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 PracticeSensitive PracticeScreening(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.*