



APRIL 2023

Gippsland's Family Violence MARAM Report



Prepared for the Gippsland Family Violence Alliance
by Kim Adams

 www.gippslandfamilyviolencealliance.com.au



Gippsland Family Violence Alliance acknowledges the Gunai/Kurnai, Bunurong, Bidewell & Ngarigo/Monero people as the Traditional Owners and Custodians of the lands now also known as Gippsland. We pay our respects to elders past, present and visiting and acknowledge they hold the stories, traditions, spiritual connection and living cultures of this Country.

We recognise the Gunai/Kurnai, Bunurong, Bidewell & Ngarigo/Monero people's long and continued connection and protection of the beautiful coastline from the oceans through inland areas and to the rugged southern slopes of the mountain ranges. We recognise their continued connection to these lands and waters and acknowledge that they have never ceded sovereignty. Always Was Always Will Be, Aboriginal Land!



Gippsland Family Violence Alliance acknowledges that the systemic impacts of colonisation still exist today and that we are committed to respectful truth telling and working with our Aboriginal and Torres Strait Islander Communities to improve women's, children's and men's health, wellbeing and self-determination and to achieving reconciliation as a nation.

The Gippsland Family Violence Alliance would like to acknowledge the victims and survivors of family violence, whose tenacity, advocacy and courage have shaped the family violence service sector and provided us with the evidence base for our work. We would also like to acknowledge those who have lost their lives due to family violence and the families, friends and communities who have been impacted by these devastating crimes.

The Gippsland Family Violence Alliance would like to acknowledge our practitioners both current and those who have pioneered the sector who have worked with both victim/survivors of family violence and with people who use violence in the home. These practitioners have supported people in difficult periods of their lives and we wish to acknowledge that vicarious trauma has an impact not only on the workforce but on their family members. Without practitioners we wouldn't have a service system and we thank these workers every day.

Table of Contents

Executive Summary	01
-------------------	----

Recommendations	03
-----------------	----

Full Report	04
-------------	----

Family Violence and Gippsland	05
----------------------------------	----

Family Violence Data	06
----------------------	----

Methodology	07
-------------	----

Inner Gippsland Report	25
------------------------	----

Outer Gippsland Report	36
------------------------	----

Sector Reports	47
----------------	----

Executive Summary

The Family Violence MARAM Survey, is now in its third year of monitoring how the MARAM Framework is being used by practitioners across Gippsland. We had the largest response rate yet, with 371 participants to the survey due to the diligence and commitment of the Gippsland Family Violence Alliance, who are Gippsland's Regional Integration Committee for Family Violence. The Gippsland Family Violence Alliance is guided by the [Family Violence Regional Integration Guidelines](#) which have five strategic priorities. This report and survey is completed under the strategic priority: Supporting the Implementation, Monitoring and Evaluation of Family Violence Reform Initiatives.

This year we will be submitting this report to the 5 year review of the MARAM Framework, being undertaken by Family Safety Victoria/Department of Families Fairness and Housing.

This year to add case studies into this report, along with quotes, both are based off broad data sets that has been extracted from the comments of the survey. This is our attempt tell a narrative story with the data we have captured. Our aim is to contextualise how the experience of MARAM and Information sharing for different segments of our workforce, to start robust discussions about improvements, barriers and to gain a greater understanding of roles and responsibilities.

There were some slight changes to the questions this year, to make it quicker and simpler for practitioners to answer, but also to get a stronger dataset. Due to the changes in how questions were asked, we have opted not to compare 2022 survey with 2023.

The purpose of this survey isn't to capture every detail of how the MARAM Framework is used. It's designed to give a broad dataset which can provide:

- Individual agencies a benchmark as to where their alignment is, in relation to the Gippsland service sector.
- To provide the Governance Group an idea of how practitioners are using the MARAM Framework and how clients are moving from one agency to the next, using the Framework.
- To provide other partnerships with an idea of how their sector is aligning to the MARAM Framework.

We acknowledge that this survey doesn't capture information from the leaders/middle managers perspective. Instead it looks at the outcomes of the policies and procedures we as leaders put into place and provides us with information for improvements, and to highlight where there are successes.

Our findings indicate that now that we have two Orange Doors, in Inner and Outer Gippsland both of which have now been in operation more than 12 months, that the differences in the service sector between Inner and Outer Gippsland are becoming less significant.

We are also pleased that we had a significant response rate this time from the healthcare sector. We did not specifically target this sector as we did in 2022, however we received a greater response.

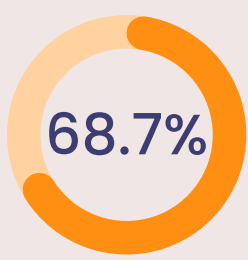
We have made two recommendations this year, which relate to Information Sharing and Referrals, which are inter-related to one another, which will hopefully result in less duplication of work and be a smoother experience for clients.

Summary of Results

371
People

30
Agencies

18
Sectors



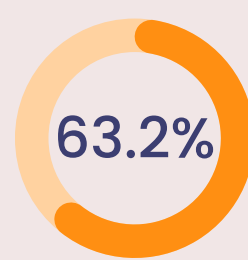
Attended MARAM
Collaborative Practice

Whole of Gippsland



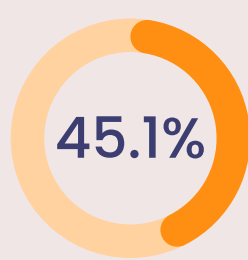
Had attended a Risk
Assessment Training
relevant to their role.

Whole of Gippsland



Who had sought a
secondary consultation,
had their expectations
met.

Whole of Gippsland



Share a completed risk
assessment with a specialist
agency when making a
referral.

Whole of Gippsland



46.3%

Were either 'Very Confident' or
'Extremely Confident' working with an
adult who had experienced violence

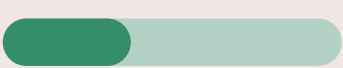
Whole of Gippsland



23.4%

Were either 'Very Confident' or
'Extremely Confident' working with an
adult using violence in the home

Whole of Gippsland



37.8%

Were either 'Very Confident' or
'Extremely Confident' working with a
child who had experienced violence

Whole of Gippsland



26.4%

Were either 'Very Confident' or
'Extremely Confident' working with an
adolescent using violence

Whole of Gippsland

Recommendations Summary

1

Information Sharing

Confusion around how FVISS and CISS works, both as a scheme and internally in agencies policies/procedures was noted throughout the survey. Two solutions are suggested:

- Leaders form a working group to look at inter-agency exchanges of information. Creations of MOU's or other agreements may be necessary to facilitate the flow of information.
- Practitioners are supported to gain a further understanding of schemes, both through Practice and Connection Forums and through internal agency training.

2

Referrals

What information should be shared, along with who it should be shared with, needs greater clarity across the service sector to ensure clients are not unnecessarily repeating information. Two solutions are suggested:

- We need to determine why Risk Assessments are not following the clients, is it at their request or is it a failure to gain consent or poor understanding of who needs the Risk Assessment.
- Leaders will then need to form a working group, to look at the exchange of referral information.
- Practitioners are supported to gain a further understanding of schemes, both through Practice and Connection Forums and through internal agency training.

3

Families as units

What was determined in the comments of the survey was that the practitioners when they do receive information, it is primarily about their client, who is usually the victim-survivor. This gives the perception that the user of violence is not being held responsible, for their actions.

- Consideration given to developing a family centered model is adapted to Gippsland to ensure that people using violence are held responsible in case notes, and are held responsible by the service system for the harm

Full Report 2023



You can download the PDF of the
results [here](#)

Gippsland and Family Violence



Gippsland comprises of six local government area's in the South East of the state including:

- Baw Baw
- Bass Coast
- South Gippsland
- Latrobe
- Wellington
- East Gippsland

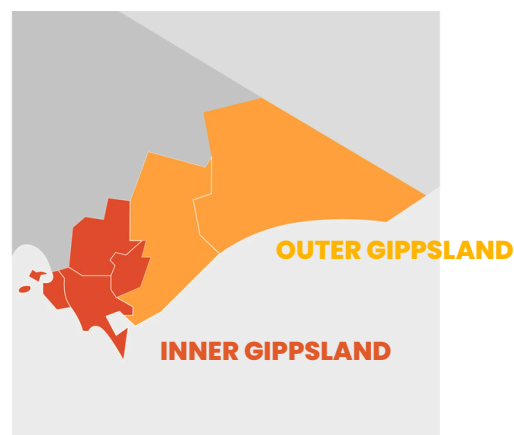
We have regional, rural and the only remote area of the state.

Gippsland has two Service Systems, as defined by the Department of Families Fairness and Housing, Inner Gippsland and Outer Gippsland.

Gippsland Family Violence Alliance Purpose

The Purpose of the Gippsland Family Violence Alliance is to critically evaluate and disrupt systems and structures to ensure they become inclusive, accountable, equitable and accessible for our Gippsland Communities. We do this through:

- Building workforce capability
- Collaborative practice
- Evidence and advocacy
- Taking a collective impact approach
- Innovation



This Family Violence MARAM Survey, assist's us to both critically evaluate and disrupt systems. We wish to create and build evidence in Gippsland for the purposes of advocacy, to design local improvements and for agency improvements. We want to gain an understanding of how MARAM is being used and where the gaps, barriers and where system's improvements can be made.



Gippsland's Family Violence Statistics

Extracted from [Crime Statistics Agency](#).
This document covers 1 Jan 2022 to 30 Dec 2022

Our Family Violence Statistic in Gippsland indicates that per 100,000 population, three Gippsland local government areas, Latrobe, East Gippsland and Wellington are experiencing double the state's average for family violence police call outs.

The high statistics in Gippsland can be attributed to the history of the industry in Gippsland which has been gendered around forestry, farming, power stations and fisheries. This, along with lower educational and employment opportunities for both men and women in the area has resulted in an environment where gender inequality has become prevalent, which results in rates of high family violence.

Baw Baw		Bass Coast													
Total population: 57,626		Total population: 40,789													
73.49% of Vic Pol call outs were for incidents where the affected family member identified as female. 26.29% were for those who identified as male. This includes children, older adults, adolescents.		71.30% of Vic Pol call outs were for incidents where the affected family member identified as female. 28.45% were for those who identified as male. This includes children, older adults, adolescents.													
For the period Jan 1 2022-Dec 30 2022, Baw Baw is Number 30 in the state per 100,000 in family violence call outs of 79 Local Government Areas.		For the period Jan 1 2022-Dec 30 2022, Bass Coast is Number 16 in the state per 100,000 in family violence call outs of 79 Local Government Areas.													
Vic Pol attended 928 call outs for family violence incidents in the Jan 1 2022-Dec 30 2022 period.		Vic Pol attended to 840 call outs for family violence incidents in the Jan 1 2022-Dec 30 2022 period.													
For the period Jan 2022-Dec 30 2022 there was a decrease in call outs by -7.5% in comparison to the 12 months prior.		For the Jan 1 2022 Dec 30 2023 there was a decrease in call outs by -8.6% in comparison to the 12 months prior.													
 <table><tr><th>Dec 30</th><th>2021</th><th>2022</th></tr><tr><td>Rate of incidents per 100,000</td><td>1743.7</td><td>1561.5</td></tr></table>		Dec 30	2021	2022	Rate of incidents per 100,000	1743.7	1561.5	 <table><tr><th>Dec 30</th><th>2021</th><th>2022</th></tr><tr><td>Rate of incidents per 100,000</td><td>2263.7</td><td>2003.2</td></tr></table>		Dec 30	2021	2022	Rate of incidents per 100,000	2263.7	2003.2
Dec 30	2021	2022													
Rate of incidents per 100,000	1743.7	1561.5													
Dec 30	2021	2022													
Rate of incidents per 100,000	2263.7	2003.2													
Wellington		Latrobe													
Total population: 45,639		Total population: 77,168													
75.21% of Vic Pol call outs were for incidents where the affected family member identified as female. 24.71% were for those who identified as male. This includes children, older adults and adolescents.		73.80% of Vic Pol call outs were for incidents where the affected family member identified as female. 26.15% were for those who identified as male. This includes children, older adults and adolescents.													
For the period Jan 1 2022-Dec 30 2022 Wellington is Number 4 in the state per 100,000 in family violence call outs of 79 Local Government Areas.		For the period Jan 1 2022-Dec 30 2022, Latrobe is Number 1 in the state per 100,000 in family violence call outs, of 79 Local Government Areas.													
Vic Pol attended to 1295 call outs for family violence incidents in the Jan 1 2022-Dec 30 2022 period.		Vic Pol attended to 2596 call outs for family violence incidents in the an 2022-Dec 30 2022 period.													
For the Jan 2022-Dec 30 2022 there was an increase in call outs by 6.14% in comparison to the 12 months prior.		For the Jan 2022-Dec 30 2022 there was an increase in call outs by 2.97% in comparison to the 12 months prior.													
 <table><tr><th>Dec 30</th><th>2021</th><th>2022</th></tr><tr><td>Rate of incidents per 100,000</td><td>2684.2</td><td>2827.2</td></tr></table>		Dec 30	2021	2022	Rate of incidents per 100,000	2684.2	2827.2	 <table><tr><th>Dec 30</th><th>2021</th><th>2022</th></tr><tr><td>Rate of incidents per 100,000</td><td>3270.4</td><td>3352.1</td></tr></table>		Dec 30	2021	2022	Rate of incidents per 100,000	3270.4	3352.1
Dec 30	2021	2022													
Rate of incidents per 100,000	2684.2	2827.2													
Dec 30	2021	2022													
Rate of incidents per 100,000	3270.4	3352.1													
East Gippsland		South Gippsland													
Total population: 48,715		Total population: 30,577													
77.45% of Vic Pol call outs were for incidents where the affected family member identified as female. 22.35% were for those who identified as male. This includes children, older adults and adolescents.		74.81% of Vic Pol call outs were for incidents where the affected family member identified as female. 24.81% were for those who identified as male. This includes children, older adults and adolescents.													
For the period Jan 1 2022-Dec 30 2022, East Gippsland is Number 2 in the state per 100,000 in family violence call outs of 79 Local Government Areas.		For the period Jan 1 2022-Dec 30 2022, South Gippsland is Number 26 in the state per 100,000 in family violence call outs of 79 Local Government Areas.													
Vic Pol attended to 1548 call outs for family violence incidents in the Jan 1 2022-Dec 30 2022.		Vic Pol attended to 528 call outs for family violence incidents in the Jan 1 2022-Dec 30 2022.													
For the Jan 2022-Dec 30 2022 there was a decrease in call outs by -5.45% in comparison to the 12 months prior.		For the Jan 2022- Dec 30 2022 there was an decrease in call outs by -2.58% in comparison to the 12 months prior.													
 <table><tr><th>Dec 30</th><th>2021</th><th>2022</th></tr><tr><td>Rate of incidents per 100,000</td><td>3380.6</td><td>3151.5</td></tr></table>		Dec 30	2021	2022	Rate of incidents per 100,000	3380.6	3151.5	 <table><tr><th>Dec 30</th><th>2021</th><th>2022</th></tr><tr><td>Rate of incidents per 100,000</td><td>1784.2</td><td>1722.2</td></tr></table>		Dec 30	2021	2022	Rate of incidents per 100,000	1784.2	1722.2
Dec 30	2021	2022													
Rate of incidents per 100,000	3380.6	3151.5													
Dec 30	2021	2022													
Rate of incidents per 100,000	1784.2	1722.2													

Methodology

MARAM relies on the adjunct parts of the service sector working together, so it was important for us to encourage our agency partners to start to conceptualise MARAM and Information Sharing, not an agency policy or procedure.

Survey Design:

This survey was initially co-designed in 2021 by the:

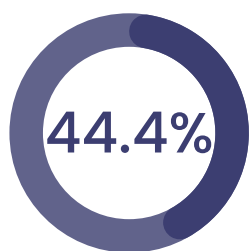
- Gippsland Family Violence Alliance Governance Group
- Area Based Implementation Committee (since re-developed into the Mental Health and Alcohol and Drug Advisory Committee)
- With input from the Inner Gippsland Family Services Alliance and Inner Gippsland Orange Door Practice Lead Group.

The survey has since been adopted across 6 other DFFH areas. In 2022, an effort was made to align the survey's by the Principal Strategic Advisors, which is when a slight redevelopment of the questions occurred.

Survey Dissemination:

We acted on advice from 2022, which indicated that agencies were not able to see how many practitioners had completed the survey while it was running. While attempts were made to find an alternative survey platform where agency leads could login to monitor their results, this proved unfeasible due to the fees, so we settled on sending weekly updates with general information as to who had completed the survey. This was slightly time consuming, however it did result in a significant response rate.

According to Survey Monkey:



Who started
the survey,
completed it



Estimated
completion
was 18 minutes

We sent weekly emails via Mail Chimp to the following lists:

- Those who had signed up to receive the Updates Newsletter
- Those who are on the Governance ENews
- Those who had attended MARAM Collaborative Practice in the last 18 months
- Those who had attended the Practice and Connection Forums.

We did rely heavily on the agencies disseminating the survey on our behalf.

Methodology

Collateral:

The Gippsland Family Violence Alliance has engaged a Communication Coordinator to do Graphic Design, one day a week. This is the first year we have had access to a professional, and the collateral that was disseminated to assist with getting a higher response rate was:

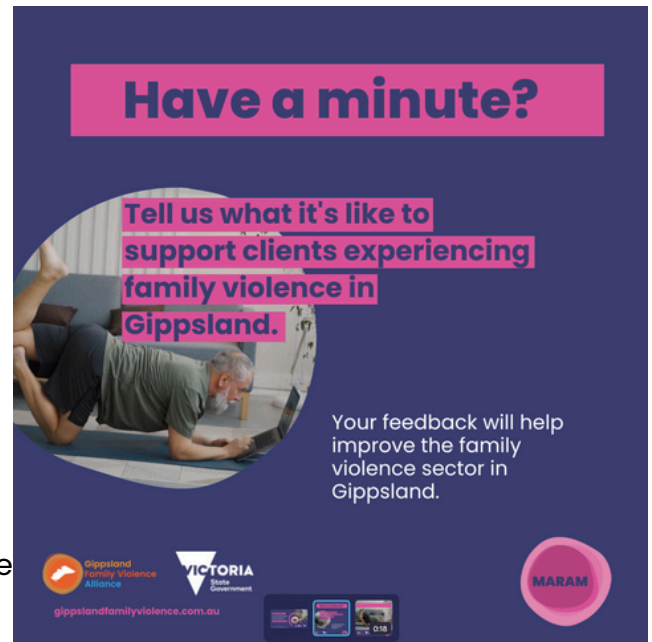
- MARAM Survey email banner
- MARAM Survey Social Media Tile
- MARAM Survey Poster
- MARAM Survey Flyer

These can be viewed [here](#)

This was available for any partner agency to use.

We believe the branding and consistency of the messages did assist with increasing the response rate.

The choice of a slightly quirky graphic imagery was selected in consultation with the Principal Strategic Advisor, over the use of a serious images, as while we acknowledge our work in family violence is serious we want to bring some light and levity to the work, to encourage participation in the survey.



Adjustment of data

We will try not to adjust any of the data if possible. However, approximately 50 of the responses were changed so that we could run accurate responses.

We did not make any alterations to comments, or to any of the training, secondary consult, confidence or referral data.

The only data that was altered was the demographic data. Where this may have occurred is in the following circumstances:

- *Which Agency do you work for:*

If someone had selected *Other:* and written their agency name, for example Quantum. This was then changed to have the box reading Quantum Support Services.

- *What is your primary workforce:*

If someone had selected *Other:* and written Mothers in Mind. This was changed to read Family Services.

This was done so we could run accurate reports against both agencies and workforces. Where we couldn't determine an accurate workforce, no adjustment was made.

Agencies who participated in the survey

371
People

30
Agencies

18
Sectors

- ACSO
- Anglicare
- Bass Coast Health
- Bass Coast Shire
- Berry Street
- Community Housing Limited
- Child Protection
- Department of Families Fairness and Housing
- Department of Justice
- Family Safety Victoria
- Gippsland and East Gippsland Aboriginal Co-operative
- Gippsland Centre Against Sexual Assault
- Gippsland Lakes Complete Health
- Key Assets
- Latrobe Community Health Service
- Latrobe Regional Hospital
- Magistrate Court
- Mind
- Moogii
- Quantum Support Services
- Ramahyuck
- Relationships Australia Victoria
- Salvation Army
- Uniting
- Vic Police
- Windermere
- West Gippsland Healthcare Group
- Yarram and District Health Service
- Yoowinna Wurnalung Aboriginal Healing Service
- QEC

18 Community
Service
Agencies

6 Health
Services

4 Aboriginal
Controlled
Organisations

5 Government
Departments

1 Local
Government

Primary Workforce

371
People

30
Agencies

18
Sectors

- Aged Care
- Alcohol and Drugs
- Child Protection
- Corrections
- Emergency Recovery
- Family Services
- Family Violence Investigations
- Health Care
- Homelessness
- Maternal and Child Health
- Mental Health
- Quality and Risk
- Sexual Assault Services
- Specialist Family Violence
- Specialist Family Violence–Men's Services
- Specialist Family Violence–Adolescent Services
- Victims of Crime
- Youth Work

Despite not targeting the healthcare sector in 2023 (unlike 2022), we received a large increase in responses from the healthcare sector. This indicates they are embedding MARAM into their policies and procedures and engaging more with the Framework.

Area's that are still missing are the education sector and the disability/aged care sectors. We need to engage these sectors to get a picture as to how they are aligning.

39 Practitioners worked at an Orange Door

59 Practitioners worked in both Inner and Outer

205 Practitioners worked in Inner Gippsland

107 Practitioners worked in Outer Gippsland

Case Study– Jedda

This case study is based on information provided in the survey, and designed to provide a representative experience of the use of MARAM and information sharing in Gippsland by a Tier One- Specialist Family Violence practitioner. All elements of the case study are fictional based on broad data.

Jedda is employed as a Specialist Men's Case Manager. In the past three years, he has undergone:

- FVISS and CISS Information Sharing Training
- MARAM Risk Assessment Training for Victim-Survivors
- MARAM Collaborative Practice



Jedda works with Aboriginal Men. Some barriers he experiences with the MARAM tools are:

- They don't provide enough detail on the person using violence pattern of behavior.
- The risk assessments are not culturally sensitive for his clients.
- It's time consuming and requires a lot of processes which takes him away from working with clients.

Practitioners have sought secondary consult from Jedda and Jedda has sought secondary consults.

When he seeks information through FVISS, it's usually a longer than 4 day wait.

Jedda proactively shares information. However, rarely receives information without a request.

He only occasionally receives a completed MARAM Risk Assessment upon referral. Sometimes referrals don't even provide information about the AFM, which he needs to keep them safe.

Training and Tools

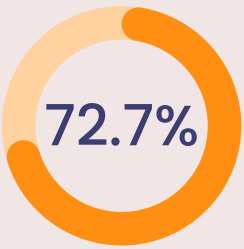
“ I feel that I don't use the tool enough to remember how to use it. I don't want more formal training, as the training doesn't address how to use it in my role (S.H.I.P), I want more practical refreshers ”

Adapted from several comments on challenges or barriers to using the Risk Assessment tool in practice



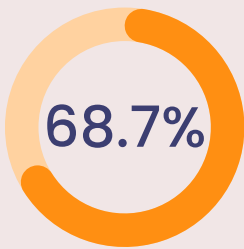
Have completed MARAM Risk Assessment Training relevant to their role

Whole of Gippsland



Had attended FVISS and CISS training.

Whole of Gippsland

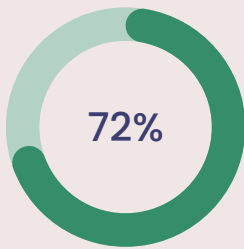


Have completed MARAM Collaborative Practice Training

Whole of Gippsland

Insights:

- 19.46% were unsure if they had attended MARAM Collaborative Practice, indicating the need for stronger branding.
- 10.27% were unsure if they had done FVISS/CISS training, which is supported by comments of practitioners wanting more training on FVISS and CISS.



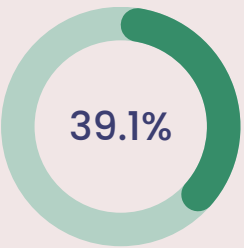
Use the victim/survivor risk assessment tool

Whole of Gippsland



Use the children's risk assessment tool

Whole of Gippsland



Use the person using violence tool

Whole of Gippsland

Insights:

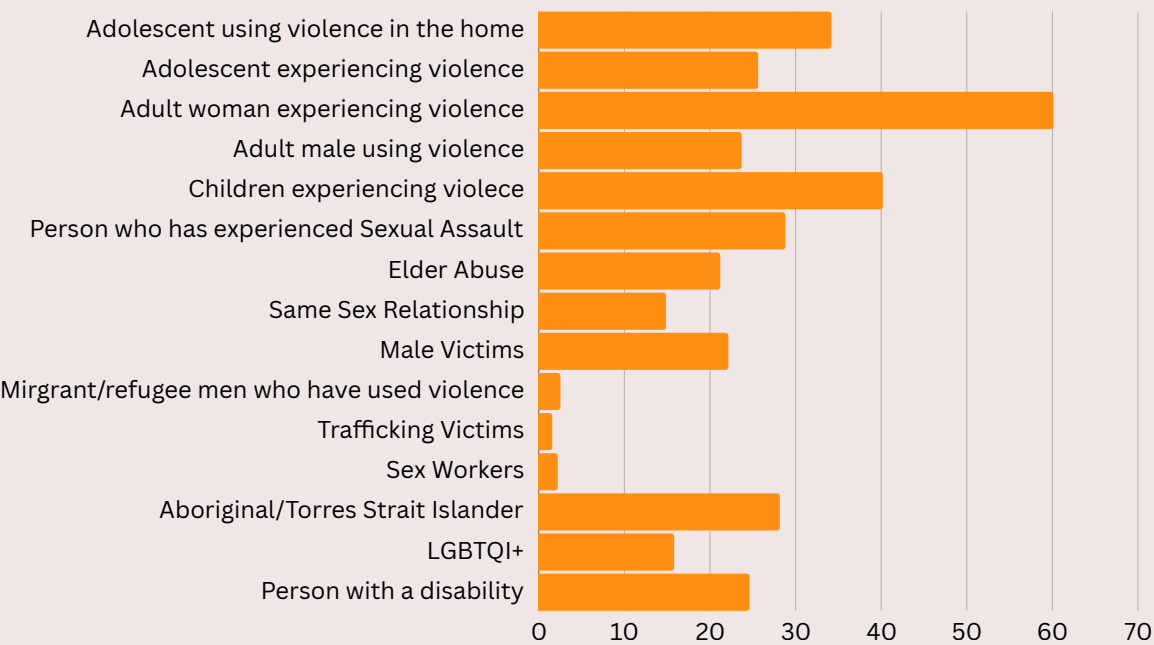
- Person Using Violence tool is not being used fully as training hasn't been rolled out.
- 5.71% of respondents were exclusively men's/adolescent workers. It's unclear why only 72% are using the Victim-survivor tool.
- Tools not being culturally safe was mentioned as a reason for not using the tools.

Secondary Consultation

“ There are still limited specialists I can go to for assistance when my client wants to remain in the relationships or is an adolescent using violence or a male victim. There isn't the expertise and those that do exist are in high demand due to workforce shortages. ”

Adapted from several comments on no, my expectations have no been met by a secondary consultation, please explain

Who our practitioners are seeking secondary consults for:

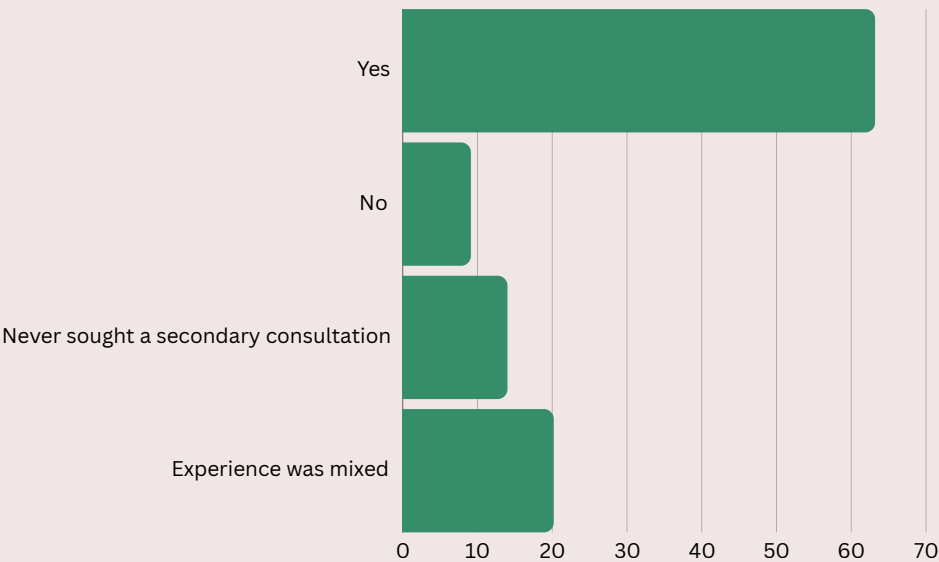


Where they were getting the secondary consultations from:



Secondary Consultation continued...

Were practitioners expectations generally met when they sought secondary consultations?



Comments from practitioners:

- *'I have had secondary consultation, which I have found not beneficially, especially when workers attempt to continue to push for clients details and information'.*
- *'Almost always consultants err of side of caution which inevitably means doing the longest possible detailed and time-consuming action to make sure no stone left unturned so I often come away feeling like I have just created a whole lot more work for myself'.*
- *'At times questions I have can be answered clearly but often it is difficult to know where to seek advice and it can take a long amount of time to receive the advice / feedback'.*
- *'TOD Practice Leads are usually great, the TOD practitioners are more mixed'.*

Insights:

- When someone's expectations were not met regarding a secondary consultation, it was usually in relation to a cohort where there are limited service options, such as those wanting to remain in relationships, male victims, adolescents using violence, pre-contemplative etc.
- Even though it's indicated most practitioners are not confident working with those using violence, it's not reflected that they are seeking secondary consultation for this cohort in large numbers, indicating that they are probably not identifying many who are using violence.
- LGBTIQ+ is a growing cohort of clients that practitioners are seeking a secondary consultation for.
- People with a disability is a growing cohort of clients that practitioners are seeking a secondary consultation for.

Case Study- Aisha

This case study is based on information provided in the survey, and designed to provide a representative experience of the use of MARAM and information sharing in Gippsland by a Tier Two Homelessness Practitioner. All elements of the case study are fictional and based on broad data.

Aisha works at the Homelessness Intake in Gippsland.

She has undertaken in the last three years:

- FVISS and CISS Information Sharing Training
- MARAM Intermediate Risk Assessment Training for Victim-Survivors
- MARAM Collaborative Training

Aisha has a heavy caseload. When she does identify family violence she always attempts to do an intermediate risk assessment. However, common barriers she experiences are:

- The client not wanting to undertake the risk assessment. Aisha also lacks the confidence to explain the importance of it and how it will be used to support the client.
- Time. It can be a lengthy form, which slows down a referral.



Aisha has sought secondary consultations from specialist services regarding family violence.

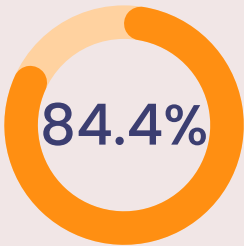
She has never received a completed MARAM Risk Assessment from a referring agency unless she has used Information Sharing to request the form. Sometimes the complexity of the family violence and the housing situation has come as a surprise as a result.

If the client remains open with a specialist family violence service, Aisha is unlikely to have any contact with the Family Violence Specialist practitioner unless there are children involved and Child Protection calls a Care Team meeting.

Internal Policies

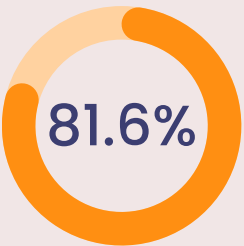
“My agency has a lot of family violence policies and procedures, however it's not clear how information sharing is supposed to work, it seems to change on depending who the manager is, and the policies don't seem to apply to staff working at TOD”

Adapted from several comments on policies and procedures provided by your agency.



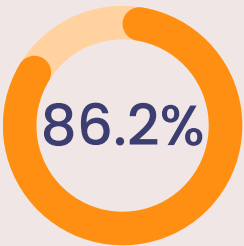
Were provided with policies and procedures for risk assessments with victim/survivors

Whole of Gippsland



Were provided with policies and procedures for safety planning for victim/survivors

Whole of Gippsland



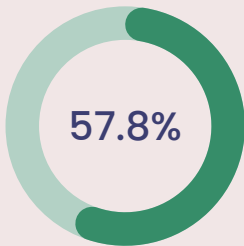
Were provided with policies and procedures for information sharing for victim/survivors

Whole of Gippsland



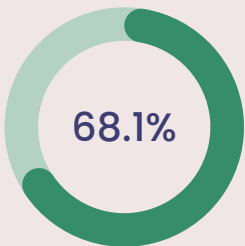
Were provided with policies and procedures for risk assessments for people using violence

Whole of Gippsland



Were provided with policies and procedures for safety planning for people using violence

Whole of Gippsland



Were provided with policies and procedures for information sharing for people using violence

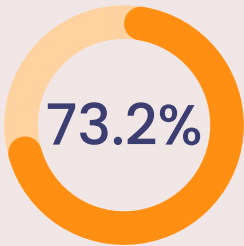
Whole of Gippsland

- Insights:
- Information Sharing was the most common comment that was referenced, particularly by the inconsistencies in applying policies and procedures, however it's clear that most have been provided with policies regarding information sharing

Internal Training and Supervision

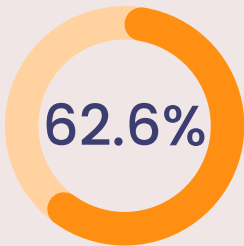
“ My agency does pretty good supervision, but it's not frequent nor regular and is often delayed or cancelled and not everyone gets supervision, they should. ”

Adapted from several comments on supervision.



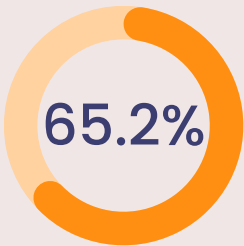
Were provided with internal training on family violence risk assessment

Whole of Gippsland



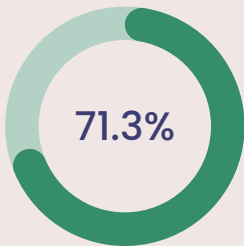
Were provided with internal training on safety plans

Whole of Gippsland



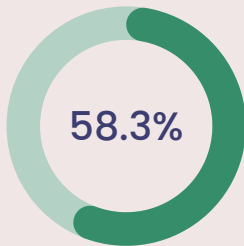
Were provided with internal training on FVISS and CISS

Whole of Gippsland



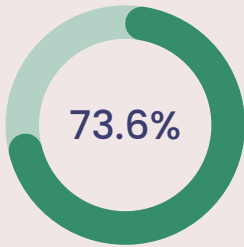
Had supervision which included safety planning for those who are on their caseload

Whole of Gippsland



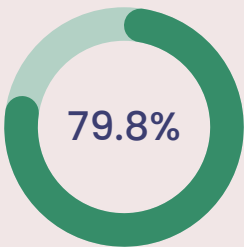
Had supervision which included information about FVISS and CISS

Whole of Gippsland



Had supervision which included holding children's risk and safety at the core of their work

Whole of Gippsland



Had supervision that included secondary trauma and wellbeing

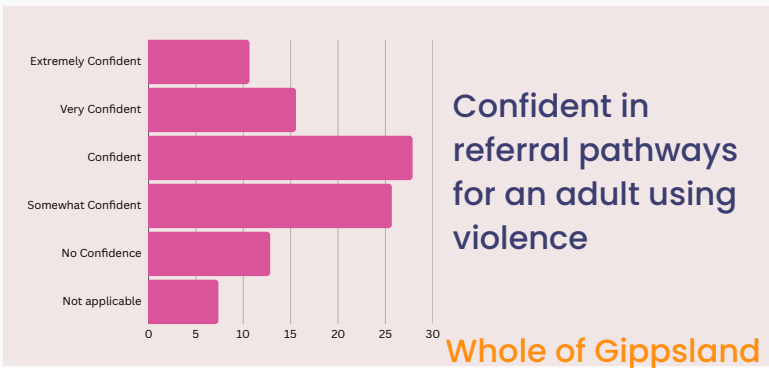
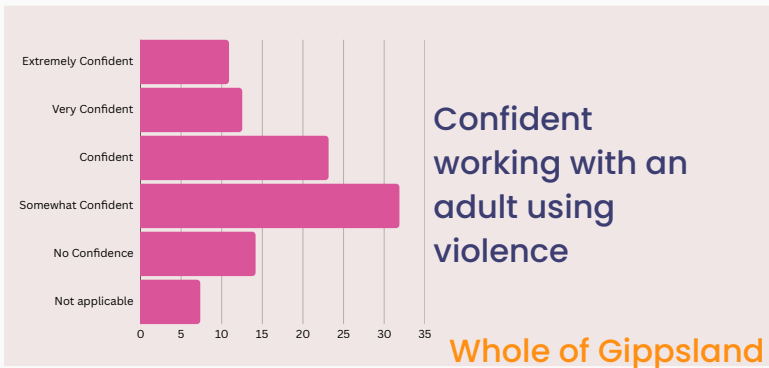
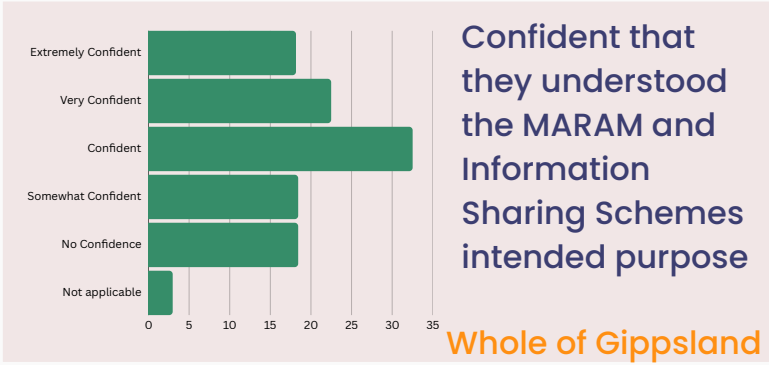
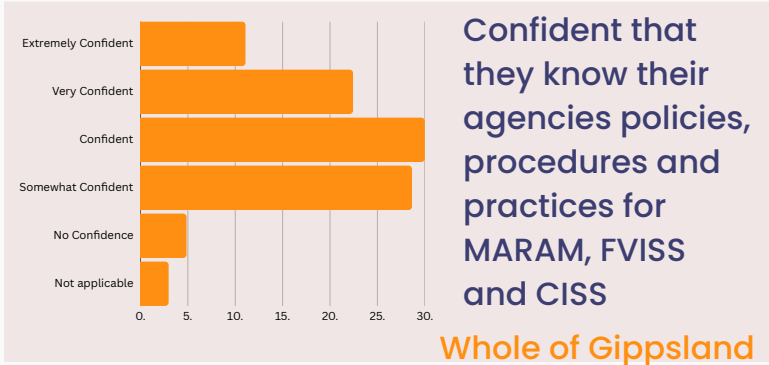
Whole of Gippsland

Insights:

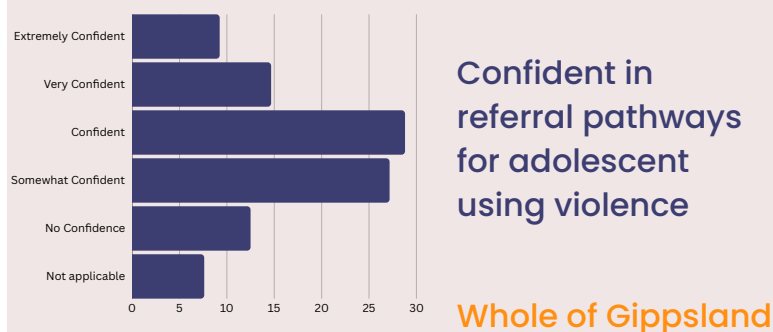
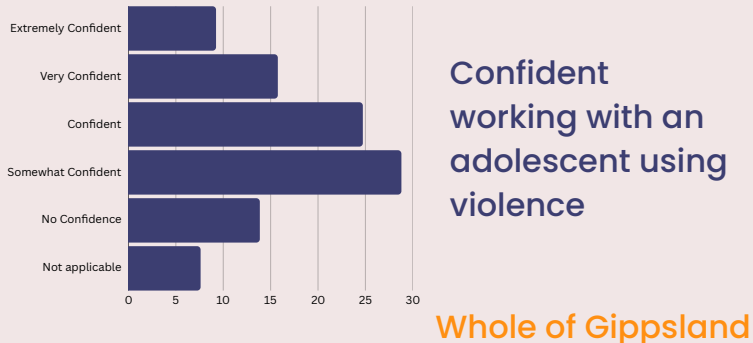
- More internal training and supervision around FVISS and CISS policies may ensure a more consistent use of Information Sharing.

Confidence Levels

“ There hasn't been any training for users of violence, so I lack confidence in that area. However, while I am confident with the common pathways for referrals for victim-survivors, it's still hard to know where to refer when there is a lot of complexity, such as significant mental health, AoD or they are LGBTIQ+. ” Adapted from several comments on confidence.



Confidence Levels



Comments from practitioners:

- *'MARAM was rolled out to ensure information was being shared amongst services to increase safety. This does not occur'*
- *'Confident in doing some of the work, however referrals to other services due to waitlists etc leave us holding the risk when it is significant and responsibility of other services'*
- *'Referral pathways can be challenging in our local area. I feel some of my confidence relates to having an understanding of what services are available (currently funded) and if they are accessible to the individuals/families I am working with (criteria, waiting lists etc)'*
- *'As a family violence worker I am extremely confident in providing support and referrals for women experiencing family violence. I have a strong understanding of MARAM and safety planning. I sometimes struggle with information sharing- as I have significant concerns around clients confidentiality and feel like at times- confidentiality of the clients is lost in the work we do because of MARAM framework and Information sharing.'*

Insights:

- Practitioners were more confident that they understood the MARAM Framework and it's intended purpose than their own agencies policies and procedures. Indicating that they know the theory, but not the implementation.
- There is still a significantly greater confidence level of working with victim-survivors, than with users of violence.
- This may be because the training for the User of Violence Practice Guides has not been released yet.
- Practitioners also lack confidence when working with children.
- This may be because the Children's Specific Practice Guide is yet to be released.
- Comments around the referral pathways indicate that most people knew the central intake was the Orange Doors. It's the Referrals after the intake which is where the frustration is. Even if practitioners are aware of the correct pathway, delays due to waiting lists, are impeding the referral process.

Case Study–Sharmaine

This case study is based on information provided in the survey, and designed to provide a representative experience of the use of MARAM and information sharing in Gippsland by a Tier One– Specialist Sexual Assault Practitioner. All elements of the case study are fictional based on broad data.

Sharmaine is employed as a Sexual Assault Counsellor. In the past three years, she has undergone:

- FVISS and CISS Information Sharing Training
- MARAM Risk Assessment Training for Victim–Survivors
- MARAM Collaborative Practice

She feels there isn't enough opportunities for training refreshers, particularly in Information Sharing.

Sharmaine usually doesn't complete a risk assessment. However some barriers that she has experienced are:

- It can be a barrier to building a rapport, trust and safety with a client.
- It doesn't address the goal the clients are seeking a service from the Sexual Assault Service, which results in some clients getting frustrated in undertaking the risk assessment.

Practitioners have sought secondary consult from Sharmaine and Sharmaine has sought secondary consults.

She usually receives a completed MARAM Risk Assessment upon referral, if the referral has come from the Orange Door. Case Management agencies are unlikely to share unless a request is made using Information Sharing.

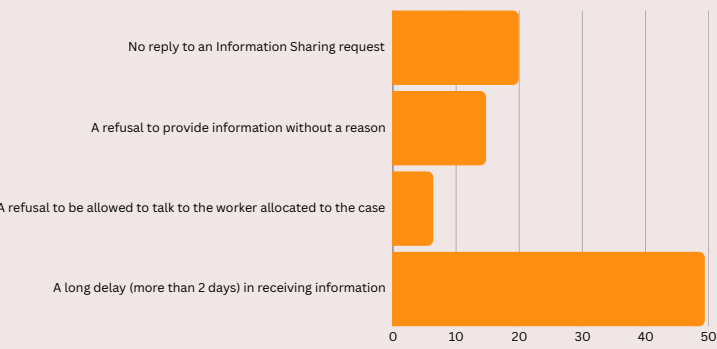


Information Sharing

“Information sharing shouldn't be as cumbersome as it is, Vic Pol always shares, but getting information from Child Protection and sometimes other agencies can be really difficult, sometimes I don't receive any formal response to my request.”

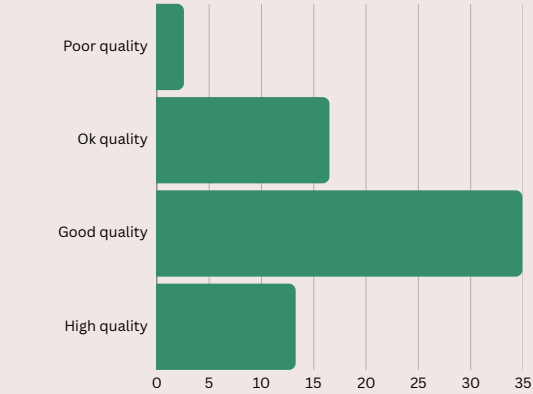
Adapted from several comments on information sharing quality.

What practitioners experienced when making request for information:



Whole of Gippsland

How practitioners rate the quality of information shared.



All questions were asked as to how often the information assisted with risk assessment, safety planning or child wellbeing

Whole of Gippsland

How often practitioners are proactively sharing information without a request for the purposes of safety/child wellbeing



Whole of Gippsland

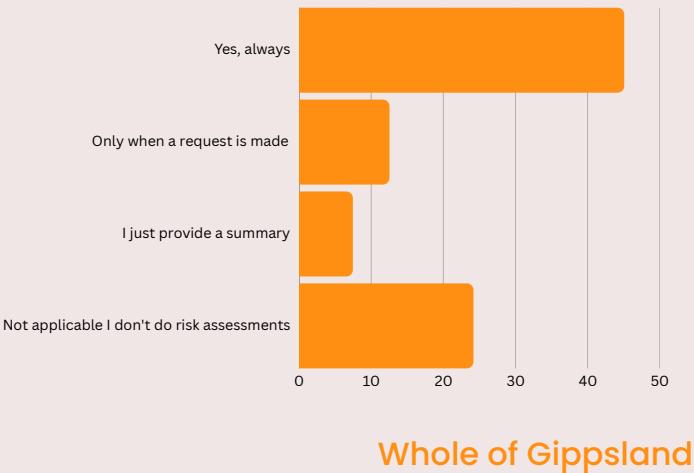
Insights:

- Information Sharing seems to be the biggest identified need throughout the survey. Comments revealed questions about its use in court, concerns about client confidentiality, misunderstandings as to who and when the schemes applied and when consent was and wasn't needed.

Referrals

“ I often struggle to know how much information to provide during a referral, as I want to respect my clients privacy. I often do an updated MARAM, excluding the information they don't want to share, or I just share an extract.” Adapted from several comments on referrals.

When making a referral to a specialist service, do you share a completed MARAM Risk assessment?



Insights:

- Clients do have the right to request their information is not shared. However, what's not clear is whether practitioners are explaining that the agencies that they are referring to, still need to monitor their risk and safety, so without the information will begin the Risk Assessment process again. More information is needed to determine whether clients are declining to have the information shared or practitioners are failing to explain the referral process.
- It seems as if TOD are (almost) always sending the risk assessment when making a referral, so their may be the possibility of process improvements with practitioners who are not in the TOD.

If you receive client referrals, how often will you receive a completed risk assessment?

- 'Usually from TOD, never from other agencies'
- 'It's valuable, as I don't have to re-ask questions and re-truamatised, but I rarely receive them so I need to ask the questions again, which sometimes annoys the clients'
- 'As a case manager I receive them 99% of the time from TOD, including the safety plan'
- 'Child Protection never provides them, but TOD does'
- 'I've never received it without requesting it. Referring agencies (ie. homelessness entry points) don't seem to consider it necessary and often leave MARAM to us to complete'
- 'I am not sure there is a great understanding that we still need to manage risk after they leave the specialist service, so if they don't provide us with the risk assessment, we need to ask the questions again, I almost never receive it'
- 'Sometimes receive them but mostly I am told they are not allowed to share it and they have given a brief overview and said that's all they are allowed to share'

Any further comments

Do you have further comments about barriers, or issues in relation to the service system?

- *'DFFH put in barriers and are not transparent. Young people are not held to account for using family violence. DFFH use excuses or just don't share risk around young person which puts community and workers at risk'*
- *'Agencies need to be more collaborative and open around supporting clients. There is still very much a 'them and us' feeling between specialist family violence services and integrated family services, that is not helpful'*
- *'It is a very complicated space and can be a "clunky" service to navigate with so much information and paperwork overload, it needs to be simplified and streamlined'*
- *'My day to day workload is overwhelming and this impacts on the quality of service I can provide to each client. It always feels like there's so much more I should be doing.'*
- *'When completing MARAM training it is completely focused on women, it would be good for it to also be focused on males, I understand the stats show majority are women, but we do also see Male victims.'*
- *'Trying to get specialised family violence support for a family that is already working with IFS appears to be extremely difficult. They don't appear to want to work together and assume if IFS is involved then that is enough, when sometimes it can be, but other times we are requesting support.'*

Whole of Gippsland

- *'The Orange Doors and other services don't like to share VS contact details when making referrals for men's services – yet it is required for us to off family safety advocacy'*
- *'Significant waitlists/ backlog continue to be an obstacle in the family violence sector and this has significantly impacted staff wellbeing and retention. The lack of support continues to be a barrier and this has been further impacted by the lack of consistency with practice guidance including risk assessment tool'*
- *'Variable use and confidence using MARAM across and within orgs + I feel we all feel much more time consuming and formal and adds stress to an already over-busy jobs. I feel I cut corners and have to sit with this risk and don't have enough time to do everything all the time 100% as per policies/procedures. I think we all feel like this. Exasperated'*
- *'Low levels of awareness and education on the sheer diversity and subtlety of relevant presentations. People are still looking for "obvious" and overt signs of stereotypical FV, there is still too much getting missed.'*
- *'Challenges accessing family violence funding or services if victim survivor remains in relationship with perpetrator which is often the case. Extended wait times for Men's behavior Change programs a barrier as motivation to attend often wains if not court ordered.'*

Whole of Gippsland

Case Study-Iman

This case study is based on information provided in the survey, and designed to provide a representative experience of the use of MARAM and information sharing in Gippsland by a Tier One-Specialist Family Violence practitioner. All elements of the case study are fictional based on broad data.

Iman is employed as a Family Violence Specialist at the Orange Door. In the past three years, she has undergone:

- FVISS and CISS Information Sharing Training
- MARAM Risk Assessment Training for Victim-Survivors
- MARAM Collaborative Practice

She feels that the training hasn't provided her with enough tangible examples of how to use the Risk Assessment tools.



Iman uses the Risk Assessment Tools with every client. However, some barriers that she has experienced are:

- It's not always applicable to non-heterosexual or non intimate partner relationships.
- The children's Tool isn't meaningful, considering she rarely gets an opportunity to talk directly to the children.
- It lacks information on protective factors.

Iman is seeking secondary consultations, and is being used as a secondary consult.

She has never received a completed risk assessment from a referring agency, as most agencies view it as TOD's job to complete them. Iman always sends a risk assessment when she makes a referral out if it's to a specialist family violence service such as case management.

Iman has an extreme workload due to the waiting lists and believes an overhaul of the duplication of Client Record Management between agencies could greatly assist with easing the administration tasks of practitioners.

Inner Gippsland Report 2023



You can download the PDF of the
results [here](#)

Agencies who participated in the survey in Inner Gippsland

264 People

205 worked in Inner and 59 worked in both Inner and Outer

22
Agencies

16
Sectors

- ACSO
- Anglicare
- Bass Coast Health
- Bass Coast Shire
- Berry Street
- Community Housing Limited
- Child Protection
- Department of Families Fairness and Housing
- Department of Justice
- Family Safety Victoria
- Gippsland Centre Against Sexual Assault
- Key Assets
- Latrobe Community Health Service
- Latrobe Regional Hospital
- Quantum Support Services
- Ramahyuck
- Relationships Australia Victoria
- Salvation Army
- Uniting
- Vic Police
- West Gippsland Healthcare Group
- Yarram and District Health Service
- QEC

11

Community
Service
Agencies

4

Health
Services

1

Aboriginal
Controlled
Organisations

4

Government
Departments

1

Local
Government

28 Practitioners
worked at the
Orange Door

Insights into the Inner Gippsland Data

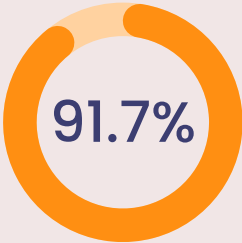
1

Further Training

While there wasn't a significant difference in the level of staff who completed training in Inner and Outer, many Inner Gippsland practitioners in the comments requested either refreshers, or more practical training, which covered what their day to day work looks like instead of the more theoretical framework of MARAM.

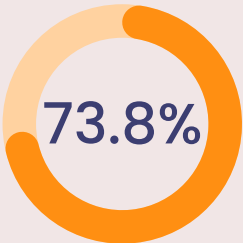
Training and Tools

The reason we have included this section on the training is to identify where the gaps exist in the sector for those who haven't undertaken the standardised training.



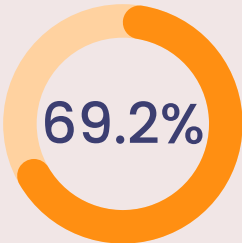
Have completed MARAM Risk Assessment Training relevant to their role

Inner Gippsland



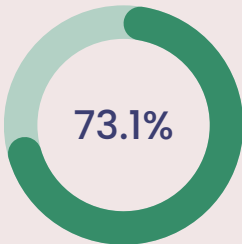
Had attended FVISS and CISS training.

Inner Gippsland



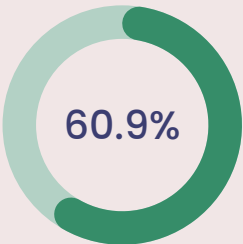
Have completed MARAM Collaborative Practice Training

Inner Gippsland



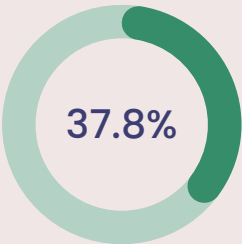
Use the victim/survivor risk assessment tool

Inner Gippsland



Use the children's risk assessment tool

Inner Gippsland



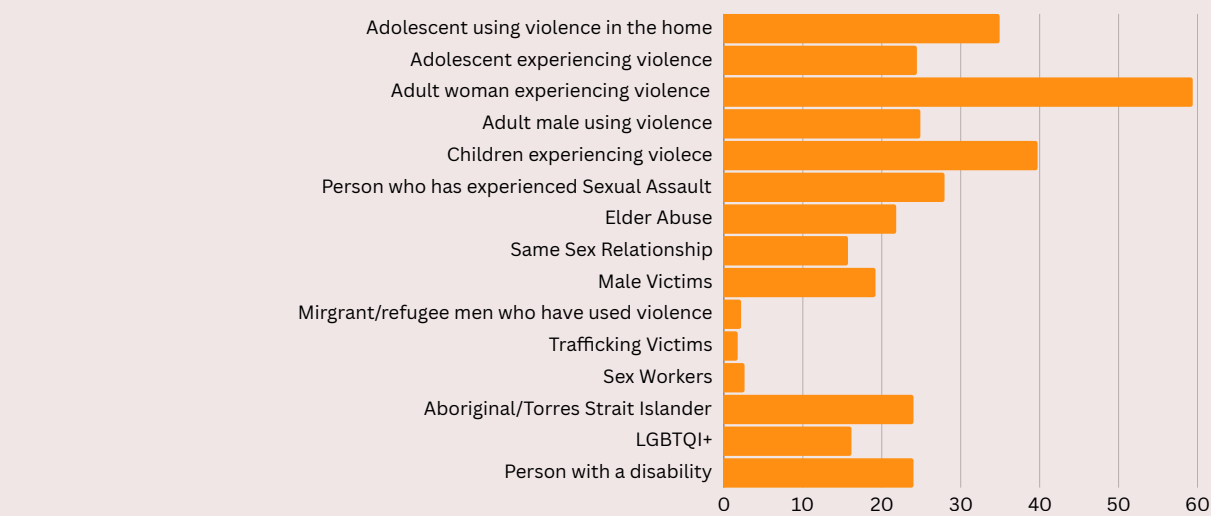
Use the person using violence tool

Inner Gippsland



Secondary Consultation

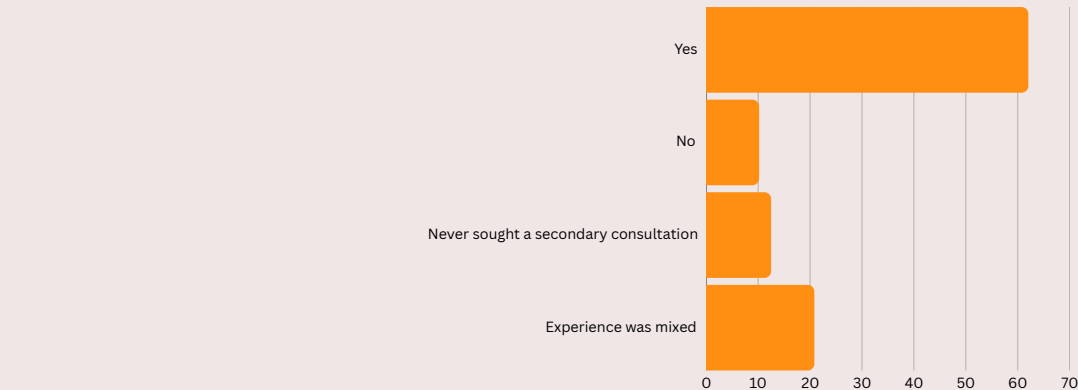
Who our practitioners are seeking secondary consults for:



Where they were getting the secondary consultations from:



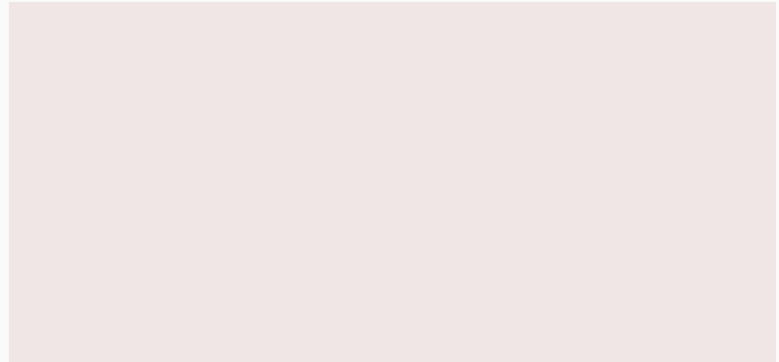
Were practitioners expectations generally met when they sought secondary consultations?



Internal Policies



Internal Training and Supervision



Case Study– Jai

This case study is based on information provided in the survey and designed to provide a representative experience of the use of MARAM and information sharing in Gippsland by a Tier Three Family Services Practitioner. All elements of the case study are fictional based on broad data.

Jai is employed as a Family Services Case Manager. In the past three years, they have undergone:

- FVISS and CISS Information Sharing Training
- MARAM Risk Assessment Training for Victim-Survivors
- MARAM Collaborative Practice

Jai uses the Victim/Survivor Risk Assessment Tools with clients where family violence has been identified. However some barriers that they have experienced are:

- Many clients are reluctant to have a risk assessment done, even if it's to access funding because of Police/Child Protection fears.
- Jai finds they lack the time in appointments to properly complete the risk assessment.
- Jai isn't comfortable working with those using violence in the family and lacks the skills to engage all members of the family in conversations about safety.

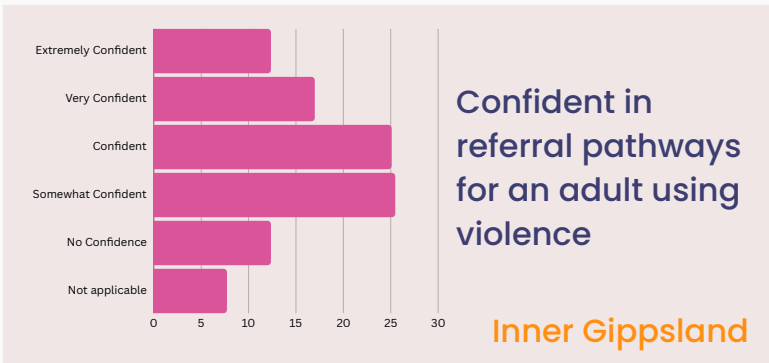
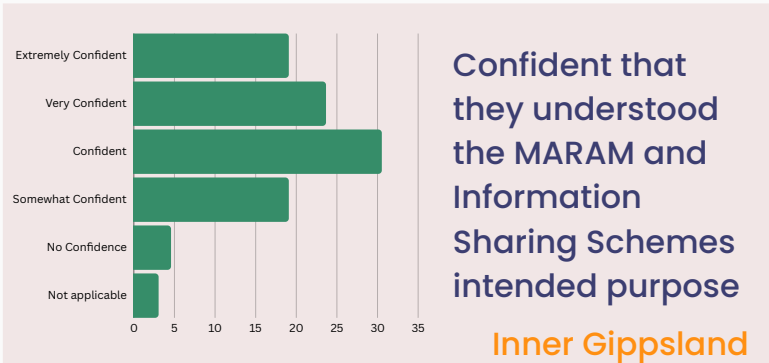
Jai is most likely to seek a secondary consult about the victim and children than the men using violence.

It's unlikely Jai will receive a Risk assessment from a referring agency, unless that referral has come from TOD. Never from Child Protection.

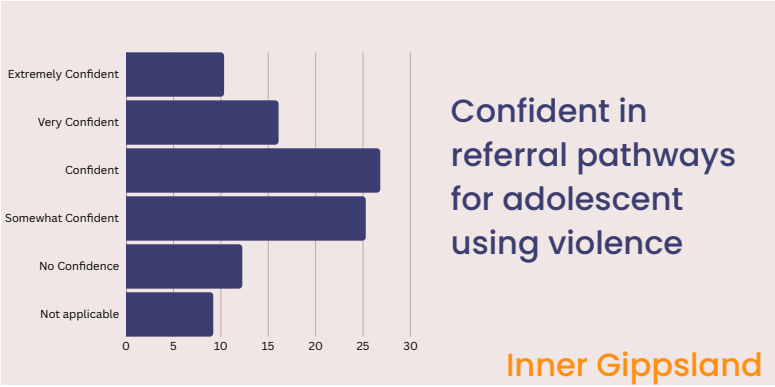
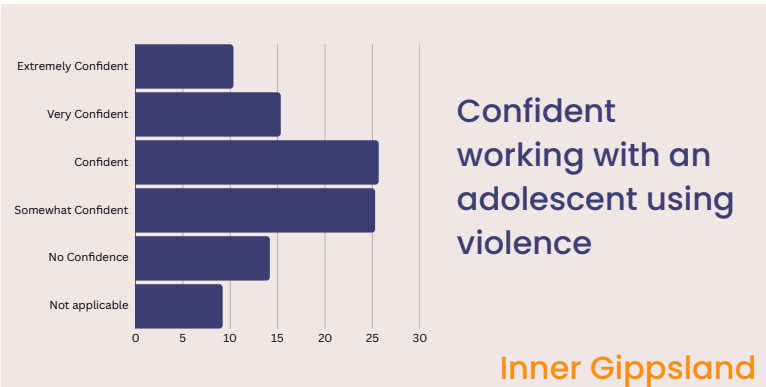
Jai would like to be able to speak to the practitioner referring the client, and to have more detailed access to police information, such as the incidents in the home, considering they do home visits.



Confidence Levels

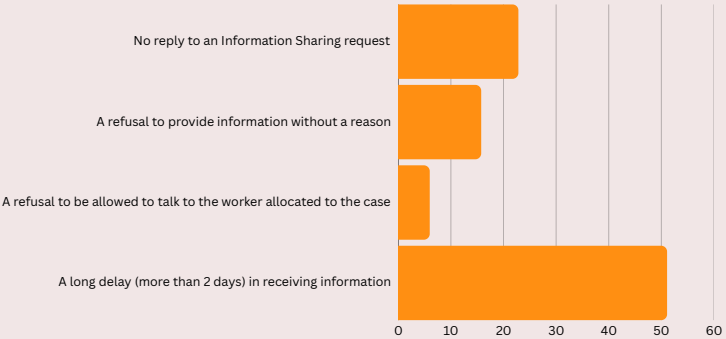


Confidence Levels



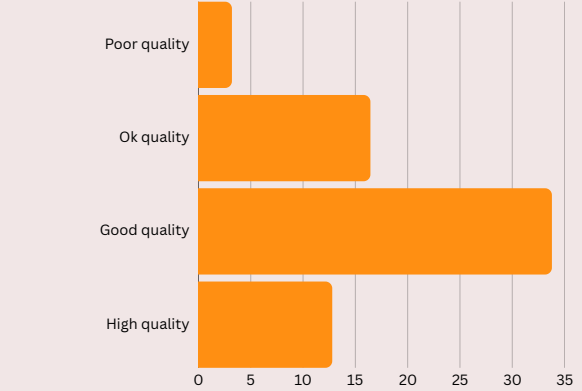
Information Sharing and referrals

What practitioners experienced when making request for information:



Inner Gippsland

How practitioners rate the quality of information shared.



All questions were asked as to how often the information assisted with risk assessment, safety planning or child wellbeing

Inner Gippsland

How often practitioners are proactively sharing information without a request for the purposes of safety/child wellbeing



Inner Gippsland

When making a referral to a specialist service, do you share a completed MARAM Risk assessment?



Inner Gippsland

Outer Gippsland Report 2023



You can download the PDF of the
results [here](#)

Agencies who participated in the survey

166 People

107 worked in Inner and 59 worked in both Inner and Outer

19
Agencies

15
Sectors

- ACSO
- Anglicare
- Community Housing Limited
- Department of Justice
- Gippsland and East Gippsland Aboriginal Co-operative
- Gippsland Centre Against Sexual Assault
- Gippsland Lakes Complete Health
- Latrobe Community Health Service
- Latrobe Regional Hospital
- Magistrate Court
- Mind
- Moogii
- Quantum Support Services
- Ramahyuck
- Relationships Australia Victoria
- Uniting
- Vic Police
- Windermere
- Yarram and District Health Service
- Yoowinna Wurnalung Aboriginal Healing Service

15 Community Service Agencies

4 Health Services

4 Aboriginal Controlled Organisations

1 Government Departments

Insights into the Outer Gippsland Data

1

Secondary Consultations

Practitioners are seeking secondary consultations at a lower rate in Outer Gippsland than in Inner Gippsland, particularly in the following areas:

- People who identify as Aboriginal or Torres Strait Islander

This is surprising given that Outer Gippsland's statistics indicate that 3.5% of the population identify as Aboriginal which is almost double of the rest of Gippsland.

Outer Gippsland practitioners are also seeking secondary consultations for male victims at a higher rate than Inner Gippsland.

2

Referrals

The MARAM Risk Assessment is being shared less often when making a referral from an Outer agency, compared to an Inner Agency. We need to determine why the risk assessment is not going with the client.

However it should also be noted as there was a statistically significant difference between Inner and Outer.

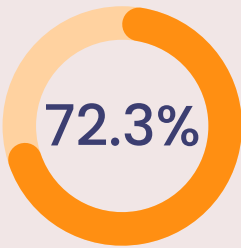
Training and Tools

The reason we have included this section on the training is to identify where the gaps exist in the sector for those who haven't undertaken the standardised training.



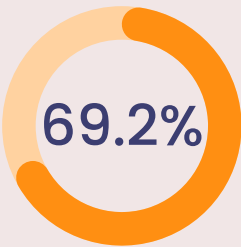
Have completed MARAM Risk Assessment Training relevant to their role

Outer Gippsland



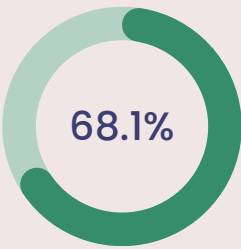
Had attended FVISS and CISS training.

Outer Gippsland



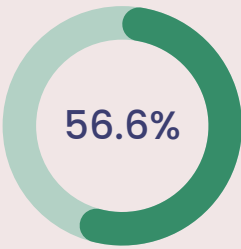
Have completed MARAM Collaborative Practice Training

Outer Gippsland



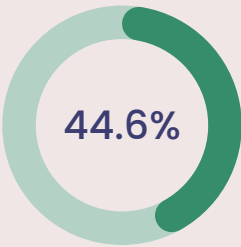
Use the victim/survivor risk assessment tool

Outer Gippsland



Use the children's risk assessment tool

Outer Gippsland



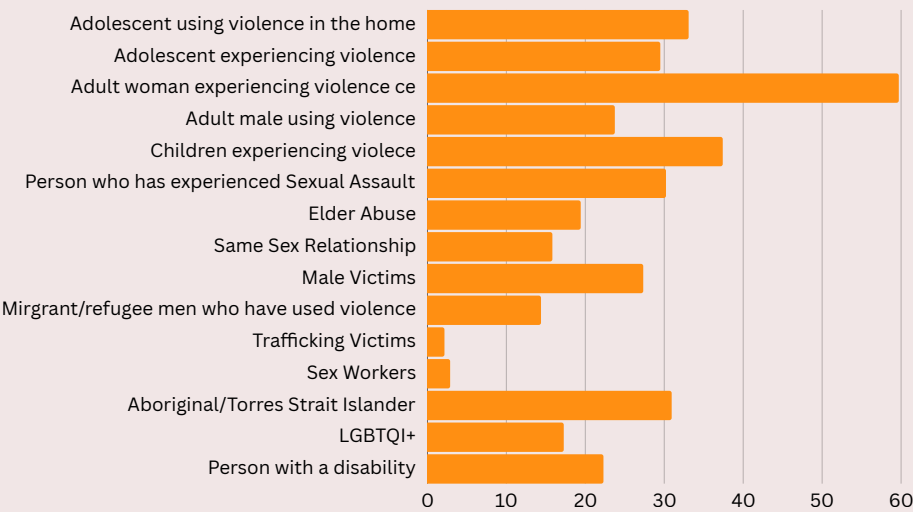
Use the person using violence tool

Outer Gippsland



Secondary Consultation

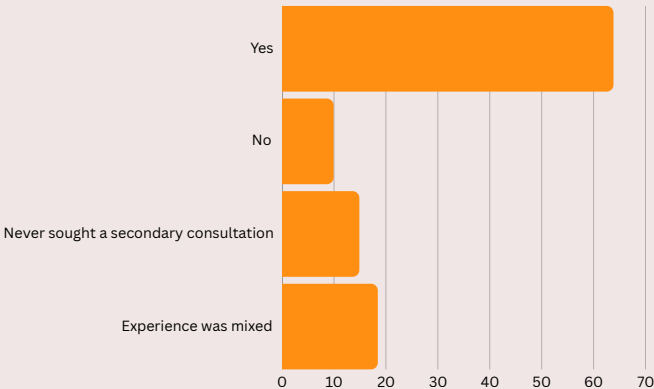
Who our practitioners are seeking secondary consults for:



Where they were getting the secondary consultations from:



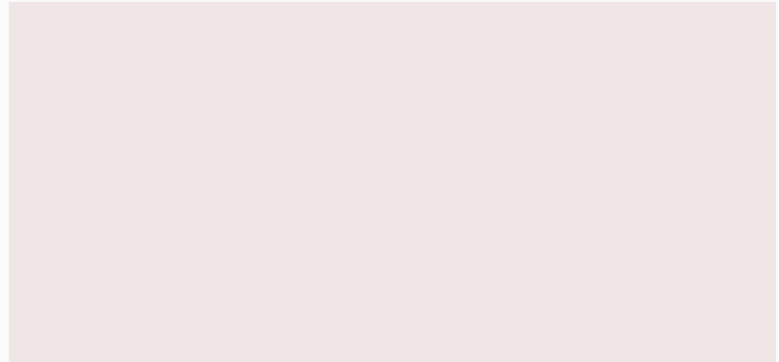
Were practitioners expectations generally met when they sought secondary consultations?



Internal Policies



Internal Training and Supervision



Case Study– Sandra

This case study is based on information provided in the survey, and designed to provide a representative experience of the use of MARAM and information sharing in Gippsland by a Tier Three–Mental Health Practitioner. All elements of the case study are fictional based on broad data.

Sandra is employed as a Social Worker at the hospital in the mental health department. In the past three years she has undergone:

- FVISS and CISS Information Sharing Training
- MARAM Risk Assessment Training for Victim/Survivors

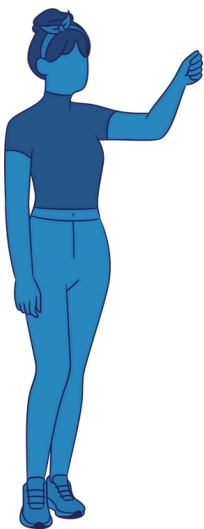
Sandra sometimes use's the risk assessment tools with clients. However some barriers that she has experienced are:

- She feels the tools are cumbersome and would be better place at a family violence service not at a mental health service.
- They're very time consuming, especially when you're working with someone who is experiencing a crisis.

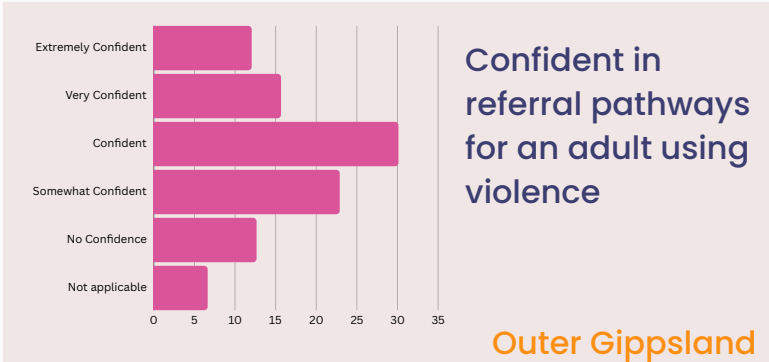
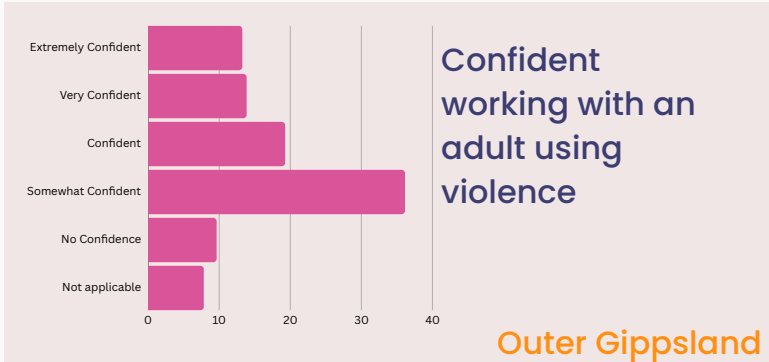
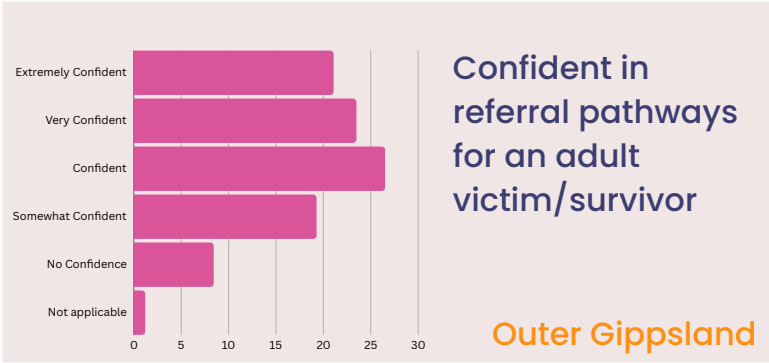
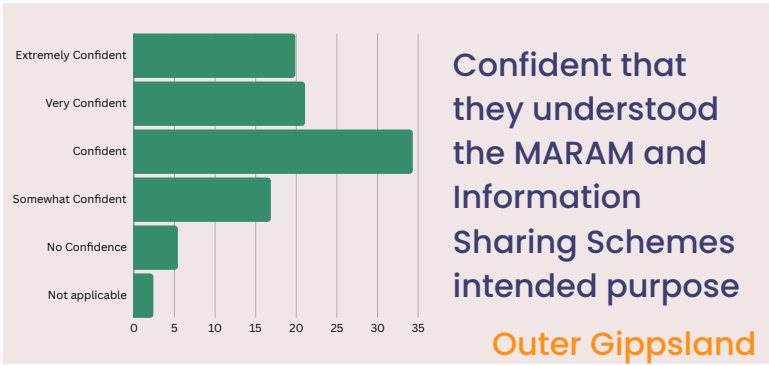
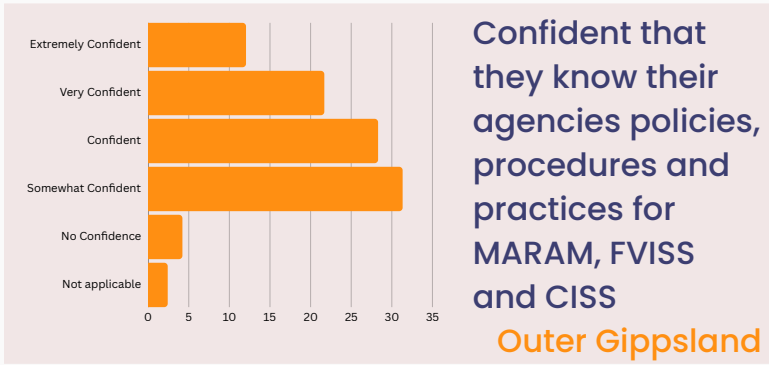
Sandra uses both the Specialist Family Violence Advisor to Mental Health and the Orange Door as secondary consults on a regular basis.

Sandra will sometimes provide a risk assessment when doing a referral out of the hospital, however usually doesn't receive any copies of risk assessments or safety plans when patients enter.

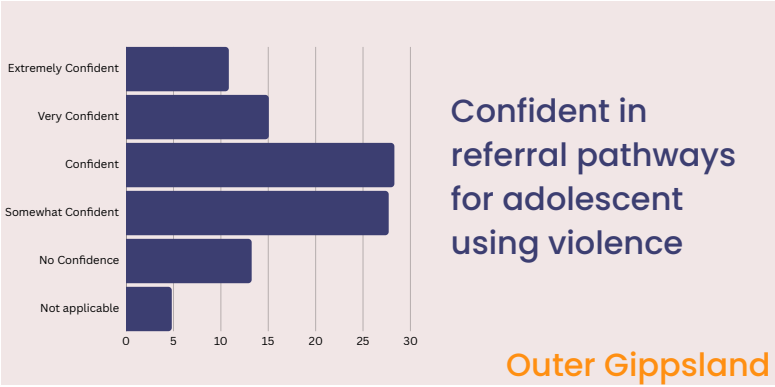
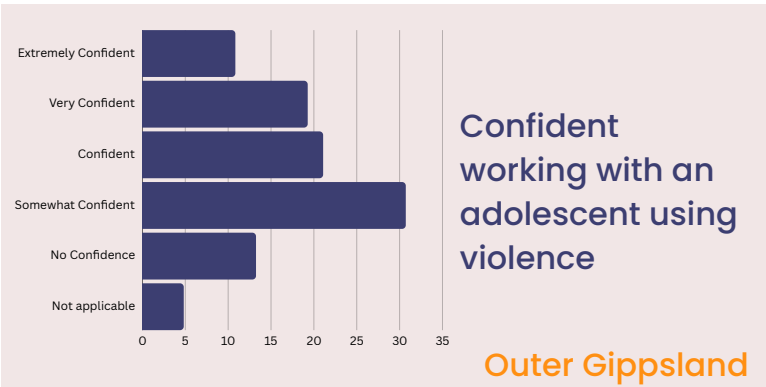
Sandra feels there is a low level of understanding of the role of mental health professional in the lives of clients and becomes frustrated when information regarding trauma and risk is withheld or not forthcoming.



Confidence Levels

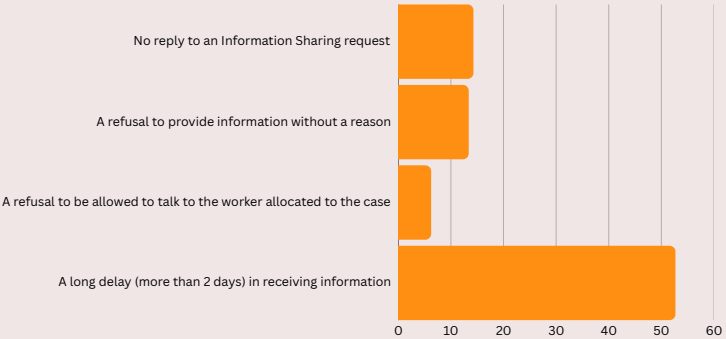


Confidence Levels



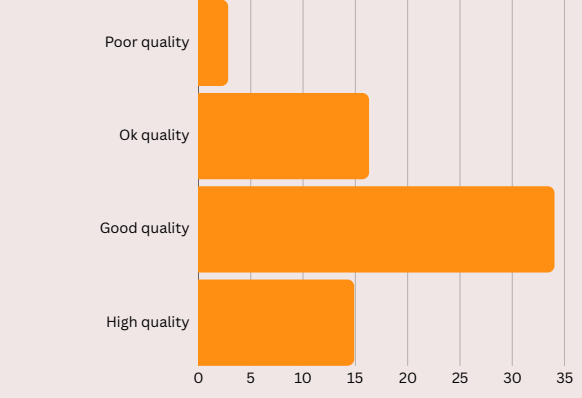
Information Sharing and referrals

What practitioners experienced when making request for information:



Outer Gippsland

How practitioners rate the quality of information shared.



All questions were asked as to how often the information assisted with risk assessment, safety planning or child wellbeing

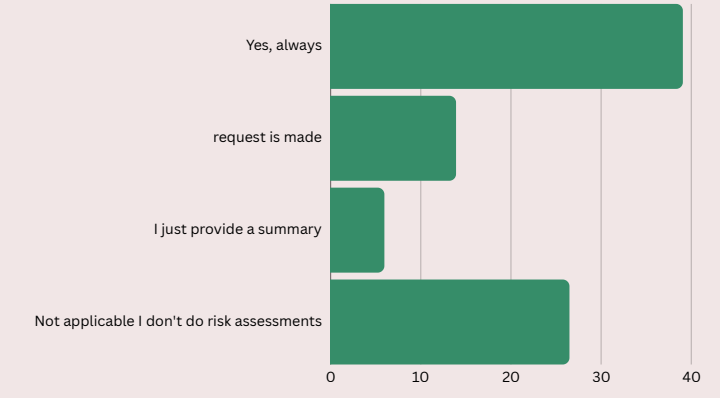
Outer Gippsland

How often practitioners are proactively sharing information without a request for the purposes of safety/child wellbeing



Outer Gippsland

When making a referral to a specialist service, do you share a completed MARAM Risk assessment?



Outer Gippsland

Sector Reports 2023



You can download the PDF of the
results [here](#)

Insights into the Sector Data



Confidence Levels

The Confidence Levels of our practitioners to work with:

- Adults experiencing violence
- Children experiencing violence
- Adults using violence
- Adolescents using violence

Is very dependent on sector and we're not always seeing confidence where we would expect to. For example, Family Services work with the entire family, so we would have expected to see a higher confidence working with adults using violence. While we did only have a small sample size from Child Protection and Victim's of Crime, their confidence levels were also not high in terms of any of the four categories.

There is still a lot of training and upskilling which is needed, if we are going to have families worked with as units.

Summary of Results: Alcohol and Drug

26 People

5 Agencies

12 Inner Gippsland
6 Outer Gippsland
8 Inner and Outer Gippsland



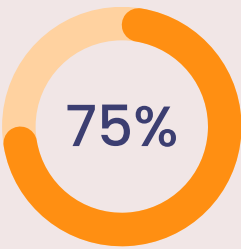
Attended MARAM Collaborative Practice

Whole of Gippsland



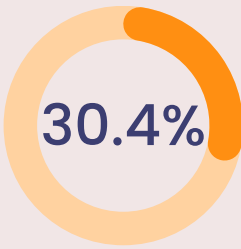
Had attended a Risk Assessment Training relevant to their role.

Whole of Gippsland



Who had sought a secondary consultation, had their expectations met.

Whole of Gippsland



Share a completed risk assessment with a specialist agency when making a referral.

Whole of Gippsland



42.3%

Were either 'Very Confident' or 'Extremely Confident' working with an adult who had experienced violence

Whole of Gippsland



30.8%

Were either 'Very Confident' or 'Extremely Confident' working with an adult using violence in the home

Whole of Gippsland



23.1%

Were either 'Very Confident' or 'Extremely Confident' working with a child who had experienced violence

Whole of Gippsland



11.5%

Were either 'Very Confident' or 'Extremely Confident' working with an adolescent using violence

Whole of Gippsland

Summary of Results: Child Protection

8 People

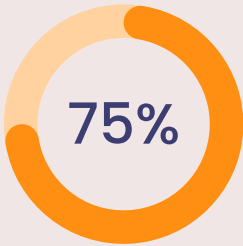
1 Agency

- 5 Inner Gippsland
- 2 Outer Gippsland
- 1 Inner and Outer Gippsland



Attended MARAM Collaborative Practice

Whole of Gippsland



Had attended a Risk Assessment Training relevant to their role.

Whole of Gippsland



Who had sought a secondary consultation, had their expectations met.

Whole of Gippsland



Share a completed risk assessment with a specialist agency when making a referral.

Whole of Gippsland



25%

Were either 'Very Confident' or 'Extremely Confident' working with an adult who had experienced violence

Whole of Gippsland



25%

Were either 'Very Confident' or 'Extremely Confident' working with an adult using violence in the home

Whole of Gippsland



25%

Were either 'Very Confident' or 'Extremely Confident' working with a child who had experienced violence

Whole of Gippsland



25%

Were either 'Very Confident' or 'Extremely Confident' working with an adolescent using violence

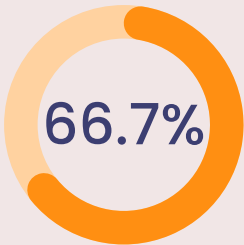
Whole of Gippsland

Summary of Results: Emergency Recovery

6 People

1 Agencies

6 Outer Gippsland



Attended MARAM Collaborative Practice

Whole of Gippsland



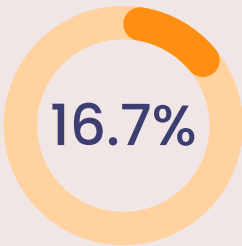
Had attended a Risk Assessment Training relevant to their role.

Whole of Gippsland



Who had sought a secondary consultation, had their expectations met.

Whole of Gippsland



Share a completed risk assessment with a specialist agency when making a referral.

Whole of Gippsland



Were either 'Very Confident' or 'Extremely Confident' working with an adult who had experienced violence

Whole of Gippsland



Were either 'Very Confident' or 'Extremely Confident' working with an adult using violence in the home

Whole of Gippsland



Were either 'Very Confident' or 'Extremely Confident' working with a child who had experienced violence

Whole of Gippsland



Were either 'Very Confident' or 'Extremely Confident' working with an adolescent using violence

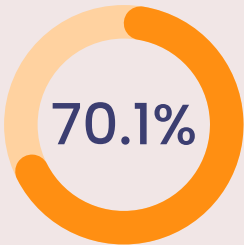
Whole of Gippsland

Summary of Results: Family Services

77 People

15 Agencies

45 Inner Gippsland
21 Outer Gippsland
11 Inner and Outer Gippsland



Attended MARAM Collaborative Practice

Whole of Gippsland



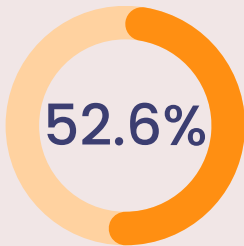
Had attended a Risk Assessment Training relevant to their role.

Whole of Gippsland



Who had sought a secondary consultation, had their expectations met.

Whole of Gippsland



Share a completed risk assessment with a specialist agency when making a referral.

Whole of Gippsland



42.9%

Were either 'Very Confident' or 'Extremely Confident' working with an adult who had experienced violence

Whole of Gippsland



24.7%

Were either 'Very Confident' or 'Extremely Confident' working with an adult using violence in the home

Whole of Gippsland



39.5%

Were either 'Very Confident' or 'Extremely Confident' working with a child who had experienced violence

Whole of Gippsland



31.2%

Were either 'Very Confident' or 'Extremely Confident' working with an adolescent using violence

Whole of Gippsland

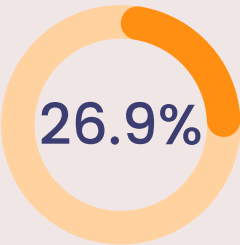
Summary of Results: Health Care

Health care, included people who selected they worked in: Maternal Child Health, Nursing, Midwifery, Emergency Room, Dental and Aged Care.

23 People

5 Agencies

- 10 Inner Gippsland
- 12 Outer Gippsland
- 1 Inner and Outer Gippsland



Attended MARAM Collaborative Practice

Whole of Gippsland



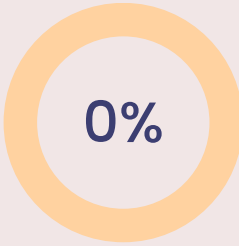
Had attended a Risk Assessment Training relevant to their role.

Whole of Gippsland



Who had sought a secondary consultation, had their expectations met.

Whole of Gippsland



Share a completed risk assessment with a specialist agency when making a referral.

Whole of Gippsland



8.7%

Were either 'Very Confident' or 'Extremely Confident' working with an adult who had experienced violence

Whole of Gippsland



0%

Were either 'Very Confident' or 'Extremely Confident' working with an adult using violence in the home

Whole of Gippsland



0%

Were either 'Very Confident' or 'Extremely Confident' working with a child who had experienced violence

Whole of Gippsland



0%

Were either 'Very Confident' or 'Extremely Confident' working with an adolescent using violence

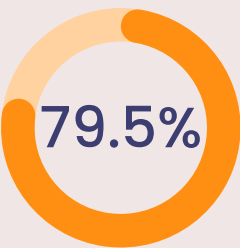
Whole of Gippsland

Summary of Results: Homelessness

44 People

6 Agencies

24 Inner Gippsland
9 Outer Gippsland
11 Inner and Outer Gippsland



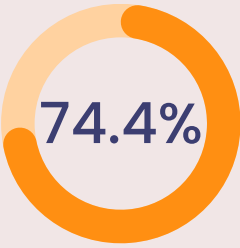
Attended MARAM Collaborative Practice

Whole of Gippsland



Had attended a Risk Assessment Training relevant to their role.

Whole of Gippsland



Who had sought a secondary consultation, had their expectations met.

Whole of Gippsland



Share a completed risk assessment with a specialist agency when making a referral.

Whole of Gippsland



34.1%

Were either 'Very Confident' or 'Extremely Confident' working with an adult who had experienced violence

Whole of Gippsland



13.6%

Were either 'Very Confident' or 'Extremely Confident' working with an adult using violence in the home

Whole of Gippsland



27.3%

Were either 'Very Confident' or 'Extremely Confident' working with a child who had experienced violence

Whole of Gippsland



22.7%

Were either 'Very Confident' or 'Extremely Confident' working with an adolescent using violence

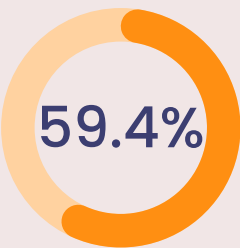
Whole of Gippsland

Summary of Results: Mental Health

32 People

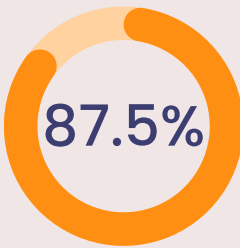
6 Agencies

18 Inner Gippsland
8 Outer Gippsland
6 Inner and Outer Gippsland



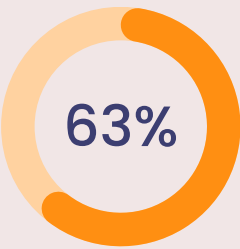
Attended MARAM Collaborative Practice

Whole of Gippsland



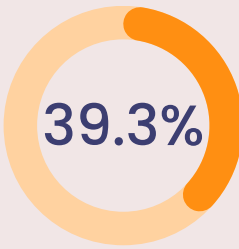
Had attended a Risk Assessment Training relevant to their role.

Whole of Gippsland



Who had sought a secondary consultation, had their expectations met.

Whole of Gippsland



Share a completed risk assessment with a specialist agency when making a referral.

Whole of Gippsland



34.4%

Were either 'Very Confident' or 'Extremely Confident' working with an adult who had experienced violence

Whole of Gippsland



21.9%

Were either 'Very Confident' or 'Extremely Confident' working with an adult using violence in the home

Whole of Gippsland



28.1%

Were either 'Very Confident' or 'Extremely Confident' working with a child who had experienced violence

Whole of Gippsland



22.9%

Were either 'Very Confident' or 'Extremely Confident' working with an adolescent using violence

Whole of Gippsland

Case Study– Mandisa

This case study is based on information provided in the survey, and designed to provide a representative experience of the use of MARAM and information sharing in Gippsland by a Tier Four– Healthcare Practitioner. All elements of the case study are fictional based on broad data.



Mandisa is employed as a nurse at the hospital in the emergency department. In the past three years, she has undergone:

- MARAM Risk Assessment Training for Victim–Survivors

Mandisa has never been asked to do a risk assessment. Her thoughts were:

- That the risk assessment was the role of the social work department in the hospital.
- Very rarely do people disclose family violence in the Emergency Room, those that do usually come in with Vic Police, who do the risk assessments and referrals.
- Her confidence levels were too low to be asking about family violence.
- She wasn't aware of what the Information Sharing schemes were.

Mandisa has never received a risk assessment for a client, nor has she completed one for a referral.

She has never sought a secondary consultation. The Orange Door isn't open when she typically works, but she does know that is where people can seek help for family violence.

Mandisa believes there should be specialist family violence workers in hospitals as they should be doing the majority of the work.

Summary of Results: Sexual Assault

10 People

2 Agencies

8 Inner Gippsland
2 Outer Gippsland



Attended MARAM Collaborative Practice

Whole of Gippsland



Had attended a Risk Assessment Training relevant to their role.

Whole of Gippsland



Who had sought a secondary consultation, had their expectations met.

Whole of Gippsland



Share a completed risk assessment with a specialist agency when making a referral.

Whole of Gippsland



60%

Were either 'Very Confident' or 'Extremely Confident' working with an adult who had experienced violence

Whole of Gippsland



10%

Were either 'Very Confident' or 'Extremely Confident' working with an adult using violence in the home

Whole of Gippsland



70%

Were either 'Very Confident' or 'Extremely Confident' working with a child who had experienced violence

Whole of Gippsland



20%

Were either 'Very Confident' or 'Extremely Confident' working with an adolescent using violence

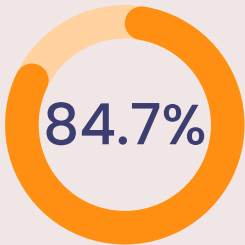
Whole of Gippsland

Summary of Results: Specialist Family Violence

85 People

11 Agencies

57 Inner Gippsland
21 Outer Gippsland
7 Inner and Outer Gippsland



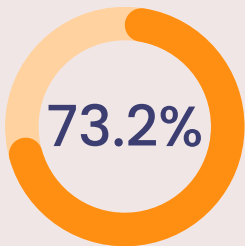
Attended MARAM Collaborative Practice

Whole of Gippsland



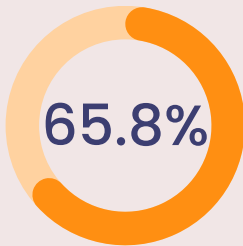
Had attended a Risk Assessment Training relevant to their role.

Whole of Gippsland



Who had sought a secondary consultation, had their expectations met.

Whole of Gippsland



Share a completed risk assessment with a specialist agency when making a referral.

Whole of Gippsland



60.3%

Were either 'Very Confident' or 'Extremely Confident' working with an adult who had experienced violence

Whole of Gippsland



22.2%

Were either 'Very Confident' or 'Extremely Confident' working with an adult using violence in the home

Whole of Gippsland



57.8%

Were either 'Very Confident' or 'Extremely Confident' working with a child who had experienced violence

Whole of Gippsland



31.7%

Were either 'Very Confident' or 'Extremely Confident' working with an adolescent using violence

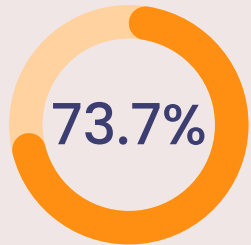
Whole of Gippsland

Summary of Results: Specialist Family Violence- Men's Services

19 People

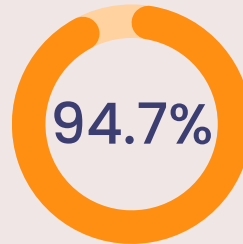
6 Agencies

7 Inner Gippsland
9 Outer Gippsland
3 Inner and Outer Gippsland



Attended MARAM
Collaborative Practice

Whole of Gippsland



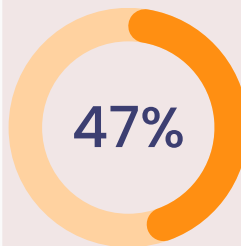
Had attended a Risk
Assessment Training
relevant to their role.

Whole of Gippsland



Who had sought a
secondary consultation,
had their expectations
met.

Whole of Gippsland



Share a completed risk
assessment with a specialist
agency when making a
referral.

Whole of Gippsland



67.2%

Were either 'Very Confident' or
'Extremely Confident' working with an
adult who had experienced violence

Whole of Gippsland



47.4%

Were either 'Very Confident' or
'Extremely Confident' working with an
adult using violence in the home

Whole of Gippsland



63.2%

Were either 'Very Confident' or
'Extremely Confident' working with a
child who had experienced violence

Whole of Gippsland



42.1%

Were either 'Very Confident' or
'Extremely Confident' working with an
adolescent using violence

Whole of Gippsland

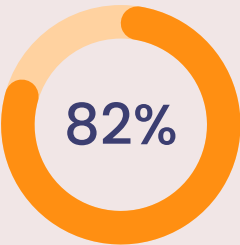
Summary of Results: The Orange Door

These practitioners are included in other parts of the report, but have been included under the TOD for the purposes of understanding the unique multiagency environment

39 People

8 Agencies

- 27 Inner Gippsland
- 11 Outer Gippsland
- 1 Inner and Outer Gippsland



Attended MARAM Collaborative Practice

Whole of Gippsland



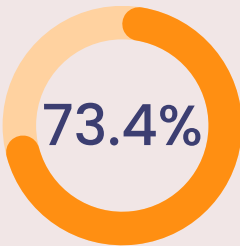
Had attended a Risk Assessment Training relevant to their role.

Whole of Gippsland



Who had sought a secondary consultation, had their expectations met.

Whole of Gippsland



Share a completed risk assessment with a specialist agency when making a referral.

Whole of Gippsland



82.2%

Were either 'Very Confident' or 'Extremely Confident' working with an adult who had experienced violence

Whole of Gippsland



42.1%

Were either 'Very Confident' or 'Extremely Confident' working with an adult using violence in the home

Whole of Gippsland



68.4%

Were either 'Very Confident' or 'Extremely Confident' working with a child who had experienced violence

Whole of Gippsland



47%

Were either 'Very Confident' or 'Extremely Confident' working with an adolescent using violence

Whole of Gippsland

Summary of Results: Victims of Crime

5 People

1 Agencies

1 Outer Gippsland
4 Inner and Outer Gippsland



Attended MARAM Collaborative Practice

Whole of Gippsland



Had attended a Risk Assessment Training relevant to their role.

Whole of Gippsland



Who had sought a secondary consultation, had their expectations met.

Whole of Gippsland



Share a completed risk assessment with a specialist agency when making a referral.

Whole of Gippsland



Were either 'Very Confident' or 'Extremely Confident' working with an adult who had experienced violence

Whole of Gippsland



Were either 'Very Confident' or 'Extremely Confident' working with an adult using violence in the home

Whole of Gippsland



Were either 'Very Confident' or 'Extremely Confident' working with a child who had experienced violence

Whole of Gippsland



Were either 'Very Confident' or 'Extremely Confident' working with an adolescent using violence

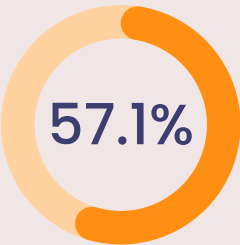
Whole of Gippsland

Summary of Results: Youth Work

21 People

4 Agencies

- 8 Inner Gippsland
- 8 Outer Gippsland
- 5 Inner and Outer Gippsland



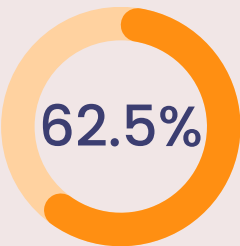
Attended MARAM Collaborative Practice

Whole of Gippsland



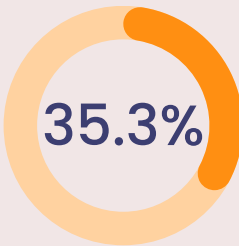
Had attended a Risk Assessment Training relevant to their role.

Whole of Gippsland



Who had sought a secondary consultation, had their expectations met.

Whole of Gippsland



Share a completed risk assessment with a specialist agency when making a referral.

Whole of Gippsland



23.8%

Were either 'Very Confident' or 'Extremely Confident' working with an adult who had experienced violence

Whole of Gippsland



33.3%

Were either 'Very Confident' or 'Extremely Confident' working with an adult using violence in the home

Whole of Gippsland



38.1%

Were either 'Very Confident' or 'Extremely Confident' working with a child who had experienced violence

Whole of Gippsland



28.6%

Were either 'Very Confident' or 'Extremely Confident' working with an adolescent using violence

Whole of Gippsland

Thank you for taking a minute

