



# Facilitating Collaborative Practice for MARAM Alignment

## Introduction

To support effective and safe responses to family violence, alignment to MARAM requires hospitals and health services to build a workforce who actively collaborate internally and externally with a range of prescribed organisations. Through a process of mapping connections and relationships across the organisation and mapping external links, hospital and health services can establish how collaborative practice should function and look at where they need to establish or strengthen partnerships and develop processes to support this. Actions that arise from undertaking this work should be embedded as recommendations for the *MARAM Alignment Action Plan*.

## Collaborative practice

Collaborative practice is an essential component in the MARAM Framework. It recognises the role the service system has in upholding the safety of victim survivors and keeping perpetrators in view and accountable for their behaviours and actions. It supports effective family violence identification, risk assessment and management through establishing connections and partnerships that facilitate secondary consultation, referrals, information sharing and effective and timely family violence multi-agency practice. The success of risk management strategies depends on coordination, communication and consistent responses among services, which establish a web of accountability. Strengthening and establishing relationships to facilitate collaborative practice between departments and external services is part of an organisation's MARAM alignment responsibilities.

Collaborative practice contributes to enhanced health outcomes for patients experiencing family violence by ensuring that their health needs are met that is inclusive of their right to safety.

Collaborative practice is underpinned by a shared understanding of family violence, a common purpose and language between services and the Framework principles that promote patient led and centred practice that upholds 'the agency, dignity and intrinsic empowerment of victim survivors ... by partnering with them as active decision-making participants in risk assessment and management' (Victorian Government, 2018, p11), and promotes an Aboriginal person's 'right to self-determination and self-management' (Victorian Government, 2018, p16).

### Framework Requirements

Pillar 2 (Consistent and Collaborative Practice) requires framework organisations to strengthen formal and informal collaborative arrangements with other services. Pillar 3 (Responsibilities for risk assessment and management) requires organisations to enhance collaboration with other services, and are reflected in Responsibilities 5, 6, 9 & 10. Pillar 4 requires organisations to 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.





## Mapping responsibilities across an organisation and external linkages

Mapping connections and relationships across the hospital or health service and mapping external links establishes how collaborative practice should function. It should illustrate:

- The patients' journey through the hospital or health service and their pathway to specialist family violence support and other agencies
- Reflect internal procedural workflows
- The relationships between
  - ❖ clinical and non-clinical departments within the hospital or health service
  - ❖ a hospital or health service and external services that provide shared care
  - ❖ a hospital or health service and the relevant specialist family violence services (or services that provide a higher level of risk assessment and management that is not available internally), including culturally appropriate family violence services such as W/respect, InTouch and local Aboriginal specialist family violence services
  - ❖ a hospital and health service and other external service providers that provide services or secondary consultation to meet the needs of particular cohorts, such as services for people living with a disability and older people.
- Changes in process due to the clinical operating environment, such as processes being different during and after hours.

Under the Strengthening Hospital Responses to Family Violence initiative, mapping and identification of relevant referral and secondary consultation options may have either been undertaken or commenced. Re-examining these options provides the opportunity to identify any gaps, strengthen collaborative practice connections, or establish relationships with new agencies, such as the Orange Doors where they have been established.

It is likely multiple mapping will be required to reflect all connections and relationships, one approach is to map each department. Below is one example, which illustrates mapping for a hospital emergency department.

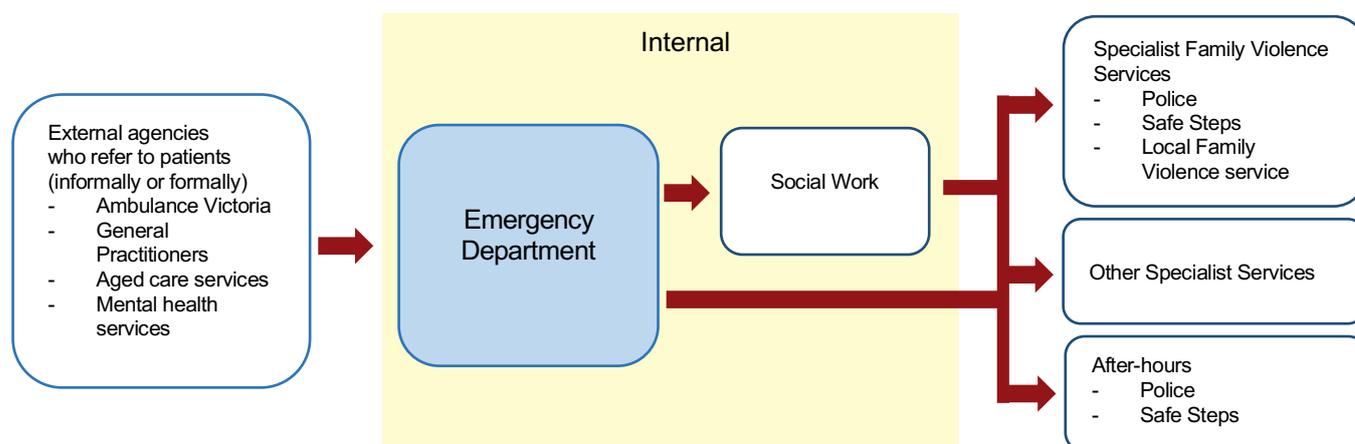


Illustration: Mapping for Emergency Department





### Referral options

These mapping exercises need to be informed by a strong understanding of what services are provided by different organisations in the catchment, region or state-wide. Information on Victorian family violence services and related services can be found on the [Lookout](#) website. Please note that this information may not be comprehensive.

The Family Violence Principal Strategic Advisors (PSAs) can be contacted to support undertaking external mapping. The PSAs are convened to ensure consistency of family violence service delivery across the state and can support hospitals and health services to map the family violence specialist sector and keep abreast of relevant family violence reform initiatives, such as the implementation of The Orange Door. A list of each local PSAs auspice agency can be found on the [Lookout](#) website.

## How to facilitate collaborative practice

The above mapping exercise can then be used to consider the mechanisms that are required to facilitate collaborative practice between departments and services. Consider the following:

### Referral pathways

Understanding connections and developing relationships that facilitate referral pathways is linked to organisations enabling MARAM Responsibility 5.

Referral is the process of connecting victim survivors to information or services that are outside your organisation or department's practice area. Referral pathways enable a pathway to specialist family violence support and comprehensive risk assessment and management to be undertaken.

At an Identification and Screening level of response, referrals are enabled by ensuring staff and patients have up-to-date and relevant information about referral options to enable patients to make an informed decision about what supports are available to access. Relevant information includes what assistance services provide, their eligibility criteria, hours of operation, contact details and other information that may enable informed decision making. Referrals are also facilitated by having clear procedures for internal referrals that are developed in collaboration with departments to ensure ease of access for patients and set clear expectations for staff and patients.

At an Intermediate or Comprehensive level of response, in addition to the above, referrals need to be facilitated by an understanding of external services' referral processes. Some external services require clients to contact the service themselves, and others accept formal referrals from other service providers. It is important that hospitals and health services understand these processes in order to best support their patients to access specialist family violence and other supports. It is also important at an Intermediate and Comprehensive level to consider the patients ability or wish to make their own referrals, or need or wish to be supported by the hospital making a referral on their behalf.

To meet their MARAM responsibilities, hospitals and health services need to understand these distinctions and build relationships between departments and external services to set up clear pathways, expectations and processes.





## Information sharing

Developing relationships and connections that facilitate information sharing is linked to organisations enabling MARAM responsibility 6.

Information sharing facilitates a patient's access to support, enables the service system to make timely, informed and decisive actions to respond to family violence and assists with ongoing risk assessment and management activities that contribute to enhance patient's safety and children's safety and wellbeing. Information sharing creates opportunities to keep perpetrators in view and hold them accountable for their behaviours and actions. Information sharing supports a coordinated risk management response, rather than risk assessment and management resting on one service in isolation.

To meet their MARAM responsibilities, hospital and health services need to ensure clear information sharing processes are in place, as permitted by relevant information sharing legislation. Working with other agencies to improve information sharing processes also helps meet responsibilities 9 and 10.

## Secondary consultations

Developing relationships and connections that facilitate secondary consultation is linked to organisations enabling MARAM Responsibility 5.

Appropriate and safe responses are facilitated through staff having access to secondary consultation with internal and external practitioners with specialist knowledge and skills. Hospitals and health services need clear processes about who practitioners can consult with in relation to responding to patients who are experiencing family violence, to ensure culturally appropriate responses are provided and the spectrum of a patient's needs are met.

To meet their MARAM responsibilities, hospitals and health services need to build relationships between departments and external services to set up clear expectations and processes around secondary consultations.

## Multi-agency practice

Developing relationships and connections that facilitate multi-agency practice is linked to organisations fulfilling MARAM Responsibility 9 & 10.

It is important to establish strategies and processes for working collaboratively with key local partners for coordinated risk assessment and management purposes to improve outcomes for patients. This will be guided by the requirements associated with the MARAM responsibilities that a department or organisation holds. Coordinated multi-agency practice is a responsibility of staff groups and departments who hold intermediate and comprehensive MARAM responsibilities and organisational leaders responsible for coordinating and leading risk management responses both internally and as part of a multi-disciplinary and multi-agency approach.

To meet their MARAM responsibilities, hospitals and health services need to build relationships between departments and external services to set up clear expectations and processes around multi-agency practice.





## Actions to facilitate collaborative practice

Hospitals and health services should identify gaps in the mechanisms that facilitate collaborative practice and consider what actions are required to further facilitate and strengthen connections and relationships. These actions need to be included in a hospital or health service's *MARAM Alignment Action Plan*.

These include:

- What relationships need to be established or require strengthening between departments and external services
- Who within the hospital or health service is best place to lead and maintain relationships with external services
- Actions that create a positive internal culture towards collaborative practice, such as leadership communication around the benefits of practice changes
- Establishing shared protocols with external services, which may include consideration of informal and formal agreements (such as a Memorandum of Understanding)
- Updates to internal policies, procedures and training to reflect these processes to build staff knowledge and skills that facilitate collaborative practice
- Consideration of practice issues that have arisen, and strategies for how these can be addressed

The Women's have updated and renamed the SHRFV *Mapping Partnerships and Connections* resource to support implementation of these actions. This document is now called *Building and Sustaining Partnerships*.

## Endnotes

1. Victorian Government, Family Safety Victoria, 2018. Family Violence Multi-Agency Risk Assessment and Management Framework, Melbourne, Victorian Government.

