

The consultation should provide an understanding of:

- Patient cohorts in different departments and whether departments respond to patient cohorts at high risk of family violence, in crisis or those who have high or complex ongoing psychosocial needs





- Each department's operating environment and the clinical and non-clinical staff groups within each department
- Current family violence practice including what training, policies, procedures, guidelines and tools guide current practice
- What practice issues have arisen and what clinical system and infrastructure, staff training, policy or procedural gaps have been identified
- Recommendations for mapping staff groups against the MARAM responsibilities
- Actions required to facilitate the changes in practice

A sample list of consultation questions is in Appendix C. This may need to be adapted to suit your audience and aims.

Consultation process

Prior to meetings:

- Engage with appropriate leaders regarding the most appropriate consultation process for their department
- Set up times to meet with identified staff and provide a list of consultation questions and any supporting documentation prior to the meeting. Timeframes for consultation should be realistic to allow enough time to provide a considered response.

Post meeting:

- Summarise recommendations for the *MARAM Alignment Action Plan* and *Workforce Mapping for MARAM Alignment*.
- Consider whether a more intensive consultation process is required in departments that respond to patient cohorts at-risk of family violence or in crisis. If further consultation is required, set up additional meetings.
- Consider whether further consultation is required to work through any difference of opinion in recommendations for alignment or workforce mapping to reach consensus, and set up additional consultation meeting as required
- Ensure final recommendations are endorsed by relevant directors and managers prior to final recommendations being put forward to the hospital or health services' executive directors and Chief Executive Officer.
- Close the feedback loop by explaining to those who participated in the consultation how the feedback was considered and the rationale for any decisions taken.

Audit

Conducting a systemic audit of internal activities, systems and resources against the MARAM requirements is another critical component of the alignment process. This process supports the identification of evidence of alignment, areas for continuous improvement and practice gaps to inform the recommendations in the *MARAM Alignment Action Plan*. The following resources have been developed to assist with this process.

- The *Organisation Audit Tool* (see Appendix D) is designed to assist hospitals and health services to undertake a systematic audit of the areas outlined in the *Alignment requirements for the four MARAM Pillars* section above.
- A separate resource, *Facilitating Collaborative Practice* [\[insert link\]](#) has been developed to support hospitals and health services to look at where they need to establish or strengthen partnerships





between departments and with external agencies and associated processes to ensure the MARAM responsibilities can be met by their workforce.

- The *Resource Audit Tool* (see Appendix B) can assist with a systematic audit of established policies, procedures and practice guidelines against the MARAM requirements. This tool may be adapted to suit your audience and aims. This audit tool goes into more detail regarding evidence of required practice and content changes than is required for the high level overview detailed in the *MARAM Alignment Action Plan*.

In addition, the updated SHRFV toolkit includes:

- ❖ Identifying and Responding to Family Violence Policy
- ❖ Identifying and Responding to Family Violence Procedure – non-clinical staff
- ❖ Identifying and Responding to Family Violence Procedure – clinical staff

These resources are MARAM aligned, and cover the recommended practice expectations outlined in the *Workforce Mapping for MARAM Alignment* resource. These can be amended to suit hospital and health services operating environment and record management systems.

Actions for alignment

The final component of the process is to put together a list of recommended actions and timelines for full MARAM alignment to be put forward to a hospital or health service's Chief Executive Officer and senior leadership team for endorsement.

The processes outlined above will have identified gaps and changes required in non-clinical and clinical practice, training, policies, procedures, practice guides and tools, clinical systems and infrastructure, governance and strategy and other areas related to alignment to the four MARAM Pillars. Recommended actions should address these gaps and facilitate the practice changes required.

When writing your hospital or health service's recommended actions to support MARAM alignment ensure the actions are specific, measurable, achievable, realistic and timely (otherwise known as SMART goals). Actions should provide high-level information that supports senior executives to make an informed decision regarding endorsement of the *MARAM Alignment Action Plan* and practice changes required for alignment. How actions are prioritised and their associated timeframes, should reflect the understanding that alignment is a process that takes time, and considers the hospital or health services unique operating environment.

It is recommended that the *MARAM Alignment Action Plan* is reviewed by appropriate strategic advisory and operations groups prior to being put forward to senior executives for their endorsement. Senior leaders should also be given the opportunity to be briefed individually before these documents are presented for final endorsement.

Decisions will need to be made about prioritising alignment recommendations and their implementation, and who is best placed to lead each alignment action. A Gantt chart can be a helpful way to provide this information to executive decision-makers (see Appendix A).

A blank *MARAM Alignment Action Plan* is in Appendix F.





Seek endorsement

The final *MARAM Alignment Action Plan* and *Workforce Mapping* document, along with a briefing paper should be presented to executive leaders for their endorsement. A briefing paper accompanying these documents should detail:

- The decisions required of executive leaders
- Background to the MARAM and information sharing reforms and the legislative obligations of hospitals as prescribed entities
- The briefing and consultation process undertaken
- A high-level overview of the recommendations detailed in the *MARAM Alignment Action Plan* and recommendations for where staff workforces are mapped against the 10 MARAM responsibilities
- A high-level change impact statement that details key resource requirements associated with family violence practice change (such as training competencies)

An example of a briefing paper is provided in Appendix E.

Once endorsed, the next step will be implementation!





Appendix A: Alignment Action Plan Example

The Multi-Agency Risk Assessment and Management (MARAM) Framework: Alignment action plan January 2020 – June 2021*

Victorian hospitals become 'prescribed framework organisations' under the *Family Violence Protection Act 2008* in the first half of 2021. Hospitals are required to align policies, procedures, practice guidance and tools to the four pillars of the MARAM Framework also applying the 10 principles as detailed in this document. The action plan has been developed by the Strengthening Hospital Responses to Family Violence Project (SHRFV) team, in consultation with Women's staff, including the Prevention of Violence Against Women Operations Group and Strategic Advisory Group. The SHRFV team have also conducted a preliminary audit of family violence practice, policies, procedures, guidelines and tools and benchmarked these against MARAM practice guides. The Gantt chart provides a high-level overview of activities to support MARAM alignment, including information sharing, that it is recommended we undertake before The Women's is required to be compliant with information sharing.

Note: This example has been amended from The Royal Women's Hospital's *MARAM Alignment Action Plan*, as such the details within this template are specific to its operating environment and should not be seen as prescriptive or necessarily applicable to other hospitals or health services.

***Note:** The dates and timeframes within this example are indicative and should not be seen as prescriptive. Organisations should develop a plan that is realistic for their operating environment. Additionally, as alignment is ongoing, it is anticipated that action plans will be regularly reviewed and updated for continuous improvement. Alignment activities can begin pre-prescription.

Recommended action to support MARAM alignment	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Operational lead
Teams and departments provide recommendations regarding workforce responsibilities through completion of the workforce mapping document										
Operational and strategic governance groups to review and endorse action plan and workforce mapping document										
Determine the preferred operational model for the Family Violence and Child Information Sharing Schemes										
Undertake the necessary infrastructure requirements to ensure the whole-of-hospital is compliant for information sharing by prescription date (i.e. information sharing policy/procedure, integration into electronic management recording systems, training requirements etc.)										



Update SHRFV training and Workplace Support Training for MARAM alignment and develop a MARAM training plan									
Undertake training required to support staff with information sharing.									
Develop an organisational flowchart that maps MARAM staff responsibilities and internal and external referral pathways									
Develop an action plan to map MARAM practice change across impacted teams and departments									
Update Family Violence policies, procedures and guidelines (detailed below under 'primary review')									
Roll out a MARAM staff engagement and communications strategy									
Scope electronic management recording system's capability to support MARAM alignment									

Pillar 1: Shared understanding of family violence	Evidence of work that is MARAM aligned	Gaps in alignment	Recommended actions to support MARAM alignment	Timeframe (all dates indicative)	Operational Lead
<p>Demonstration of alignment to Pillar 1 through activities, actions and policy's which increase a shared understanding of the following MARAM principles and understandings of family violence:</p> <ul style="list-style-type: none"> A common understanding of what constitutes family violence Recognition of the underlying drivers of family violence, and how the prevalence and impact of family violence is linked to intersecting historical, social and 	<p>Governance and strategy</p> <ul style="list-style-type: none"> Current Strategic Plan includes family violence as an area of strategic focus The Prevention of Violence Against Women Strategy contributes to a shared understanding of family violence relevant to all Pillar 1 and principles 	<p>Inclusion of family violence in subsequent Strategic Plan and Prevention of Violence Strategy</p>	<ul style="list-style-type: none"> Strongly consider including family violence in the new strategic plan to support MARAM alignment Refresh and publish a second iteration of the Prevention of Violence Against Women Strategy and ensure language and approach is MARAM aligned 	<p>Late 2020</p> <p>June – Dec 2021</p>	<p>Director Strategy, Planning & Performance</p> <p>Director of Violence Against Women (VAW)</p>
	<p>Family violence policies – primary review</p> <ul style="list-style-type: none"> <i>The Identify and Response to Family Violence Policy</i> – articulates a whole-of-organisational approach to Pillar 1 for patients who experience family violence <i>The Workplace Support Policy</i> – articulates a whole-of-organisation 	<p>Policies require an update to include new family violence risk factors; intersectionality practice; information sharing obligations; among other areas of MARAM practice</p>	<ul style="list-style-type: none"> Update family violence policies to ensure alignment with MARAM and information sharing obligations. These changes will then drive content changes for relevant organisational procedures, guidelines and tools 	<p>Feb-June 2020</p>	<p>Director of VAW</p>



Pillar 1: Shared understanding of family violence	Evidence of work that is MARAM aligned	Gaps in alignment	Recommended actions to support MARAM alignment	Timeframe (all dates indicative)	Operational Lead
<p>structural inequality, and community attitudes, particularly towards gender</p> <ul style="list-style-type: none"> Awareness of an individual's personal identities, and the related experience of discrimination and disadvantage that increase risk and impact of family violence, and creates further barriers to service access and responses A trauma-informed approach that recognises how different experiences of trauma in adults and children, might affect a person's presentation, needs and ability to engage with services Evidence-based family violence risk factors, particularly those that relate to increased likelihood and serious risk of family violence Creating a shared responsibility to keep perpetrators in view and accountable for their actions and behaviours 	<p>approach to Pillar 1 for staff affected by family violence</p>				
	<p>Other related policies – secondary review</p> <ul style="list-style-type: none"> Personal Information Privacy Policy 	<p>Requires reference to information sharing reforms.</p>	<ul style="list-style-type: none"> Update policy relating to the Statutory Schemes. 	<p>June-Sept 2020</p>	<p>Director Allied Health</p>
	<p>Training</p> <ul style="list-style-type: none"> <i>SHRFV Module 1: A Shared Understanding of Family Violence</i> – is offered to all clinical and non-clinical staff and provides a foundation for understanding family violence across the life span; definitions and drivers of family violence; and an overview of our commitment to the Family Violence Workplace Support Program 	<p>Module 1 requires an update to align with MARAM and information sharing obligations. Approximately 25% of staff have completed this training</p>	<ul style="list-style-type: none"> Update Module 1 face-to-face training to ensure MARAM alignment Consider mandating training to increase reach with a target of 80% of non-clinical staff completing this training 	<p>Feb – July 2020</p>	<p>Director of VAW</p>
	<p>Corporate orientation</p> <ul style="list-style-type: none"> The corporate orientation program has a 10 minute presentation about the family violence program 	<p>No reference to MARAM in Orientation program</p>	<ul style="list-style-type: none"> Consider updates corporate orientation program to include reference to MARAM Framework and organisation's obligations under MARAM 	<p>Ongoing</p>	<p>Director People, Culture & Wellbeing</p>
	<p>Communications strategy</p> <ul style="list-style-type: none"> Intranet, Annual 16 Days of Activism activities, media and communications work, family violence posters, grand rounds, staff forums and events, all promotes a shared understanding of family violence 	<p>In coming years, ensure communications work aligns with the 10 MARAM principles</p>	<ul style="list-style-type: none"> Roll out a communication strategy for staff regarding their MARAM roles and responsibilities, changes in practice and organisational changes associated with the reforms Update the family violence intranet page to ensure MARAM alignment Continue communication strategy for family violence 	<p>Jan – Sept 2020</p> <p>Sept 2020</p> <p>Ongoing</p>	<p>Director People, Culture & Wellbeing</p>



Pillar 2: Consistent and collaborative practice	Evidence of work that is MARAM aligned	Gaps in alignment	Recommended actions to support MARAM alignment	Timeframe (all dates indicative)	Operational Lead
<p>Demonstration of alignment to Pillar 2 through procedures and practice reflecting the following MARAM principles:</p> <ul style="list-style-type: none"> Professionals should work collaboratively to provide coordinated and effective risk assessment and management The agency, dignity and intrinsic empowerment of victim/survivors must be respected by partnering with them in risk assessment and management Services' responses should acknowledge and respond to unique experiences, vulnerabilities and needs Services provided to people from Aboriginal communities should be culturally responsive and safe, recognise the Aboriginal communities understanding of family violence and promote their right to self-determination Services provided to diverse communities and at risk cohorts should be 	<p>Family violence clinical response and training</p> <ul style="list-style-type: none"> Generalist clinical training for family violence includes: <i>SHRFV Module 2 or combined 1 & 2: Clinical Practice and Identifying and Responding to Family Violence</i> The EMR Family Violence Workflow includes MARAM identification questions and has been built into EMR for generalist clinical staff Supplementary SHRFV training modules - Elder abuse, sexual assault, paediatrics and Acting on the Warning Signs (full day professional development) – is offered to staff and teams, as appropriate 	<p>Module 2, combined 1 & 2 module and supplementary modules requires an update to align with MARAM and information sharing obligations</p>	<ul style="list-style-type: none"> Update to module 2 and combined 1 & 2 module to include MARAM aligned and EMR Family Violence Workflow Consider mandating training to increase reach to a target of 80% of staff trained Need to determine the timeframe and training requirements (standalone training or integrated into SHRFV training) for information sharing to ensure clinical compliance by September 2020 Update the supplementary training modules to align to MARAM 	<p>Complete</p> <p>Feb – July 2020</p> <p>Aug 2020</p> <p>Feb - March 2020</p>	<p>Director of VAW</p>
	<p>Maternity family violence screening and training</p> <ul style="list-style-type: none"> <i>Mandated screening for family violence in antenatal clinics</i> – this clinical practice change is MARAM aligned and includes the following: <i>Screening for Family Violence in Antenatal Clinics - Clinical Practice Guideline</i> Screening tool includes MARAM identification questions, brief risk assessment and flowchart of referral pathways Training to support family violence antenatal screening has been delivered to maternity staff 	<p>25% of the maternity workforce are trained in family violence screening</p>	<ul style="list-style-type: none"> Ensure training for family violence screening is mandated 	<p>Jan – June 2020</p>	<p>Director of VAW</p>



Pillar 2: Consistent and collaborative practice	Evidence of work that is MARAM aligned	Gaps in alignment	Recommended actions to support MARAM alignment	Timeframe (all dates indicative)	Operational Lead
<p>accessible, culturally responsive and safe, client-centred, inclusive and non-discriminatory</p> <ul style="list-style-type: none"> Services provided to child victim survivors should acknowledge their unique experiences, vulnerabilities and needs. Ensure family violence used by adolescents is seen as a distinct form of family violence and requires a different response to family violence used by adults. <p>Alignment requirements of Pillar 2 (dependent on staff role and responsibilities) include:</p> <ul style="list-style-type: none"> Use of MARAM evidence-based risk assessment tools for adults and children Seriousness of risk is assessed through the structured professional judgement model Family violence risk relevant information is shared proactively and on request via FVISS Information relevant to the children's broader safety and wellbeing issues are shared proactively and on request in line with CISS 	<p>Workplace Support Managers Training</p> <ul style="list-style-type: none"> All managers are provided with a four-hour Workplace Support Training to increase their capacity to support staff affected by family violence This training is mandated with an 80% manager participation rate 	<p>Requires update for MARAM alignment and information sharing (once FSV has clarified that staff are in scope for MARAM and Information Sharing)</p>	<ul style="list-style-type: none"> If staff who experience family violence are in scope for MARAM and information sharing; training update to include these obligations. The internal process for information sharing needs to be determined and then integrated into this training 	<p>Prior to Sept 2020</p>	<p>Director of VAW</p>
	<p>Family Violence Clinical Champions</p> <ul style="list-style-type: none"> The Clinical Champions project supports MARAM alignment via building staff capacity and work-unit awareness to respond to family violence and secondary consultation 	<p>N/A</p>	<ul style="list-style-type: none"> The Clinical Champion project is resourced by a time-limited project team; consideration for ongoing resourcing of this project is required 	<p>Jan 2021</p>	<p>Director of VAW</p>
	<p>Family Violence Information Sharing and Child Information Sharing Schemes</p>	<p>The organisation's policies and procedures for information sharing are in process of being reviewed and this includes the statutory Information Sharing Schemes</p>	<ul style="list-style-type: none"> Determine specific model for information sharing under statutory Schemes and develop an implementation action plan. The model will determine: Scope of practice change and requirements for training roll out; and The infrastructure requirements for operationalising information sharing under the Statutory Schemes (to incorporate in policy/procedure review consent forms/processes for patient etc.) 	<p>Feb – April 2020</p>	<p>Director Allied Health</p>
	<p>Family violence procedures and guidelines – primary review</p> <ul style="list-style-type: none"> <i>Identify and Respond to Family Violence Procedure</i> <i>Family Violence Workplace Support Procedure</i> 	<p>All procedures require review to be MARAM aligned and provide consist practice across the whole-of-organisation</p>	<ul style="list-style-type: none"> <i>Identify and Respond to Family Violence Procedure</i> requires an update to include the EMR family violence workflow, MARAM alignment, new referral pathways (i.e. The Orange Door, w/respect) and link to information sharing procedure, and documented process for a Responding to Intervention Order 	<p>Mar - Sept 2020</p>	<p>Director of VAW</p>



Pillar 2: Consistent and collaborative practice	Evidence of work that is MARAM aligned	Gaps in alignment	Recommended actions to support MARAM alignment	Timeframe (all dates indicative)	Operational Lead
<ul style="list-style-type: none"> Barriers to engagement are identified and addressed 			<ul style="list-style-type: none"> <i>Workplace Support Procedure</i> requires alignment to MARAM and Family Violence Information Sharing Clinical guidelines and tools require an update to include standardised documentation of family violence risk assessment and management to include the evidence-based risk factors and apply Structured Professional Judgement 		
	<p>Other procedures and guidelines – secondary review</p> <ul style="list-style-type: none"> <i>Client at Risk Summary Guideline</i> <i>Child Protection Management Guideline</i> <i>Personal Information Privacy Guideline</i> <i>Weapons Procedure</i> <i>Safety and Security of Home Visiting Staff Guideline</i> <i>Emergency Procedure Manual</i> <i>Team/department specific family violence assessment guidelines and tools</i> 	<p>All these procedures, guidelines and manuals require an update for MARAM alignment and where relevant, information sharing.</p>	<ul style="list-style-type: none"> <i>Client at Risk Summary Guidelines</i> require MARAM alignment with attention to perpetrators and links to information sharing procedures <i>Child Protection Management Guideline</i> requires an update to include requirements associated with CISS, and FVISS as it relates to children <i>Information Privacy Guideline</i> update currently being undertaken will include statutory information sharing obligations <i>Weapons Procedure</i> requires an update and could be integrated into the development on an IVO Procedure <i>Emergency Procedure</i> requires an update and stronger focus on perpetrator responses for planned code grey and code black (including satellite clinics) Team/department specific assessment tools that include family violence assessment and risk will require updating to align with MARAM 	<p>Mid-late 2020</p> <p>Mid-late 2020</p> <p>Sept 2020</p> <p>Jan 2021</p> <p>Jan 2021</p> <p>Mid 2020</p>	<p>Director Allied Health</p>



Pillar 2: Consistent and collaborative practice	Evidence of work that is MARAM aligned	Gaps in alignment	Recommended actions to support MARAM alignment	Timeframe (all dates indicative)	Operational Lead
	Cultural safety and intersectionality <ul style="list-style-type: none"> The Reconciliation Action Plan The Disability Action Plan 	No consistent staff Aboriginal cultural awareness and/or competency training	<ul style="list-style-type: none"> Ensure the whole-of-organisation roll out of Aboriginal cultural awareness and competency training Consider implementation of Aboriginal Cultural Safety Framework. Consider opportunities to increase integration of family violence within diversity plans Consider priority of access in relevant services for family violence patients who are Aboriginal and Torres Strait Islander, LGBTIQ, women with disability, women with complex drug and alcohol dependency, women from a refuge and migrant background and women in prison Ensure patient waiting rooms have family violence translated brochures 	Late 2020 Jan – Dec 2020 Late 2020 Late 2020 Sept 2020	Director Allied Health Director of VAW Director of VAW Director Allied Health Director of VAW

Pillar 3: Responsibilities for Risk Assessment and Management	Evidence of work that is MARAM aligned	Gaps in alignment	Recommended actions to support MARAM alignment	Timeframe (all dates indicative)	Operational Lead
Demonstration of alignment to Pillar 3 through actions, procedures and practice reflecting the following MARAM principles: <ul style="list-style-type: none"> Professionals should work collaboratively to provide coordinated and effective risk assessment and management responses 	Workforce responsibilities for risk assessment and management <ul style="list-style-type: none"> MARAM alignment consultations with teams and departments and governance advisory groups Workforce Mapping Against MARAM Responsibilities Document has been written (currently in draft) 	To be confirmed - Internal practice gaps in the 10 MARAM responsibilities will be determined once the workforce mapping document has been finalised and endorsed	<ul style="list-style-type: none"> Teams and departments to provide recommendation regarding mapping their workforce responsibilities Strategic Governance Committee review and endorse the workforce mapping recommendations Develop an action plan to support consistent practice change Develop a MARAM training plan; this is critical for teams and 	In draft Feb 2020 Mar – April 2020 March - June 2020	Director of VAW Exec Director SPP Director of VAW Director of VAW



Pillar 3: Responsibilities for Risk Assessment and Management	Evidence of work that is MARAM aligned	Gaps in alignment	Recommended actions to support MARAM alignment	Timeframe (all dates indicative)	Operational Lead
Alignment requirements are to: <ul style="list-style-type: none"> Identify and map organisational roles against MARAM risk assessment and risk management responsibilities Map responsibilities across and outside of the organisation Embedding the relevant responsibilities into policies, procedures, practice guidelines and training competencies. Facilitate the infrastructure, and resources required to competently undertake the responsibilities. Establishing communication protocols with key organisations and engagement with specialist family violence services 			<ul style="list-style-type: none"> departments with intermediate or comprehensive responsibilities who are required to attend external MARAM training. Consider mandating training for staff with intermediate or comprehensive responsibilities (i.e. Social work) Develop an organisational flowchart that defines the MARAM responsibilities in and across the organisation and referral pathways to external providers Teams and departments with intermediate or comprehensive MARAM responsibilities will require specific procedures or guidelines to reflect what is safe, reasonable and appropriate family violence risk assessment and management within their clinical area 	Mar – April 2020 Jun – Dec 2020	Director of VAW Director Allied Health
	Advance practice and credentialing <ul style="list-style-type: none"> Social work has a team leader who provides specialist support for family violence 	N/A	<ul style="list-style-type: none"> Consider having an advanced practice role in social work that is credentialed to support MARAM practice 	May – June 2021	Director of VAW
	Partnership with specialist family violence services <ul style="list-style-type: none"> Clear formal referral pathways to specialist family violence services are embedded in the family violence procedures 	MARAM recommends review and work to strengthen referral pathways with specialist services	<ul style="list-style-type: none"> Consider the development of partnership agreements or practice guidance with specialist services to strengthen referral processes, support options and collaborative practice, especially for high risk patients 	Dec 2020	Director Allied Health
	Clinical support, supervision <ul style="list-style-type: none"> Clinical case reviews occur in various departments Many clinical staff receive clinical supervision External staff debriefing offered via the Employer Assistant Program - 	Case reviews are not standardised practice and are resourced by a time-limited project team	<ul style="list-style-type: none"> Case reviews enhance MARAM collaborative and coordinated practice. Consider standardising roll out in relevant clinics that respond to high risk patients MARAM has a strong focus on staff supervision and support; consider the introduction of consistent clinical 	Jan 2021 Jan 2021	Director of VAW Director of VAW



Pillar 3: Responsibilities for Risk Assessment and Management	Evidence of work that is MARAM aligned	Gaps in alignment	Recommended actions to support MARAM alignment	Timeframe (all dates indicative)	Operational Lead
	staff have competencies in family violence		family violence supervision for teams/departments who respond to patients at high risk/high prevalence		

Pillar 4: Systems, outcomes and continuous improvement	Evidence of work that is MARAM aligned	Gaps in alignment	Recommended actions to support MARAM alignment	Time-frame (all dates indicative)	Operational lead
Alignment requirements for Pillar Four are to: <ul style="list-style-type: none"> Establish governance and advisory groups to implement MARAM Collect information on client outcomes relating to family violence including diverse patient cohorts Organisational leaders to contribute to, and engage with, system-wide data collection, monitoring and evaluation of tools, processes and implementation. Undertake activities to change organisational culture and practice, and promote continuous improvement in risk assessment and management practice, information sharing and 	Board leadership and governance <ul style="list-style-type: none"> The Strategic Plan include family violence as an area of strategic focus. The Board therefore receives 6 monthly reports and yearly presentations regarding progress against our family violence activities Family violence is an action in our Statements of Priorities, which is reported to the Executive and Board 	N/A	<ul style="list-style-type: none"> No action required if family violence remains an area of strategic focus in the new strategic plan Scope need to establish partnerships for multi-agency practice 	Late 2020	Exec Director Strategy, Planning & Performance Director of VAW
	Operational governance and advisory groups Ongoing governance structure for family violence includes: <ul style="list-style-type: none"> Prevention of Violence Against Women Strategic Advisory Group comprised of clinical and non-clinical executives Prevention of Violence Against Women Operations Group comprised of operational managers SHRFV Program Advisory Group includes hospitals, family violence specialists, academics, government departments and victim/survivor representation 	N/A	No action required if these governance groups continue to meet regularly and have oversight of MARAM implementation and integration of family violence into quality improvement plan	Ongoing	CEO



Pillar 4: Systems, outcomes and continuous improvement	Evidence of work that is MARAM aligned	Gaps in alignment	Recommended actions to support MARAM alignment	Time-frame (all dates indicative)	Operational lead
enhanced collaboration with other services	<p>System-wide data collection and monitoring</p> <ul style="list-style-type: none"> Data collection relating to family violence identification, response and referrals occurs via clinical audits Data is collected for the Workplace Support Program and staff experiencing family violence Staff training data is manually collected by the SHRFV team and is uploaded into the learning management system 	<p>EMR data collection capability to support MARAM alignment needs to include:</p> <ul style="list-style-type: none"> Patients who experience family violence and their demographics Information about evidence-based risk factors and experiences of family violence Client outcomes (including for diverse patients) to support continuous improvement No formal process for evaluating SHRFV or Workplace Support Program Family violence is not included in our quality and safety plan 	<ul style="list-style-type: none"> Scope and influence EMR capability to support MARAM alignment Determine a process for how family violence data collected for patients and staff will be monitored and include family violence safety in the Quality Improvement Framework and Plan 2020 and Quality Account 	<p>May 2020</p> <p>Late 2020</p>	Director of VAW
	Research, evaluation and quality improvement	N/A	The Collier Charitable Fund Grant is funding the implementation of the audit in 2020; need to consider undertaking	2021-2022	Director of VAW



Pillar 4: Systems, outcomes and continuous improvement	Evidence of work that is MARAM aligned	Gaps in alignment	Recommended actions to support MARAM alignment	Time-frame (all dates indicative)	Operational lead
	<ul style="list-style-type: none"><li data-bbox="539 331 1003 434">The SAFE Project's System Audit Tool will provide data on a whole-of-hospital evaluation framework that is MARAM aligned		this audit regularly to track family violence practice and continuous improvement, which would be actioned via the quality improvement and safety		



Appendix B –Resource Audit Tool

Purpose: This tool will assist [Insert Organisation Name] to audit their policies, procedures and practice guides against the alignment requirements of MARAM, identification of gaps to inform recommendations for updates. The elements outlined in the tool reflect the 10 MARAM principles and other key MARAM Framework concepts and elements of practice.

Title of Policy/Procedure	
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Pillar 1: Shared understanding of family violence	Relevant*	Evidence of alignment	Gap identified	Comments
A definition of family violence which is consistent with section 5 of the Family Violence Protection Act 2008.				
A definition of family violence which is consistent with the Framework:	Recognises the gendered nature of family violence			
	Recognises the broader conceptualisation of family violence in the Aboriginal community			
	Recognises the power and control dynamics that underpin family violence			
	Reflect the wide range of family relationships and presentations of family violence			
	States that family violence is unacceptable in any form, across any community or culture.			
	States that family violence is a criminal offence.			
	Recognises the underlying drivers of family violence.			
	Recognises that the prevalence, impact and risk of family violence is linked to intersecting historical, social and structural inequality and community attitudes.			
	Recognises children as victim survivors in their own right.			
Recognises that family violence used by adolescents is a distinct form of family violence and requires a different response to adults				



	Supports an understanding of the impacts of family violence on the current and future physical, spiritual, psychological development and emotional safety and wellbeing of children.				
	Supports an understanding of how an individual's personal identities, and their experience of discrimination and disadvantage can increase risk and impact of family violence and create barriers to service access and response.				
	References to the importance of a trauma informed approach when working with victim survivors.				
	Supports an understanding of presentations of trauma and how trauma might affect a person's presentation, needs and ability to engage with services.				
	Inclusion of evidence-based family violence risk factors under MARAM.				
	Recognises a shared system-wide responsibility for keeping perpetrators in view and accountable.				

Pillar 2: Consistent and collaborative practice	Relevant*	Evidence of alignment	Gap identified	Comments
Outlines how professionals should work collaboratively to provide coordinated and effective risk assessment and management responses, including early intervention when family violence first occurs to avoid escalation into crisis and additional harm				
Outlines a shared approach to identification, screening, assessment and management of family violence risk for effective, integrated and collaborative service responses that keep victim survivors safe, and perpetrators in view and accountable for their actions and behaviours				
Specifies use of relevant MARAM evidence base risk assessment tools (Identification/Screening/Brief/Intermediate/Comprehensive) and best practice approach of use.				
Specifies use of MARAM risk assessment tools that are tailored specifically for children and young adults and best practice approach of use.				
Outlines assessing and managing risk of adolescents who use family violence.				
Outlines process of assessing seriousness of risk relevant to tool being used and/or through the four elements of the MARAM Structured Professional Judgement model.				



Outlines services responsibilities to proactively share or respond to a request to share information in line with purposes and requirements of FVISS, CISS and other legislative requirements.				
Outlines process for information sharing in line with purposes and requirements of FVISS and CISS.				
Provides guidance on how to respectful, sensitively and safely engage with victim survivors or perpetrators of family violence.				
Provides guidance on how to promote the agency, dignity and intrinsic empowerment of victim survivors including by partnering with them as active decision-making participants in risk assessment and management.				
Indicates considerations for how practitioners can prioritise the safety of victim survivors.				
Indicates considerations for how to facilitate an accessible, culturally responsive environment for safe disclosure.				
Provides guidance on how to tailor engagement to be culturally safe for Aboriginal and Torres Strait Islander people				
Provides guidance on how to tailor engagement to be culturally safe for at risk cohorts.				
Provides information about the barriers that can impact a person's support and safety options, including those for at risk cohorts, and how services can mitigate these barriers.				
Outlines how to determine if it is safe, reasonable and appropriate to engage with a child or young person about their experiences of family violence.				
Provides guidance on how to tailor engagement with children and young people				
Outlines how practitioners can build rapport with a parent/carer to support assessment of a child or young person's risk.				
Outlines how the service system can keep perpetrators in view and accountable when working with adult victim survivors.				

Pillar 3: Responsibilities for risk assessment and management	Relevant*	Evidence of alignment	Gap identified	Comments
MARAM responsibilities for risk assessment and management (including for identification, screening, assessment, management, information sharing and collaborative practice) are defined for departments and staff groups across the organisation.				



Outlines internal and external options for secondary consultations				
Outlines internal and external referral processes.				
Outlines policies and procedures for information sharing, including voluntary sharing of information and responding to information sharing requests				
Outlines responsibilities around safety planning at appropriate level (Identification/Brief/Intermediate/Comprehensive).				
Outlines risk management responsibilities for reporting to Child Protection.				
Outlines risk management responsibilities for responding to immediate risk and when to make a report to Victoria Police.				
Outlines other responsibilities for collaborative risk management, relevant to responsibilities (Identification/Brief/Intermediate/Comprehensive) such as: <ul style="list-style-type: none"> - Collaboratively monitoring, assessing and managing risk a perpetrator poses over time including identifying any changes in the assessed level of risk. - Ensuring risk management and safety plans are responsive to escalation of risk and changed circumstances. - Support professional and services to plan for the safety, stabilisation and recovery of a victim survivor. 				
Outlines responsibilities for contributing to or fulfilling multi-agency practice through co-ordinated risk management and ongoing collaborative practice				

Pillar 4: Systems, outcomes and continuous improvement	Relevant*	Evidence of alignment	Gap identified	Comments
Provide clear guidance on how to document disclosures of family violence, risk assessments and risk management actions taken.				
Outline evaluation, monitoring and reporting of compliance to this policy				
Outline process for review of document				

* Not all elements outlined in this audit tool will be relevant to every policy, procedure, practice guide or tool.



Appendix C – MARAM Consultation Questions

Department details

- Please outline the staff groups within your department.
- Please outline details about the operating environment of your departments ie: days and hours of service provision.
- Please outline the management structure for your team, including any management outside of your department who may be consulted with to manage high risk cases.
- Please provide details about your department's patient cohort, including whether your department responds to patients at high risk of family violence, in crisis or who have high or complex ongoing psychosocial needs.

Policies & procedures

- Does your department use the organisation's family violence policy and procedure?
- Does your department have other specific policies, procedures, guidelines and/or practice tools that guide your current response to identification and response to family violence, sexual assault and children at risk?
- Has your department identified gaps or areas for improvement in these policies, procedures, guidelines and/or practice tools?

Clinical systems

- Does your department have a clearly defined process for who staff consult with internally and/or externally for support around responding to family violence, sexual assault and children at risk? Please provide details if different from those in outlined in the policy/procedures.
- Does your department access support from other specialist departments or services (internally or externally) when responding to family violence, such as social work or sexual assault services? Please provide details if different from those in outlined in the policy/procedures.
- What practice issues have arisen and what staff training, clinical system and infrastructure gaps have been identified?

Accessibility

- Does your department have a policy or procedure that provides priority of access to at risk cohorts? If so, which patient groups?
- What guides your department's culturally sensitive practice (i.e. training, secondary consultation internally and externally)?
- How does your department support staff understanding of how to identify and address barriers to family violence disclosure or help seeking?



Privacy & confidentiality

- At what points in the patient journey are they informed about limitations of confidentiality, how their information is recorded and can be shared under information sharing legislations?
- How is consent sought prior to a referral being made or information being shared?
- Is your department prescribed to share information under FVISS, CISS and other legislations? If so, what processes and forms do you use?

MARAM alignment

- Where would you place the staff groups within your service in relation to the MARAM responsibilities? At an identification and screening level, intermediate level, or comprehensive level, or none? If at an identification and screening level, where would you place the staff groups within your service, foundational practice, sensitive practice or screening? Please provide details.
- What work in your department or team is currently underway to prepare for alignment to MARAM?

Staff support

- Are staff provided general supervision either internally or externally?
- Are staff provided with family violence specific supervision? What model do you use and do you think staff find this helpful?
- Have your staff received SHRFV training? Please detail what modules and percentage of staff who have attended.
- Have your staff attended training on MARAM and/or the information sharing schemes? If so, what training and how many staff have attended?
- What other external training have your staff attended related to family violence, sexual assault, children at risk or information sharing?

Is there anything else your department or team are doing that would be useful for us to be aware of in relation to responding to family violence, sexual assault, children at risk or information sharing?



Appendix D – MARAM Alignment Organisation Audit Tool

Purpose: This tool will assist Hospitals and Health Services to audit their internal activities, structures and systems against the alignment requirements of MARAM. Examples of evidence can be found in the 'Alignment requirements of the four MARAM pillars' section of this document.

Internal activities, structures and systems

Pillar 1	Evidence of work that is MARAM aligned	Gaps in alignment	Recommended actions to support MARAM alignment
Governance and strategy			
Strategic Plan includes Family violence			
Family violence strategy			
A Family Violence Position Statement			
Family violence is integrated into Reconciliation Action Plan			
Family violence is integrated into Disability Action Plan			
Family violence is integrated into Rainbow tick accreditation			
Policies			
Policy updates <ul style="list-style-type: none"> Identifying and Responding to Family Violence Policy Family Violence Workplace Support Policy FVISS and CISS Policy Privacy and Confidentiality Policy Child Safety Policy Information Management and Data Collection 			
Staff training and education			
Percentage staff trained in SHRFV Foundational or Sensitive Practice modules			
SHRFV Foundational Practice training is a mandatory competency			
Family Violence Grand Rounds			
Communication initiatives and activities			
SHRFV whole-of-organisation communications plan			
Media and communications initiatives			



Pillar 1	Evidence of work that is MARAM aligned	Gaps in alignment	Recommended actions to support MARAM alignment
Family violence internal staff forums and events			
Involvement in external Family Violence awareness raising campaigns			
Corporate orientation			
Presentation on SHRFV program and/or family violence strategies, programs or initiatives during orientation			
Staff informed about Family Violence workplace support			

Pillar 2	Evidence of work that is MARAM aligned	Gaps in alignment	Recommended actions to support MARAM alignment
Policies and Procedures			
Update to procedures and practice guides <ul style="list-style-type: none"> Identifying and Responding to Family Violence Procedure Client intake and assessment procedure Family Violence Workplace Support Procedure FVISS and CISS Procedure including consent and release of information forms and record keeping obligations Privacy, information sharing and confidentiality procedures Antenatal Family Violence Screening Practice Guideline Home Visit Staff Guideline Emergency Procedure Child Protection Management Guide Client at Risk Summary Guidelines 			
Staff training and education			
Number of staff required to be trained in <i>SHRFV Foundational or Sensitive Practice module</i>			
Number of staff required to be trained or have been trained at an intermediate level to support their MARAM			



Pillar 2	Evidence of work that is MARAM aligned	Gaps in alignment	Recommended actions to support MARAM alignment
responsibilities, (i.e. attend Brief and Intermediate Training)			
Number of staff required to be trained or have been trained at a comprehensive level to support their MARAM responsibilities (i.e. attend Comprehensive Renewing Practice: CRAF to MARAM Training or Comprehensive Newer Family Violence Specialist Training)			
Number of staff required to be trained or have been trained in other modules to support their MARAM responsibilities, such as Leading Alignment Training; MARAM Collaborative Practice Training)			
Attendance at other internal or external family violence training.			
Communities of Practice/shadowing sessions with experienced staff			
Resourcing of the SHRFV Clinical Champions Network			
Clinical systems & infrastructure			
Family Violence workflows and assessment tools are embedded into electronic management recording systems			
Advanced practice and credentialing of staff within clinical and allied health settings			
Embedding mandated screening for family violence in clinical settings			
Organisational operating model for FVISS and CISS			
Clinical support, supervision			
Supervision policies around Family Violence practice			
Clinical case reviews which support collaborative and coordinated practice			
Ensuring external staff debriefing options (Employer Assistance Program) have family violence credentials			
Cultural safety and intersectional practice			



Pillar 2	Evidence of work that is MARAM aligned	Gaps in alignment	Recommended actions to support MARAM alignment
Staff attendance at training that supports cultural awareness, intersectional or anti-oppressive practice or working with at risk cohorts			
Implementation of the Aboriginal Cultural Safety Framework			
Clear secondary consultations and referral processes with appropriate external organisations such as Thorne Harbour, InTouch, Seniors Rights and Aboriginal Community Controlled organisations.			
Partnerships			
Establish or strengthen protocols with external specialist family violence services			
Establish or strengthen protocols with external culturally specific services			
Establish or strengthen protocols with external agencies and services that provide shared care			
Human resources			
Workplace Support Program procedure			
Delivery of Family Violence Workplace Support Managers Training including the percentage of managers trained and whether this is a mandatory staff competency			

Pillar 3	Evidence of work that is MARAM aligned	Gaps in alignment	Recommended actions to support MARAM alignment
Workforce mapping			
Consultations departments and governance advisory groups in relation to mapping the workforce against MARAM responsibilities			
Map workforce against MARAM responsibilities			
Map responsibilities in and across organisations for all staff roles			



Pillar 4	Evidence of work that is MARAM aligned	Gaps in alignment	Recommended actions to support MARAM alignment
Governance and advisory groups			
Board leadership and governance reporting requirements			
Established governance structure to implement MARAM alignment			
Established Family Violence Strategic Advisory Group			
Established Family Violence Operations Groups			
Established Family Violence reference group			
Establish Program Advisory Groups			
Data collection, monitoring and continuous improvement			
Embed data collection, disaggregation and reporting mechanisms into electronic records relating to patient demographics, the evidence-based family violence risk factors and the patient's individual experience of family violence (including the nature of relationships and identification of victim survivor and perpetrator)			
Embed data collection, disaggregation and reporting mechanisms into electronic records relating to information that supports opportunities for continuous improvement and to inform policy decision making			
Embed mechanisms for data collection and reporting for the Family Violence Workplace Support Program			
Evidence of contribution and engagement with system-wide data collection			
Clinical audit processes			
Staff training data			
Integration of family violence into the health services quality improvement plan with reporting mechanisms			
Evidence of family violence evidenced-based research and evaluation projects.			



Pillar 4	Evidence of work that is MARAM aligned	Gaps in alignment	Recommended actions to support MARAM alignment
Outcomes of evaluation, monitoring and reporting of compliance are fed into Quality Improvement Processes			
MARAM implementation			
MARAM alignment Action Plan			
MARAM Workforce Mapping			
MARAM alignment Implementation Strategy			
Organisational change			
Success and quality improvements associated with SHRFV			
Success and progress of MARAM alignment activities			



Appendix E – Example Briefing Paper

Multi-Agency Risk Assessment and Management Framework (MARAM) implementation and workforce mapping

Prepared for [insert name of strategic executive committee]

Decision required

The following decisions are required of [insert name strategic executive committee] regarding the endorsement of:

- The [insert name of health service] MARAM Framework: Alignment action plan [insert dates], including the Gantt chart with proposed priorities and responsibilities for alignment activities until [insert date]
- The [insert name of health service] Workforce Mapping for MARAM Alignment that will inform internal family violence practice change

Background

In response to the Victorian Royal Commission into Family Violence, the Victorian Government has introduced three interrelated reforms.

- The MARAM framework sets out the responsibilities of different sectors and workforces to effectively identify, assess and manage family violence risk across the service system;
- The Family Violence Information Sharing Scheme (FVISS) enables information to be shared to assess and manage family violence risk; and
- The Child Information Sharing Scheme (CISS) enables information to be shared to promote the wellbeing and safety of children.

Victorian hospitals will become 'prescribed framework organisations' under the *Family Violence Protection Act 2008* in early 2021. Hospitals, including the [insert name of health service], are required to align their policies, procedures, practice guidance and tools to the MARAM Framework, its 10 principles and four pillars. [Insert name of health service] is also required to have the systems and processes to proactively share and receive information under the FVISS and CISS, which comes into effect in early 2021. [Insert name of health service] [insert any relevant service/s currently] services were prescribed in phase one of the reforms in 2018.

[Insert name of health service] Statements of Priorities (SoP) 2019-2020 requires us to strengthen and align our responses to family violence with MARAM. The process of developing these documents, their endorsement, and commenced implementation will see us meet our SoP requirements.

Briefings and consultations process

An extensive consultation process has informed the development of the MARAM action plan and workforce mapping document. To increase organisational literacy and informed decision-making, a MARAM and information sharing presentation and briefing was delivered to [insert consulted strategic and operational governance committees].

Executive Directors, all clinical and non-clinical Directors, and identified Managers, Coordinators and Nurse Unit Managers were consulted. A more intensive consultation process was implemented in services that respond to patient cohorts at-risk of family violence or in crisis. Any difference of opinion in workforce mapping prompted further discussion to reach consensus, with all final recommendations endorsed by relevant directors. All workforce mapping recommendations were reviewed by Strengthening Hospital Responses to Family Violence (SHRFV) staff to ensure consistency with the MARAM evidence-base. The MARAM action plan and workforce mapping documents were reviewed [insert relevant strategic and operational governance committees and other staff].

The MARAM Framework: Alignment action plan January [insert dates]

The action plan was informed by the consultation process detailed above, and a preliminary audit of [insert name of health service]'s family violence practice, policies, procedures, guidelines, and training. This work was benchmarked against MARAM practice guides. The action plan has an [insert timeframe]





timeline, as organisations are not expected to have fully aligned with MARAM from early 2021. Instead, MARAM alignment is progressive and is expected to take time.

The Workforce Mapping for MARAM Alignment

MARAM has 10 professional responsibilities that includes workforces from across justice, education, health and human services. The 10 responsibilities provide evidence-based practice guidance for safe engagement with victim survivors, identification of risk, through to levels of risk assessment and management, secondary consultation and referral, information sharing, and coordinated multi-agency practice.

The [insert name of health service]'s workforce mapping document puts forth recommendations for how we map workforces and staff against the 10 MARAM Responsibilities. Consensus was reached that the vast majority of **non-clinical staff** should be **assigned to perform and fulfil Responsibility 1, and contribute to responsibility 2,5,6,9 & 10** (referred to as Foundational Practice). Consulted staff also agree that the majority of **clinical staff** should be **assigned to perform and fulfil Responsibility 1 & 2, and contribute to 5, 6, 9 & 10** (referred to as Sensitive Practice). A small number of workforces and senior staff - mainly those who provide specialised support or services to cohorts at-risk of family violence - were mapped at higher responsibilities.

MARAM is underpinned by a capability framework. Workforces mapped against a responsibility are required to have the knowledge, skill and ability to consistently perform and fulfil this responsibility. Where [insert name of health service] maps its workforces will determine: the level of training staff are required to undertake; their level of family violence literacy; changes to our clinical practice, policies, procedures and guidelines; and the level of family violence risk our organisation holds. As such, organisational leaders are responsible for final decision-making regarding where their workforces are mapped against the 10 MARAM responsibilities and socialised across the precinct to inform partner's workforce mapping.

Change impact

Changes to the [insert name of health service]'s family violence practice, policies, procedures and training are detailed in the MARAM action plan. The most significant change is for workforces that will hold and/or be trained to an intermediate or comprehensive level (as detailed below).

MARAM training requirements	Proposed staff to attend this training	Approx. number of staff
Brief and Intermediate MARAM training (One-day external free training)		
	Total staff	
Comprehensive MARAM training (Two-day external free training for staff who have not attended CRAF training; one-day for those who are CRAF trained)		
	Total staff	
Screening and Identification MARAM training Foundational Practice Sensitive Practice Screening (Internal SHRFV training)		
	Total staff	

[Insert other change impact information as relevant to your health service]

Recommendation

To support [insert health service name] to meet its SoP requirements and its legislative obligations as a prescribed framework entity, it is recommended that [insert name strategic executive committee] endorse the *MARAM Framework: Alignment action plan January 2020 – June 2021* and the *Workforce Mapping for MARAM alignment plan*





Pillar 1: Shared understanding of family violence	Evidence of work that is MARAM aligned	Gaps in alignment	Recommended actions to support MARAM alignment	Time Frame	Operational Lead
<p>understanding of the following MARAM principles and understandings of family violence:</p> <ul style="list-style-type: none"> • A common understanding of what constitutes family violence • Recognition of the underlying drivers of family violence, and how the prevalence and impact of family violence is linked to intersecting historical, social and structural inequality, and community attitudes, particularly towards gender • Awareness of an individual's personal identities, and the related experience of discrimination and disadvantage that increase risk and impact of family violence, and creates further barriers to service access and responses • A trauma-informed approach that recognises how different experiences of trauma in adults and children, might affect a person's presentation, needs and ability to engage with services • Evidence-based family violence risk factors, 					



Pillar 1: Shared understanding of family violence	Evidence of work that is MARAM aligned	Gaps in alignment	Recommended actions to support MARAM alignment	Time Frame	Operational Lead
<p>particularly those that relate to increased likelihood and serious risk of family violence</p> <ul style="list-style-type: none"> • Creating a shared responsibility to keep perpetrators in view and accountable for their actions and behaviours 					

Pillar 2: Consistent and collaborative practice	Evidence of work that is MARAM aligned	Gaps in alignment	Recommended actions to support MARAM alignment	Time frame	Operational Lead
<p>Demonstration of alignment to Pillar 2 through procedures and practice reflecting the following MARAM principles:</p> <ul style="list-style-type: none"> • Professionals should work collaboratively to provide coordinated and effective risk assessment and management • The agency, dignity and intrinsic empowerment of victim/survivors must be respected by partnering with them in risk assessment and management • Services' responses should acknowledge and respond to unique experiences, vulnerabilities and needs 					



Pillar 2: Consistent and collaborative practice	Evidence of work that is MARAM aligned	Gaps in alignment	Recommended actions to support MARAM alignment	Time frame	Operational Lead
<ul style="list-style-type: none"> • Services provided to people from Aboriginal communities should be culturally responsive and safe, recognise the Aboriginal communities understanding of family violence and promote their right to self-determination • Services provided to diverse communities and at risk cohorts should be accessible, culturally responsive and safe, client-centred, inclusive and non-discriminatory • Services provided to child victim survivors should acknowledge their unique experiences, vulnerabilities and needs. • Ensure family violence used by adolescents is seen as a distinct form of family violence and requires a different response to family violence used by adults. <p>Alignment requirements of Pillar 2 (dependent on staff role and responsibilities) include:</p> <ul style="list-style-type: none"> • Use of MARAM evidence-based risk assessment tools for adults and children • Seriousness of risk is assessed through the 					



Pillar 2: Consistent and collaborative practice	Evidence of work that is MARAM aligned	Gaps in alignment	Recommended actions to support MARAM alignment	Time frame	Operational Lead
Structured Professional Judgement model <ul style="list-style-type: none"> • Family violence risk relevant information is shared proactively and on request via FVISS • Information relevant to the children's broader safety and wellbeing issues are shared proactively and on request in line with CISS • All other information sharing legislative requirements are complied with • Barriers to engagement are identified and addressed 					

Pillar 3: Responsibilities for Risk Assessment and Management	Evidence of work that is MARAM aligned	Gaps in alignment	Recommended actions to support MARAM alignment	Time frame	Operational Lead
Demonstration of alignment to Pillar 3 through actions, procedures and practice reflecting the following MARAM principles: <ul style="list-style-type: none"> • Professionals should work collaboratively to provide coordinated and effective risk assessment and management responses Alignment requirements are to:					



Pillar 3: Responsibilities for Risk Assessment and Management	Evidence of work that is MARAM aligned	Gaps in alignment	Recommended actions to support MARAM alignment	Time frame	Operational Lead
<ul style="list-style-type: none"> • Identify and map organisational roles against MARAM risk assessment and risk management responsibilities • Map responsibilities across and outside of the organisation • Embedding the relevant responsibilities into policies, procedures, practice guidelines and training competencies. • Facilitate the infrastructure, and resources required to competently undertake the responsibilities. • Establishing communication protocols with key organisations and engagement with specialist family violence services 					

Pillar 4: Systems, outcomes and continuous improvement	Evidence of work that is MARAM aligned	Gaps in alignment	Recommended actions to support MARAM alignment	Time frame	Operational Lead
<p>Alignment requirements for Pillar Four are to:</p> <ul style="list-style-type: none"> • Establish governance and advisory groups to implement MARAM • Collect information on client outcomes relating to family 					



Pillar 4: Systems, outcomes and continuous improvement	Evidence of work that is MARAM aligned	Gaps in alignment	Recommended actions to support MARAM alignment	Time frame	Operational Lead
<p>violence including diverse patient cohorts</p> <ul style="list-style-type: none"> Organisational leaders to contribute to, and engage with, system-wide data collection, monitoring and evaluation of tools, processes and implementation. Undertake activities to change organisational culture and practice, promote continuous improvement in risk assessment and management practice, information sharing and enhance collaboration with other services 					



Endnotes

1. State of Victoria, 2016, *Royal Commission into Family Violence: Summary and recommendations*, Parl Paper No 132 (2014–16), Melbourne, Victorian Government.
2. Victorian Government, Family Safety Victoria, 2018, *Family Violence Multi-Agency Risk Assessment and Management Framework*, Melbourne, Victorian Government.
3. Webster, K., 2016. *A preventable burden: Measuring and addressing the prevalence and health impacts of intimate partner violence in Australian women* (ANROWS Compass, 07/2016). Sydney, NSW: ANROWS.