

MARAM Collaborative Practice

Training Module

Participant Guide

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PARTICIPANT GUIDE AND PREREQUISITES

The resources in this Participant Guide are designed to support the learning of participants attending the **Multi-Agency Risk Assessment and Management (MARAM) Collaborative Practice Training**. The Guide includes activities and resources to be used during the training, a resource list and glossary. It is structured to align with the topics as they are covered in the training. All participants **MUST** have a copy of the Participant Guide, whether in electronic or paper form, to refer to during the training.

In attending this training, it is expected participants **will have**:

- Read the Family Violence Multi-Agency Risk Assessment and Management Framework: [Foundation Knowledge](#)
- Watched [Helping end family violence - the Information Sharing Schemes and MARAM](#) film (3.57 mins)

OVERVIEW

The **MARAM Collaborative Practice Training Module** is relevant to all professionals who respond to family violence in Victoria. It focuses on both collaborative practice and the foundational aspects of MARAM that enable collaboration. The Module will enable professionals to contribute to risk assessment and collaborate for ongoing risk assessment and management, through respectful and sensitive engagement with victim survivors, information sharing, referral and secondary consultation.

While relevant to all professionals from prescribed and non-prescribed organisations, given the availability of other MARAM training at the time of its release, the Module is best suited to professionals from Tiers 2, 3 and 4 of the Victorian Government Responding to Family Violence Capability Framework (2017).

The Module will be delivered via Family Violence Regional Integration Committees across Victoria. It complements MARAM training delivered by government departments ('Brief & Intermediate' and 'Screening & Identification') and DVRCV (Comprehensive).

Organisations should be guided by Family Safety Victoria resources in determining the relevant roles, responsibilities and training requirements of their staff.

LEARNING OUTCOMES

Participants will demonstrate an ability to:

- **Describe the MARAM framework including responsibilities that drive collaborative practice across the service system**
- Apply the four elements of structured professional judgement to their practice
- **Outline how information sharing can enhance collaborative practice**
- Outline their responsibilities under the MARAM and information sharing reforms
- **Describe what collaborative practice is and differentiate between practice, organisational and system enablers**
- Apply intersectionality to enhance practice by examining personal privileges and oppressions
- **Explain how to use collaborative practice to maintain perpetrator visibility**
- Apply knowledge of evidence-based risk factors
- Plan strategies to ensure a safe and respectful environment for all victim survivors including children
- **Develop a collaborative risk management plan**
- **Implement effective processes for secondary consultation and referral within the local service system.**

Note: While objectives described in **bold** are focused solely on Collaborative Practice, the other learning objectives must be understood in order to enable collaborative practice.

ACKNOWLEDGMENTS

The MARAM Collaborative Practice Training Module was funded by Family Safety Victoria and developed by the Northern Metropolitan Region Family Violence Regional Integration Committee team at Women's Health In the North. It was designed through a comprehensive consultation process that included online surveys, individual interviews, focus groups and a critical review process.

Women's Health In the North formally acknowledges the rich advice and input provided by all professionals who took part in this consultation. In particular, we recognise the immense contribution of Principal Strategic Advisors and their trainers from Family Violence Regional Integration Committees across Victoria.

Thank you also to the organisations and consultants that supported the development of the module including: Berry Street, inTouch Multicultural Centre Against Family Violence, Kids First, Multicultural Women's Health, Rainbow Health, South Eastern Centre Against Sexual Assault (Disability Support Program), Switchboard, Victorian Aboriginal Child Care Agency, Vig Geddes and Rodney Vlasis.

This training module and associated documents were written by Ada Conroy (Senior Workforce Development Officer) and Sarah Johnson (Principal Strategic Advisor).

GLOSSARY

Agency	Individual agency is the freedom to act independently and based on one's own choices.
CISS	Child Information Sharing Scheme. Refer to CIS Guidelines for more detail
Cisgendered	Denoting or relating to a person whose sense of personal identity and gender corresponds with their birth sex.
Family Violence	The Family Violence Protection Act (2008) defines family violence as: <ol style="list-style-type: none"> 1) Behaviour that is: <ul style="list-style-type: none"> • Physically, sexually, emotionally psychologically or economically abusive • Threatening or coercive • Controls or dominates the family member and causes that family member to feel fear for the safety or well-being of that family member or another person 2) Behaviour that causes a child to hear, witness or otherwise be exposed to the effects of any behaviour referred to above.
	Aboriginal definition of family violence: <i>Dhelk Dja Safe Our Way – Strong Culture, Strong Peoples, Strong Families</i> defines family violence as ‘an issue focused around a wide range of physical, emotional, sexual, social, spiritual, cultural, psychological and economic abuses that occur within families, intimate relationships, extended families, kinship networks and communities. It extends to one-on-one fighting, abuse of Indigenous community workers as well as self-harm, injury and suicide.’ Footnote: <i>Dhelk Dja Safe Our Way – Strong Culture, Strong Peoples, Strong Families</i> State of Victoria, Department of Health and Human Services, October 2018, p. 51.
Diverse	The term ‘diverse’ refers to individuals and communities, to acknowledge diverse experiences of family violence and how these experiences are compounded by multiple forms of discrimination and disadvantage, and as described in intersectionality.
FSV	Family Safety Victoria
FVISS	Family Violence Information Sharing Scheme. Refer to FVISS Guidelines for more details
Gender Inequality	Gender inequality can be defined as the legal, social and cultural context which allows people different opportunities and access to or enjoyment of rights due to perceived differences based solely on issues of gender.
Heteronormativity	An assumption that heterosexuality is the default, preferred, normal state for a person. It is underpinned by a belief that someone's biological sex, sexuality, gender identity and gender roles are aligned.
Intersectionality	Refers to the structural inequality and discrimination experienced by different individuals and communities, and the impact of these creating barriers to service access and further marginalisation.
	Intersectionality is the complex, cumulative way in which the effects of multiple forms of identity-based structural inequality and discrimination (such as racism, sexism, ableism and classism) combine, overlap or intersect in the experiences of individuals or communities. These aspects of identity can include race, gender, ethnicity and cultural background, language, socioeconomic status, disability, sexual orientation, gender identity, religion, age, geographic location and/or visa status.

	<p>Importantly, an individual or institution cannot simply <i>be intersectional</i>, individuals and institutions must <u>enact</u> intersectional feminist direct action policy, and activism, by purposefully centering and amplifying marginalised voices in the development of such acts in the first place.¹</p> <p>Intersectionality also includes understanding the ways in which perpetrators design their abuse to take advantage of structural barriers to safety, justice and recovery and the strengths to resist that which can exist within all communities.</p> <p>It involves engaging in culturally humble care and in a respectful manner, addressing any communication or access barriers.</p> <p>Refer to the <u>Intertwine Charter</u> for more information.</p>
ISE	Information Sharing Entity – prescribed under part 5A of the Family Violence Protection Act. An ISE can request and share information relevant to a family violence risk. All ISEs can share information for a protection purpose. Refer to the Family Violence Information Sharing Scheme Guidelines for more information.
MARAM	Multi-Agency Risk Assessment and Management
RAE	Risk Assessment Entity – prescribed under part 5A of the Family Violence Protection Act. A RAE can request and share information relevant to family violence risk for risk assessment and protection purposes. Please refer to the Family Violence Information Sharing Scheme Guidelines for more information.
Risk Assessment	The term used to describe the overall process or method used to identify any risk factors that may pose a family violence risk
Risk Management	Any action or intervention taken to reduce the level of family violence risk posed to a victim and hold perpetrators to account. Actions taken and interventions implemented should be appropriate to the level of risk identified in the risk assessment stage.
Safety Planning	Process of implementing a strategy or identifying steps to be taken, subject to timelines agreed with relevant parties, to reduce the likelihood of further family violence occurring and ensure safety for the victim/s.
Secondary Consultation	A secondary consultation involves a discussion, usually via telephone, between two professionals about a specific client or situation. The client is not present during the consultation. A secondary consultation can involve a degree of information sharing and supports the caller to enhance their practice and strengthen cross-sector relationships.

¹ Poisson, A. (2018) *Practicing Intersectionality: Against the colonization of Black thought in white feminist discourse*. Retrieved from: <https://medium.com/@arianepoisson/practicing-intersectionality-against-the-colonization-of-black-thought-in-white-feminist-discourse-fa4db9ef96b8> (accessed September 2019)

ACTIVITY ONE: WORKSHEET – YOUR PLACE IN THE SYSTEM

MARAM and Information Sharing Schemes: Checklist Worksheet

This checklist is a broad overview tool to help you map your role and responsibilities under the key reforms of the Multi-Agency Risk Assessment and Management (MARAM) Framework and the Information Sharing Schemes.

Part 1:

My service / work is currently prescribed under the following: (please tick)

[Resource: Who can I share information with? – Refer to Participant Guide Appendix G, Page 30]

- Multi-Agency Risk Assessment and Management Framework
- Family Violence Information Sharing Scheme
- Child Information Sharing Scheme
- My service will be prescribed in 2020:
Disability Services, Aged Care Services, Hospitals, Ambulance Victoria, Midwives, Community Health Services, Community Housing Services, Allied Health Services, Schools, Early Childhood Services, Local Councils
- My service will not be prescribed
- I'm not sure

Part 2:

Responding to Family Violence Capability Framework Tier

The Responding to Family Violence Capability Framework (2017) outlines the roles of each professional in responding to family violence by naming Tiers 1-4. However, your organisational context and role are both important in determining your responsibilities. Please ensure you discuss the requirements of your role with your manager following this training to ensure your assessment is accurate.

My work falls under the following Family Violence Capability Framework Tier:

- Tier 1: Specialist family violence workers**
(Statewide family violence crisis and specialist services, support and safety hubs, family violence outreach services, women's refuges, centres against sexual assault, perpetrator intervention services, men's family violence telephone/online services, crisis family violence and sexual assault telephone/online services, specialist family violence or sexual assault professionals operating in in Tier 2 or 3 services, specialist family violence or sexual assault services for Aboriginal or culturally and linguistically diverse women and children, or women and children with a disability).
- Tier 2: Workers in core support and intervention agencies**

(Courts and court services, legal and paralegal agencies and services, Corrections, Police, family dispute resolution services, forensic physicians and medical staff providing sexual assault crisis care, Child Protection, Child and Family Services, family and relationship services, homelessness services)

Tier 3: Workers in mainstream services including the health-care system

(Health care services, drug and alcohol services, housing services, mental health services, Centrelink, individuals providing therapeutic services, Emergency Services, maternal and child health services, youth services, disability services, culturally and linguistically diverse services, Aboriginal services, lesbian, gay, bisexual, trans and gender diverse and intersex services, aged care services)

Tier 4: Workers in universal services

(Includes workplaces, education services, early childhood services, sport and recreation organisations and faith based institutions).

Although I work in a particular type of organisation, my role is actually **Tier ____**.

For example, an organisation on the whole may be Tier 3, however a particular role is Tier 1.

Part 3:

Multi-Agency Risk Assessment and Management Framework

My MARAM responsibilities are: (please tick)

[Resource: MARAM Responsibilities: Refer to the Decision Guide for Organisational Leaders, Participant Guide Appendix H, Page 31]

- 1: Respectful, sensitive and safe engagement
- 2: Identification of family violence
- 3: Intermediate risk assessment
- 4: Intermediate risk management
- 5: Seek consultation for comprehensive risk assessment/management and referrals
- 6: Contribute to information sharing with other services
- 7: Comprehensive risk assessment
- 8: Comprehensive risk management and safety planning
- 9: Contribute to coordinated risk management
- 10: Collaborate for ongoing risk assessment and risk management

Part 4:
Information Sharing Schemes

[Resource: Who are prescribed information sharing entities under Part 5A? (Family Violence Information Sharing Guidelines p.38-9) Refer to Participant Guide Appendix I, Page 32]

Family violence assessment purpose: *to establish whether family violence risk is present, assessing the level of risk the perpetrator poses to the victim survivor, and correctly identifying the perpetrator and victim survivor.*

Family violence protection purpose: *once family violence risk is established, to manage the risk of the perpetrator committing family violence, or the risk of the victim survivor(s) being subjected to family violence. Managing risk involves removing, reducing or preventing the escalation of risk.*

My Family Violence Information Sharing Scheme obligations:

[Resource: Overview of the Family Violence Information Sharing Scheme, Participant Guide Appendix F, Page 29]

- I am an Information Sharing Entity (ISE)
- I am an ISE that is also a Risk Assessment Entity (RAE).

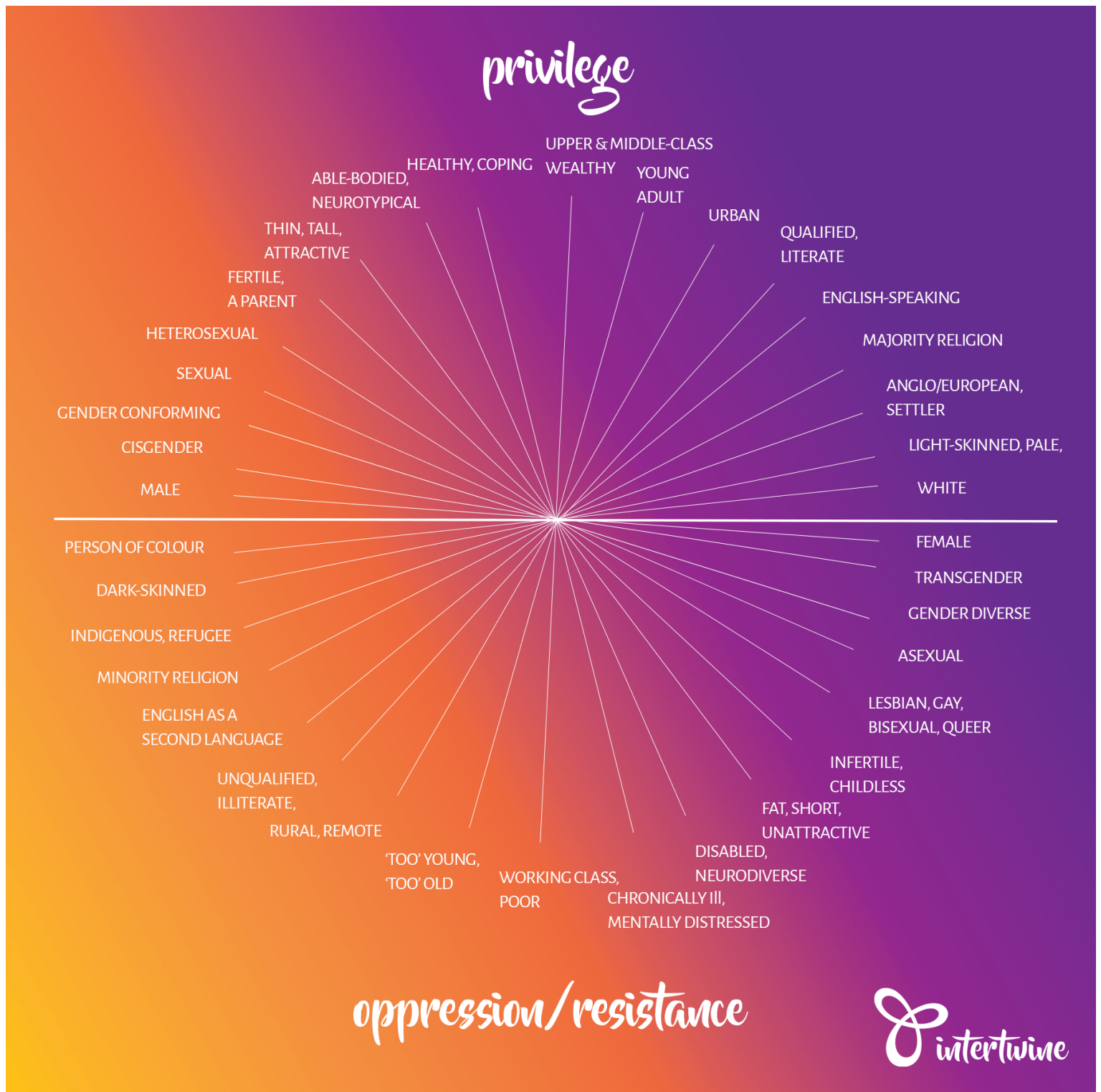
My organisation is not prescribed but I will continue to share information under existing permissions including:

- Privacy and Data Protection Act (2014)
- Health Records Act (2001)
- Other:

ACTIVITY TWO: COLLABORATIVE PRACTICE

- 1. What are some examples of collaborative practice?**
- 2. What are the barriers to collaborative practice?**
- 3. What enables collaborative practice?**
- 4. Why is collaborative practice important?**

ACTIVITY THREE: INTERSECTIONLITY AND OURSELVES²



Use the above wheel to map yourself. Locate yourself along the lines, identifying the identities that belong to you.

² Intertwine (2017) *Privilege Oppression Wheel* Melbourne, Australia. Retrieved from <https://intertwine.net.au/charter/>.

Spend some time reflecting on:

- **Where do I sit on the 'Wheel of Privileges and Oppression/Resistance'?**

- **What have I discovered / been reminded of?**

- **How will this impact my ability to respond effectively to victim survivors of family violence?**

The case studies filtered throughout the session are narratives that describe different experiences of family violence. They are designed to capture evidence based risk factors and impacts, effective engagement, collaborative risk management, information sharing, secondary consultation and referral. While the stories are fictional, they may resonate or connect with peoples' own experiences. If you find anything in the stories upsetting or distressing, feel free to step out of the room. You can also come and speak to myself, or one of the other facilitators, during the break or after training, or you can contact 1800 RESPECT confidentially on 1800 737 732.

ACTIVITY FIVE: CASE STUDY – EVIDENCE-BASED RISK FACTORS

Kate (32) relocated to **Geelong** two years ago with her daughter, Evie (now 9), partner Jim (38) and their son Tobin (now 3).

Jim began using physical and emotional violence to control Kate's movements prior to her becoming pregnant with Tobin. Jim believed that it was his job to protect Kate, as she had an Acquired Brain Injury (ABI) and often experienced sensory overload. He believed that if he didn't protect her, she would get hurt. Kate had been diagnosed with an ABI after her previous partner used considerable violence against her. Evie was two years old when Kate ended that relationship. Evie's birth father does not have any access to Evie, nor does he know where Kate and Evie are.

After Tobin was born, Jim increased his use of physical violence against Kate, stating it was because he was exhausted and couldn't get a good night sleep. He accused Kate of being a bad mum for not knowing how to settle Tobin.

Kate is frightened of Jim, as are the children.

Evie has reported to her teachers that she is not sleeping well at home, and wants to go and live with her grandparents. Her teachers have noticed a change in her behaviour over the past couple of months. Evie often stays in her bedroom, reading books and drawing, especially when Jim is home from work.

Tobin is afraid to sleep alone and won't settle unless Kate is with him. Tobin's speech development is delayed. His childcare workers have noticed he can become easily distressed and takes a while to calm down.

Six months ago, during a prolonged verbal assault perpetrated by Jim against Kate, the police arrived at their home, having been called by a neighbour. They told her they were there doing a welfare check. Kate asked them to take Jim because she was frightened he was going to hurt her and the children.

Jim presented as calm, rational and assertive, whereas Kate presented as highly distraught and erratic, and the police believed she was alcohol affected. Jim also told the police that Kate had been drinking and he was just trying to calm her down. The police misidentified the situation, and made the decision to leave without taking action.

This means they didn't remove Jim, nor did they issue a Safety Notice. Kate wasn't made aware of any support services and there was no follow up.

A few weeks later, Jim physically assaulted Kate resulting in injury to her wrist. She was worried he'd broken it and attended the emergency department at the hospital. During her visit, she was asked

how the injury happened and she said she fell. There were no follow-up questions or family violence risk assessment.

A week later, the neighbours called the police again. In this instance, the police issued a Safety Notice and Jim was removed from the property. Kate was told by the police that she would have to go to court for the Intervention Order Hearing. The police encouraged Kate to contact the Community Legal Centre to get some support on the day, which she decided not to do as it felt overwhelming.

*When she attended court, Kate had Tobin with her. She was approached by a Family Violence Court Support Worker from **The Sexual Assault and Family Violence Centre** who gave her information about what would be happening.*

The worker asked Kate what had been going on and got the following information about Jim's pattern of behaviour. Jim:

- *Abused Kate physically when she was pregnant with Tobin*
- *Physically assaulted Kate by hitting and kicking her on at least three occasions over the past five years*
- *Strangled Kate once*
- *Often tells Kate that she is a bad parent and that Child Protection will take the children away because of her ABI*
- *Used threats towards the children to keep them quiet*
- *Coerced Kate into sex on multiple occasions*
- *Deliberately confused Kate and called her stupid*
- *Controlled the finances, and only occasionally gave her money to go out with the children*
- *Wouldn't let Kate return to her home-town to visit friends, claiming he didn't trust them*
- *Threatened to kill himself if she left him, saying he'd be nothing without her*

Kate told the Family Violence Court Support Worker that she was afraid Jim would seriously harm her as he is incredibly unpredictable and she feels very isolated.

The family violence worker acknowledged Kate's courage and capacity to survive and protect her children under such frightening circumstances. The family violence worker acknowledged the high risk Kate, Evie and Tobin were in, and offered her a referral into the family violence service. Kate accepted.

- 1. Can you identify the high-risk evidence-based risk factors present?**
- 2. Can you locate additional risk factors relevant to the adult victim survivor?**
- 3. Can you locate additional risk factors caused by the perpetrator's behaviour?**
- 4. Can you locate additional risk factors specific to children caused by the perpetrator?**

ACTIVITY SIX: CASE STUDY – CREATING A SAFE ENVIRONMENT

The family violence court support worker links Kate in with the intake team at her service **The Sexual Assault and Family Violence Centre**.

A case manager is allocated to Kate who arrives at her first appointment feeling nervous. While Kate is in the reception area she sees a poster entitled '[Whatever it Takes: Access for women with disabilities to domestic and family violence services](#)'³. The case manager welcomes Kate into the assessment room and asks her where she'd feel comfortable sitting. When making the appointment, the case manager had suggested to Kate that she attended the appointment while Tobin is at day care. As a result, Kate and the case manager can speak freely.

The case manager undertakes a comprehensive risk assessment. During this process, she identifies that there is no immediate threat to Kate's health or safety.

Jim has not been permitted to return to the home and is adhering to the conditions of the Intervention Order, which include no contact with the children. The case manager identifies that there is no immediate threat to the health and safety of Evie and Tobin and feels clear that a notification to Child Protection is not yet required.

The case manager asks Kate about her ABI, and learns Kate can experience sensory overload and might need to take breaks during their sessions. The case manager and Kate agree on a cue to ensure the space remains safe for Kate. The case worker lets Kate know she is welcome to bring an advocate to sessions at any time. The case worker asks if there's anything else about Kate's identity that it would be helpful to know. Kate tells the worker that there isn't, but will let her know if she thinks of anything.

In this example, how does the case manager create a safe and respectful environment for Kate to talk about her experience of family violence?

If the case manager had a working with children role, how might she build rapport with nine-year-old Evie?

³ ANROWS (2017) "Whatever it takes": Access for women with disabilities to domestic and family violence services: Key findings and future directions. Retrieved from <https://www.anrows.org.au/publication/whatever-it-takes-access-for-women-with-disabilities-to-domestic-and-family-violence-services-key-findings-and-future-directions/>

ACTIVITY SEVEN: CASE STUDY & COLLABORATIVE RISK MANAGEMENT PLAN

Now, in this scenario, the police have not attended the home and Kate isn't being supported by a family violence service and has had no support in relation to her risk. There has been no effective intervention, and she, Evie and Tobin are still living with Jim.

Kate goes to her doctor to renew her prescription for anti-depressants and tells her doctor that she has been drinking a lot more than usual to manage her depression and anxiety. The GP suggests she speaks with an Alcohol and Other Drug (AOD) Worker to get support. The GP has not asked about Kate's relationship and doesn't know that Jim uses violence and control to harm her.

*Kate contacts **Barwon Health- AOD Service** and speaks to an Intake Worker. She doesn't disclose that she is experiencing family violence. The Intake Worker offers Kate an appointment. During the appointment, the AOD Worker identifies that Kate and her children are experiencing family violence and begins to realise the extent of the risk they are living with. Through his intermediate risk assessment, the AOD Worker identifies that Jim's behaviours have significantly impacted Kate's mental health, as well as her alcohol use. The AOD Worker doesn't feel completely confident in his ability to support Kate and hold this level of complexity, so makes a decision to undertake secondary consultation with a specialist family violence service **The Sexual Assault and Family Violence Centre**, to make a referral and discuss working together to support her.*

Kate tells him she was seeing a disability worker in her home-town two years ago, but has had no support since. The AOD Worker asks Kate's permission to contact the disability worker to gain support in how to best support Kate.

COLLABORATIVE RISK MANAGEMENT PLAN

Below is an approach to coordinated risk management from *Responsibility 9: Contribute to Coordinated and Collaborative Risk Management*, page 8-9.

In this scenario, the AOD worker is the first person to identify family violence. Who else might he now need to get involved? (E.g. via direct referral, secondary consultation, information sharing request.)

The AOD worker recognises the importance of maintaining contact with Kate.

Develop a coordinated risk management plan to support the AOD worker to work safely and effectively with Kate, Evie and Tobin.

Consider who else needs to be involved in the risk management plan.

COORDINATED RISK MANAGEMENT PROCESS	RESPONSIBILITIES & ACTIONS	THE ROLE OF THE AOD WORKER & OTHERS TO SUPPORT KATE
Maintain regular contact with the victim survivor	If a range of services are involved or providing support, identify who is the primary professional or service responsible for doing this. Ensure the victim survivor is informed of the outcomes of case coordination meetings and these are reflected in the safety plan.	
Use Structured Professional Judgement to analyse and determine the level of risk posed to the victim survivor by the perpetrator's behaviour.	Identify who will record and maintain documentation of coordinated risk assessment using: <ul style="list-style-type: none"> • Professional Judgement & Intersectional Analysis • Information Sharing • Evidence-Based Risk Factors • Victim Survivor Self-Assessment of Risk 	
Receive notification if a family violence incident occurs.	Message that it is a shared responsibility to notify other services if relevant to their role.	

COORDINATED RISK MANAGEMENT PROCESS	RESPONSIBILITIES & ACTIONS	THE ROLE OF THE AOD WORKER & OTHERS TO SUPPORT KATE
	<i>How might you do this?</i>	
Ensure other organisations update and share information when they consider the level of risk has changed.	Message that it is a shared responsibility to notify other services if risk or circumstances have changed for a victim. <i>How might you do this?</i>	
Monitor the completion of actions against a safety plan.	Identify who will monitor and follow up to ensure agreed actions are completed. Identify who will review the safety plan to update as required. <i>How might you do this?</i>	
Obtain confirmation from professionals or services when victim survivor needs have been met.	Identify who will monitor and follow up to ensure agreed actions are completed. <i>How might you do this?</i>	
Obtain information from other sources about the perpetrator (whereabouts, activities, behaviours).	Identify who will coordinate information requests if other sources of information are identified as relevant, and document requests in case management systems. <i>How might you do this?</i>	
Maintain a list of organisations and the type of information they hold (e.g. perpetrator whereabouts, activities, attitudes and behaviours) and expected reports to you.	Collectively review the victim survivor's protective factors or ecomap the perpetrator's circumstances. <i>How will you do this?</i>	
Establish communication protocols with key organisations that can	Consider collectively if this is supported by existing protocols or whether new protocols should be established.	

COORDINATED RISK MANAGEMENT PROCESS	RESPONSIBILITIES & ACTIONS	THE ROLE OF THE AOD WORKER & OTHERS TO SUPPORT KATE
<p>monitor perpetrator’s behaviour, risk and circumstances.</p>	<p><i>How might you do this?</i></p>	
<p>Receive notification when designated safety plan actions are completed.</p>	<p>Message that it is a shared responsibility to notify when actions are completed and identify who will update records and documentation to indicate that this has occurred. <i>How will you do this?</i></p>	

ACTIVITY EIGHT: INFORMATION SHARING AND COLLABORATIVE PRACTICE

How does information sharing enhance collaborative practice?

ACTIVITY NINE: NEXT STEPS IN COLLABORATIVE PRACTICE

Share one example with the person next to you of what you will do to build collaborative practice in your work.

Document both your responses here:

FURTHER READING LIST

MARAM Framework can be used by all services that come into contact with individuals and families experiencing family violence.

MARAM Practice Guides support professionals to understand their relevant responsibilities under the MARAM Framework towards the identification, assessment and ongoing management of family violence risk as it relates to their specific roles. The practice guides include the Foundational Knowledge Guide, and Responsibilities for Practice Guides 1-10.

Information Sharing Schemes, including the Family Violence Information Sharing Scheme and the Children Information Sharing Scheme. You can also call 9194 3330 for further guidance.

Dhelk Dja Safe Our Way – Strong Culture, Strong Peoples, Strong Families (2018). The Aboriginal 10-year family violence agreement for 2018-2028. The Dhelk Dja is a community-led Aboriginal agreement to address family violence.

Responding to Family Violence Capabilities Framework is a tool for building family violence capability in all workforces that intersect with family violence.

The **Everybody Matters Inclusion and Equity Statement** is an important resource for trainers and participants to consider and apply the Intersectionality Framework in Victoria.

To understand the background and history of Intersectionality, watch Kimberlé Crenshaw's TED talk entitled **The Urgency of Intersectionality**. It's a very powerful TED talk highlighting the importance of action.

The Intertwine Charter: **Going beyond anti-discrimination and towards proactive change to welcome others** outlines six areas where organisations can proactively improve their internal practices and policies and implement intersectionality. Intertwine also offers **Intersectionality training** and a network for those implementing the charter.

Change the Story is the national framework for the primary prevention of violence against women.

Change the Picture addresses how gender inequality interacts with other forms of structural discrimination including colonisation to drive violence against Aboriginal and Torres Strait Islander people.

Follow my Lead was developed by Domestic Violence Services Management, NSW, in partnership with Dr Allen Wade and Dr Lynda Coates, with the participation of victim survivors of family violence.

Resisting Burnout through Justice Doing by Vikki Reynold (2011) challenges the notion of 'burnout' and offers an approach to resisting burnout based on collective sustainability shouldered-up by justice doing.

APPENDIX A: CHANGE THE STORY, THE FRAMEWORK AT A GLANCE

CURRENT STATE

Violence against women is serious, prevalent and driven by **GENDER INEQUALITY**

GENDERED DRIVERS of violence against women:

CONDONING of violence against women	MEN'S CONTROL of decision-making and limits to women's independence	STEREOTYPED constructions of masculinity and femininity	DISRESPECT towards women and male peer relations that emphasise aggression
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Gender inequality sets the **NECESSARY SOCIAL CONTEXT**

657 DOMESTIC VIOLENCE MATTERS ARE DEALT WITH EVERY DAY BY AUSTRALIAN POLICE

Every week one **WOMAN IS MURDERED** by her current or former partner

DESIRED FUTURE

Violence against women **IS PREVENTABLE** if we all work together

ACTIONS that will prevent violence against women:

CHALLENGE condoning of violence against women	PROMOTE women's independence & decision-making	CHALLENGE gender stereotypes and roles	STRENGTHEN positive, equal and respectful relationships
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Promote and normalise **GENDER EQUALITY** in public and private life

MUTUALLY REINFORCING ACTIONS ARE NEEDED THROUGH LEGISLATION, INSTITUTIONAL, POLICY AND PROGRAM RESPONSES:

- by governments, organisations and individuals
- in settings where people live, work, learn and socialise
- tailored to the context and needs of different groups.

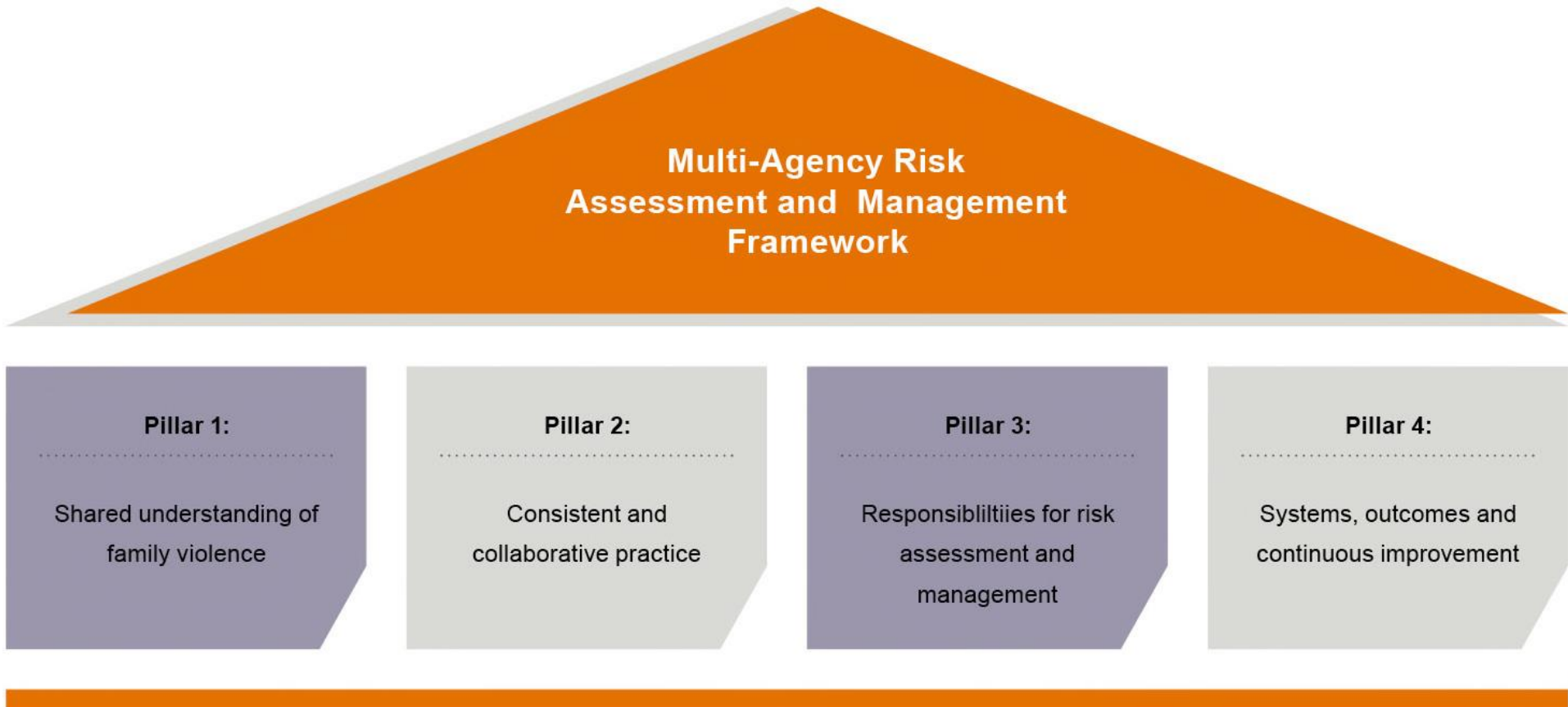
Our Watch, ANROWS and VicHealth (2015) *Change the story: A shared framework for the primary prevention of violence against women and their children in Australia*, Our Watch, Melbourne, Australia.

APPENDIX B: 10 MARAM RESPONSIBILITIES

Risk assessment and management responsibilities	Expectations of framework organisations and section 191 agencies
<p>Responsibility 1: Respectful, sensitive and safe engagement</p>	<p>Ensure staff understand the nature and dynamics of family violence, facilitate an appropriate, accessible, culturally responsive environment for safe disclosure of information by service users, and respond to disclosures sensitively.</p> <p>Ensure staff recognise that any engagement of service users who may be a perpetrator must occur safely and not collude or respond to coercive behaviours.</p>
<p>Responsibility 2: Identification of family violence</p>	<p>Ensure staff use information gained through engagement with service users and other providers (and in some cases, through use of screening tools to aid identification/ or routine screening of all clients) to identify indicators of family violence risk and potentially affected family members.</p> <p>Ensure staff understand when it might be safe to ask questions of clients who may be a perpetrator, to assist with identification.</p>
<p>Responsibility 3: Intermediate risk assessment</p>	<p>Ensure staff can competently and confidently conduct intermediate risk assessment of adult and child victim survivors using structured professional judgement and appropriate tools, including the Brief and Intermediate Assessment tools.</p> <p>Where appropriate to the role and mandate of the organisation or service, and when safe to do so, ensure staff can competently and confidently contribute to behaviour assessment through engagement with a perpetrator, including use of the Perpetrator Behaviour Assessment, and contribute to keeping them in view and accountable for their actions and behaviours.</p>
<p>Responsibility 4: Intermediate risk management</p>	<p>Ensure staff actively address immediate risk and safety concerns relating to adult and child victim survivors, and undertake intermediate risk management, including safety planning.</p> <p>Those working directly with perpetrators attempt intermediate risk management when safe to do so, including safety planning.</p>
<p>Responsibility 5: Seek consultation for comprehensive risk assessment, risk management and referrals</p>	<p>Ensure staff seek internal supervision and further consult with family violence specialists to collaborate on risk assessment and risk management for adult and child victim survivors and perpetrators, and make active referrals for comprehensive specialist responses, if appropriate.</p>
<p>Responsibility 6: Contribute to information sharing with other services (as authorised by legislation)</p>	<p>Ensure staff proactively share information relevant to the assessment and management of family violence risk and respond to requests to share information from other information sharing entities under the Family Violence Information Sharing Scheme, privacy law or other legislative authorisation.</p>
<p>Responsibility 7: Comprehensive assessment</p>	<p>Ensure staff in specialist family violence positions are trained to comprehensively assess the risks, needs and protective factors for</p>

	<p>adult and child victim survivors.</p> <p>Ensure staff who specialise in working with perpetrators are trained and equipped to undertake comprehensive risk and needs assessment to determine seriousness of risk of the perpetrator, tailored intervention and support options, and contribute to keeping them in view and accountable for their actions and behaviours. This includes an understanding of situating their own roles and responsibilities in the broader system to enable mutually reinforcing interventions over time.</p>
<p>Responsibility 8: Comprehensive risk management and safety planning</p>	<p>Ensure staff in specialist family violence positions are trained to undertake comprehensive risk management through development, monitoring and actioning of safety plans (including ongoing risk assessment), in partnership with the adult or child victim survivor and support agencies.</p> <p>Ensure staff who specialise in working with perpetrators are trained to undertake comprehensive risk management through development, monitoring and actioning of risk management plans (including information sharing); monitoring across the service system (including justice systems); and actions to hold perpetrators accountable for their actions. This can be through formal and informal system accountability mechanisms that support perpetrators' personal accountability, to accept responsibility for their actions, and work at the behaviour change process.</p>
<p>Responsibility 9: Contribute to coordinated risk management</p>	<p>Ensure staff contribute to coordinated risk management, as part of integrated, multi-disciplinary and multiagency approaches, including information sharing, referrals, action planning, coordination of responses and collaborative action acquittal.</p>
<p>Responsibility 10: Collaborate for ongoing risk assessment and risk management</p>	<p>Ensure staff are equipped to play an ongoing role in collaboratively monitoring, assessing and managing risk over time to identify changes in assessed level of risk and ensure risk management and safety plans are responsive to changed circumstances, including escalation. Ensure safety plans are enacted.</p>

APPENDIX C: THE FOUR PILLARS



Family Safety Victoria (2018) Family Violence Multi-Agency Risk Assessment and Management Framework, State of Victoria, Australia.

APPENDIX D: FRAMEWORK PRINCIPLES

Framework principles

The Framework is based on the belief that to provide consistent, effective and safe responses for people experiencing family violence, services need a shared understanding of family violence and of the responsibilities of the professionals involved.

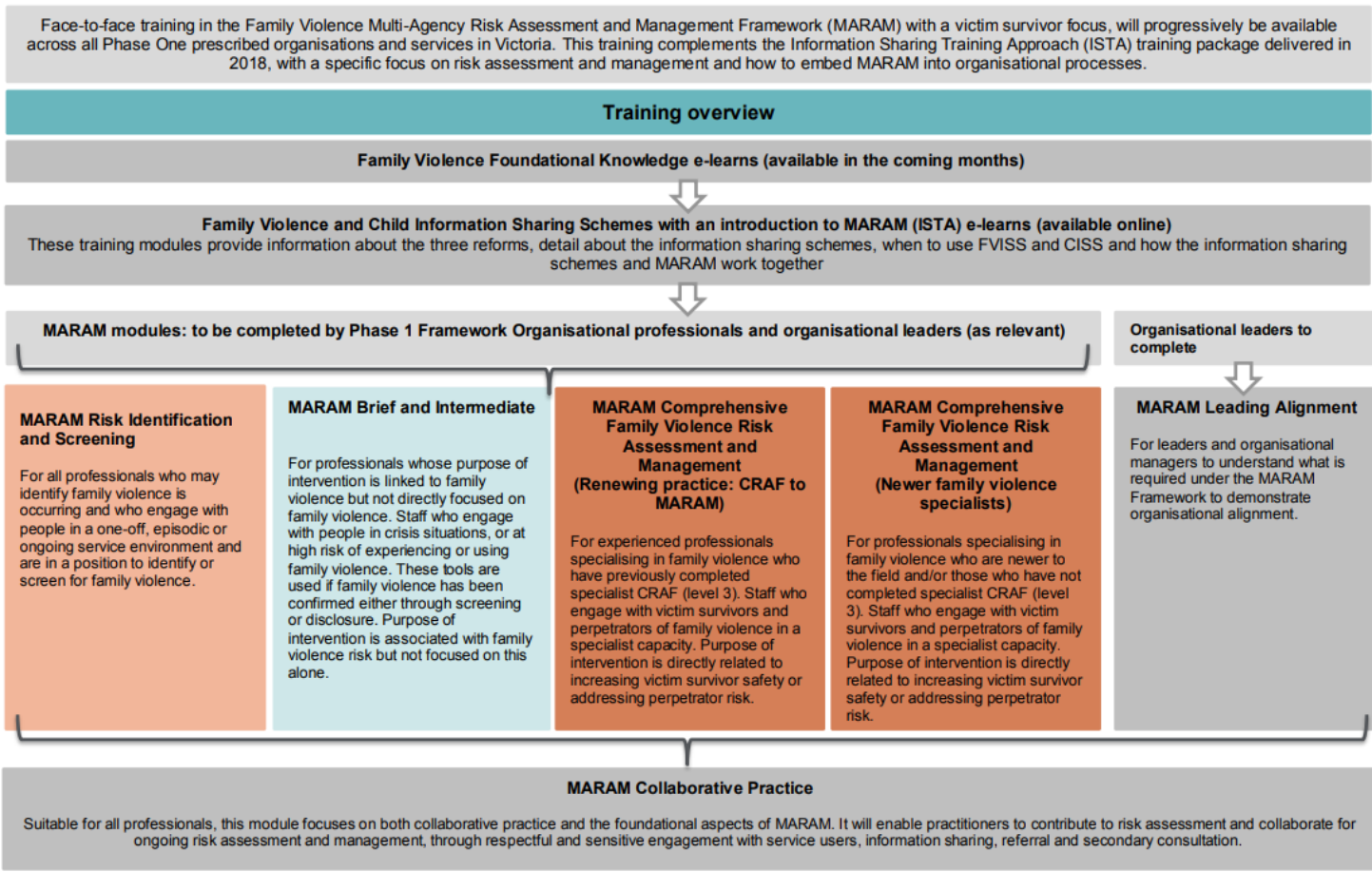
To help achieve a shared understanding, the Framework principles support each Pillar (described in Part C) and help guide Victoria's family violence system-wide response. The Framework principles are:

1. family violence involves a spectrum of seriousness of risk and presentations, and is unacceptable in any form, across any community or culture
2. professionals should work collaboratively to provide coordinated and effective risk assessment and management responses, including early intervention when family violence first occurs to avoid escalation into crisis and additional harm
3. professionals should be aware, in their risk assessment and management practice, of the drivers of family violence, predominantly gender inequality, which also intersect with other forms of structural inequality and discrimination
4. the agency, dignity and intrinsic empowerment of victim survivors must be respected by partnering with them as active decision-making participants in risk assessment and management, including being supported to access and participate in justice processes that enable fair and just outcomes
5. family violence may have serious impacts on the current and future physical, spiritual, psychological, developmental and emotional safety and wellbeing of children, who are directly or indirectly exposed to its effects, and should be recognised as victim survivors in their own right
6. services provided to child victim survivors should acknowledge their unique experiences, vulnerabilities and needs, including the effects of trauma and cumulative harm arising from family violence
7. services and responses provided to people from Aboriginal communities should be culturally responsive and safe, recognising Aboriginal understanding of family violence and rights to self-determination and self-management, and take account of their experiences of colonisation, systemic violence and discrimination and recognise the ongoing and present day impacts of historical events, policies and practices
8. services and responses provided to diverse communities and older people should be accessible, culturally responsive and safe, client-centred, inclusive and non-discriminatory
9. perpetrators should be encouraged to acknowledge and take responsibility to end their violent, controlling and coercive behaviour, and service responses to perpetrators should be collaborative and coordinated through a system-wide approach that collectively and systematically creates opportunities for perpetrator accountability
10. family violence used by adolescents is a distinct form of family violence and requires a different response to family violence used by adults, because of their age and the possibility that they are also victim survivors of family violence.

Family Safety Victoria (2018) *Family Violence Multi-Agency Risk Assessment and Management Framework*, State of Victoria, Australia.

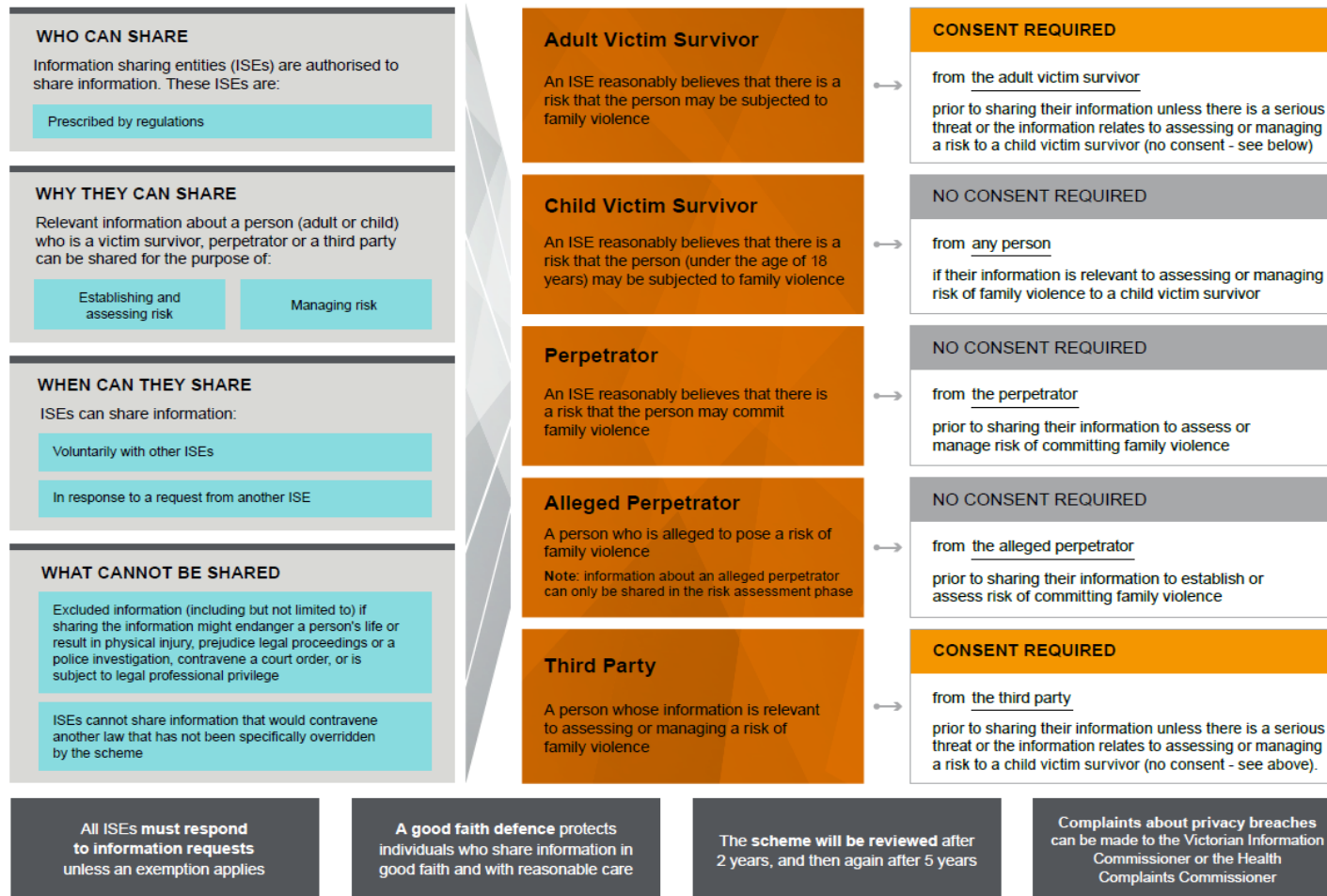
APPENDIX E: MARAM TRAINING (AS OF SEPTEMBER 2019)

Family Violence Multi-Agency Risk Assessment & Management (MARAM) Training



Family Safety Victoria (2019) *MARAM Training* State of Victoria, Australia. Retrieved from www.vic.gov.au/training-for-information-sharing-and-maram

APPENDIX F: OVERVIEW OF FAMILY VIOLENCE INFORMATION SHARING



Family Safety Victoria (2018) *Overview of the Scheme: Family Violence Information Sharing Guidelines*, State of Victoria, Australia. Retrieved from www.vic.gov.au/guides-templates-tools-for-information-sharing

APPENDIX G: WHO CAN I SHARE INFORMATION WITH?

Who can I share information with?

Child and Family Violence Information Sharing Schemes

This resource aims to help Information Sharing Entities (ISEs) identify who they can share information with under the Family Violence Information Sharing Scheme (FVISS) and the Child Information Sharing Scheme (CISS). From 27 September 2018, the following list of organisations and services will be prescribed as ISEs¹:

CISS, FVISS and MARAM – all reforms	CISS and FVIS only
<ul style="list-style-type: none"> Alcohol and other drugs services Child protection Department of Health and Human Services Housing Designated Mental Health Services Homelessness services² Justice Health Justice Health funded or contracted services³ Maternal and Child Health Services Multi-agency Panels to Prevent Youth Offending Out-of-Home care services Perpetrator interventions, including trials under the Family Violence Perpetrator Intervention grants Registered community-based child and family services (including Child FIRST) Risk Assessment and Management Panels Sexual assault support services Sexually abusive behaviour treatment services Specialist family violence services⁴ Support and Safety Hubs Victims Assistance Program services Victims of Crime Helpline Victoria Police Youth Justice Youth Justice funded community support services or programs Youth Parole Board (Secretariat) 	<ul style="list-style-type: none"> Commission for Children and Young People Disability Services Commissioner
	<p>CISS only</p> <ul style="list-style-type: none"> Registry of Births, Deaths and Marriages
	<p>FVISS and MARAM only</p> <ul style="list-style-type: none"> Adult Parole Board Children's Court⁵ Corrections Victoria funded or contracted rehabilitation and reintegration services or programs, prisoner services or programs and clinical services or programs for offender rehabilitation Corrections Victoria, including Community Correctional Services and privately operated prisons Court-ordered family violence counselling Family Violence Restorative Justice Service Justice Health funded or contracted services for adults Magistrates' Court⁶ State Funded Financial Counselling Program Tenancy Advice and Advocacy Program Victims of Crime Helpline

¹ ISEs in the Family Violence Information Sharing Scheme are prescribed by the Family Violence Protection (Information Sharing and Risk Management) Regulations 2018. ISEs in the Child Information Sharing Scheme are prescribed by the Child Wellbeing and Safety (Information Sharing) Regulations 2018

² Selected services.

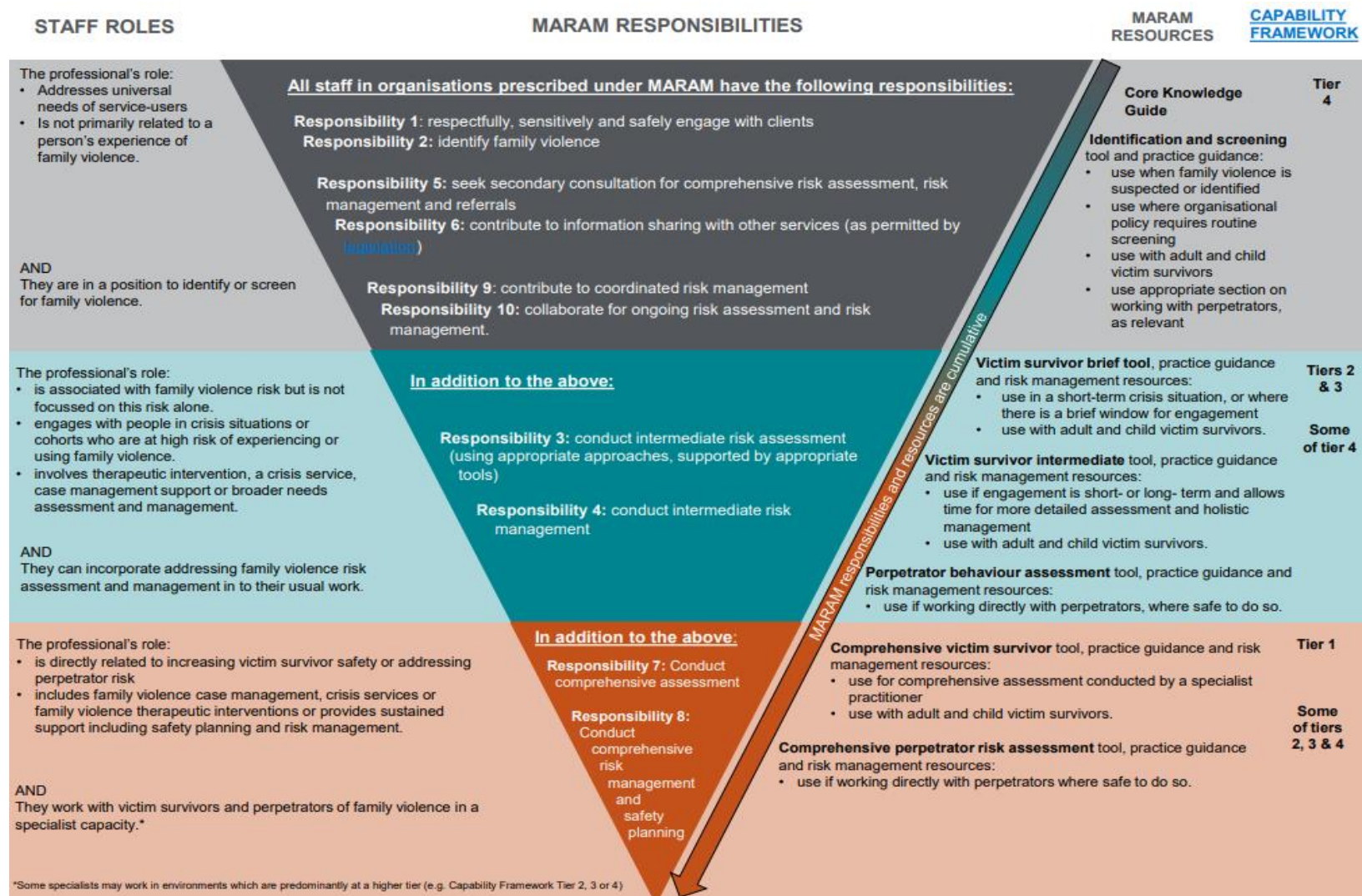
³ For people under 18 years only.

⁴ Including family violence counselling and therapeutic programs.

⁵ May be prescribed under the Child Information Sharing Scheme pending legislative amendment.

⁶ May be prescribed under the Child Information Sharing Scheme pending legislative amendment.

APPENDIX H: MARAM RESPONSIBILITIES – ORGANISATIONAL LEADERS DECISION GUIDE



Family Safety Victoria (2018) *MARAM Responsibilities: Decision Guide for Organisational Leaders*, State of Victoria, Australia. Retrieved from: www.vic.gov.au/system/user_files/Documents/fv/MARAM_responsibilities_-_decision_guide_for_organasational_leaders_FINAL_PDF.pdf

APPENDIX I: WHO ARE PRESCRIBED INFORMATION SHARING ENTITIES?

The regulations prescribe ISEs. All ISEs can request and share information for a family violence protection purpose. A subset of ISEs are also RAEs and may request information for a family violence assessment purpose. Further ISEs may be prescribed in future.

ISEs are prescribed to the extent that they provide the specified service. For example, an ISE that provides both a family violence service and a health service should only share information from the family violence service as health services are not currently prescribed. If a perpetrator discloses information to the family violence service, that information could be shared. However, if the perpetrator discloses information to the health service only, that information cannot be shared under Part 5A.

For a list of ISEs under the Child Information Sharing Scheme, see the Child Information Sharing Ministerial Guidelines. ISEs prescribed under the Child Information Sharing Scheme are broadly similar to those prescribed under the Family Violence Information Sharing Scheme.

List of prescribed ISEs	
ISEs which are also RAEs	
<ul style="list-style-type: none"> • State-funded specialist family violence services (including refuges, Men’s Behaviour Change Programs, family violence counselling and therapeutic programs) • Risk Assessment and Management Panel (RAMP) members (including those services that would not otherwise be prescribed but only when participating in a RAMP) • State-funded sexual assault services • Child Protection 	<ul style="list-style-type: none"> • Child FIRST services (excluding broader family services) • Family Violence Restorative Justice Service • Victim’s Support Agency (including Victim Assistance Programs and Victims of Crime Helpline) • Victoria Police • The Orange Door services
ISEs	
<ul style="list-style-type: none"> • Magistrates’ Court of Victoria officials • Children’s Court of Victoria officials • Corrections Victoria, including Community Correctional Services and privately operated prisons • Corrections Victoria funded rehabilitation and reintegration programs, prisoner and clinical programs for offender rehabilitation. • Adult Parole Board • Youth Justice (including the Secretariat to the Youth Parole Board) and Youth Justice funded services • Multi-Agency Panels to Prevent Youth Offending • Justice Health • Justice Health funded or contracted services for young people • Justice Health funded or contracted services for adults. • State-funded sexually abusive behaviour treatment services 	<ul style="list-style-type: none"> • State-funded perpetrator intervention trials • Registered community-based child and family services • Maternal and Child Health • Registered out of home care services • DHHS Housing • State-funded homelessness accommodation or homelessness support services providing access point, outreach or accommodation services • Designated mental health services • State-funded alcohol and other drug services • Tenancy Advice and Advocacy Program • State-funded financial counselling services • Commission for Children and Young People • Disability Services Commissioner

Family Safety Victoria (2018) *Family Violence Information Sharing Guidelines*, State of Victoria, Australia

APPENDIX J: COMPARISON BETWEEN ASSESSMENT AND PROTECTION PURPOSES

Family violence assessment purpose		Family violence protection purpose
<ul style="list-style-type: none"> - Information Sharing Entities (ISEs) can voluntarily share information with Risk Assessment Entities (RAEs) - RAEs can request information from ISEs 	Scope	<ul style="list-style-type: none"> - ISEs can voluntarily share information with other ISEs - ISEs can request information from other ISEs
<p>RAEs can request, collect, use and disclose information for a family violence assessment purpose (establishing and assessing risk)</p>	Purpose	<p>ISEs can request, collect, use and disclose information for a family violence protection purpose (managing risk) once risk has been established</p>
<p>A perpetrator, an alleged perpetrator, a victim survivor including adults and children, a third party</p>	Can share information about	<p>A perpetrator, a victim survivor including adults and children, a third party</p>
<p>If an RAE makes a request to any ISE, the responding entity must share relevant information, provided:</p> <ul style="list-style-type: none"> - the information is not excluded - applicable consent requirements have been met 	Obligatory Sharing	<p>If an ISE makes a request to another ISE, the responding entity must share relevant information, provided:</p> <ul style="list-style-type: none"> - the responding entity reasonably believes that the disclosure of relevant information is necessary for a protection purpose. This is intended as a safeguard to prevent unnecessary or irrelevant information from being shared - the information is not excluded - applicable consent requirements have been met
<p>An ISE is permitted to share information with an RAE on a voluntary basis (i.e. without a request) for the purpose of risk assessment, provided:</p> <ul style="list-style-type: none"> - the information is not excluded - applicable consent requirements have been met 	Voluntary Sharing	<p>An ISE is permitted to share information with another prescribed ISE on a voluntary basis (i.e. without a request) for a protection purpose, provided:</p> <ul style="list-style-type: none"> - the information is not excluded - applicable consent requirements have been met

Assessing risk and establishing whether risk does in fact exist

Managing risk after initial risk has been established and assessed (including ongoing risk assessment)

Family Safety Victoria (2018) *Family Violence Information Sharing Guidelines*, State of Victoria, Australia

APPENDIX K: EVIDENCE-BASED RISK FACTORS

! Risk factors relevant to adult victim circumstances

- **Physical assault whilst pregnant/following new birth**
- Self-assessed level of risk
- **Planning to leave or recent separation**
- **Escalation - increase in severity and/or frequency of violence**
- Financial abuse/difficulties
- Imminence.

! Risk factors specific to children caused by perpetrator behaviours

- Exposure to family violence
- Sexualised behaviours towards a child by the perpetrator
- Child intervention in violence
- Behaviour indicating non-return of child
- Undermining the child-parent relationship
- Professional and statutory intervention.

! Risk factors specific to children's circumstances

- History of professional involvement and/or statutory intervention
- Change in behaviour not explained by other causes
- Child as victim in other forms of harm.

! Risk factors for adult or child victims caused by perpetrator behaviours

- **Controlling behaviours**
- **Access to weapons**
- **Use of weapon in most recent event**
- Has ever harmed or threatened to harm victim or family members
- **Has ever tried to strangle or choke the victim**
- **Has ever threatened to kill victim**
- **Has ever harmed or threatened to harm or kill pets or other animals**
- **Has ever threatened or tried to self harm or commit suicide**
- **Stalking of victim**
- **Sexual assault of victim**
- Previous or current breach of court orders/Intervention Order
- History of family violence
- History of violent behaviour (not family violence)
- **Obsession/jealous behaviour towards victim**
- **Unemployed/ Disengaged from education**
- **Drug and/or alcohol misuse/abuse**
- Mental illness/Depression
- Isolation
- Physical harm
- Emotional abuse
- Property damage.

Note: bold text denote increased risk of the victim being killed or almost killed. Risk assessment tools are designed from these evidence-based factors, using structured professional judgement to determine seriousness of presenting risk.

The evidence-based risk factors here are adapted from the *MARAM Foundation Knowledge Guide* (2019), Page 23-28

APPENDIX L: SAFETY PLAN TEMPLATE

Safety Planning guide for adults (or older children and young people, if appropriate)

The following are elements of a safety plan and questions you can ask to help the person experiencing family violence make a plan.

Every safety plan will be unique and based on the needs of the adult or young person – you should be guided by the victim survivor on what is important and safe for them in their safety plan.

This guide aims to assist you to discuss what planning and actions can be undertaken safely.

Plan detail and questions to support planning	Checklist and detail
Safe place to go	
<i>If you need to leave your home in a hurry, where could you go?</i>	Address or name of place and how will you get there?
Emergency contacts	
<i>Would you feel comfortable calling the police (000) in an emergency? (if not) how can we support you to do so?)</i>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Call 000 in an emergency or Safe Steps on 1800 015 188 or local family violence organisation on _____ [insert]	
<i>Who are your personal emergency contacts?</i>	Name, relationship, contact details
System intervention	
<i>Is the perpetrator incarcerated?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (If yes, release date if known)
<i>Is the perpetrator prevented from contact (including with any children)?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<i>Is an intervention order in place (and children named)?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<i>If an intervention order in place, is it being adhered to? (note if any breaches, list/describe)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Support of someone close by	
<i>Is there someone close by you can tell about the violence who can call the police?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<i>Could they assist if you want to leave?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<i>Could they come with assistance or call the police if they hear sounds of violence coming from your home?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Planning for children, older people or people in your care [if applicable]	

Plan detail and questions to support planning	Checklist and detail
<i>What would you need to arrange for people in your care?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<i>What are their support needs?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<i>Would they be coming with you if you needed to leave in an emergency?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If you have children in your care	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<i>How many children do you have in your care? How old are they?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<i>Are they able to be left alone for short periods? Do they have any particular needs?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<i>Do your children attend childcare or school?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<i>What sort of routine or structure is in place for your child/ren?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<i>What do you already do on a day to day basis to keep your child/ren safe?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<i>Are there any other people in your child's life who they trust and can talk to?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Name of trusted person, contact details:
Planning for pets	
<i>Would they be coming with you if you needed to leave in an emergency?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<i>What would you need to arrange for pets?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<i>Can someone else take care of them?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<i>Can you contact RSPCA or local services for short-term support?</i>	
Safe Communication	
<i>Do you have access to a phone or internet?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<i>Can you contact friends or someone trusted if you need to?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<i>Can you have a code word so the person knows how to respond if you contact them in an emergency?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Plan detail and questions to support planning	Checklist and detail
<i>Does anyone else have access to your phone or online accounts? (email, Facebook, other social media etc.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<i>Sometimes people can use your phone and accounts to try and track you. Do you know how to keep your phone and online accounts safe? Have you accessed/put in place any security features?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Transport	
<i>How will you get to a safe place? Do you have access to a vehicle or public transport options?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<i>Can you park your vehicle in a position that is not restricted from leaving quickly?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<i>Can you use someone's car? Can someone come to pick you up?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<i>Can you plan and practice the quickest way to leave where you are?</i> <i>[if appropriate]</i> <i>Do you have appropriate car seats or restraints for children in your care in your car?</i> <i>Do you need to bring a pram? Can you get that into your car or on public transport?</i> <i>Can you transport older people in your care safely?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Items to take with you – escape bag	
<i>Key items including phone, keys, money (cash and bank cards)</i>	
<i>What documents, clothes, or other things should you take with you when you leave? What is essential?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<i>Can you put together items in a safe place or leave them or copies with someone, just in case?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<i>Medication or other support aides for yourself or anyone in your care – Can prescriptions or a second set of items be held in a safe place?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<i>[if applicable] Security/comfort toys for children or items that are highly significant to the child/ren.</i> <i>Do you need to bring:</i> <i>Breastfeeding/expressing equipment?</i> <i>Bottle feeding formula and equipment?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Plan detail and questions to support planning	Checklist and detail
<i>Particular foods?</i> <i>Can you put aside a water bottle and snacks for children?</i> <i>School bags?</i> <i>School, kinder, childcare contact details?</i>	
Financial Access	
<i>Do you have access to money if you need to leave? Where is it kept?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<i>Can you get it in an emergency?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<i>Do you have online banking?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<i>Does anyone else have access to your money or bank accounts? (including online?)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<i>Do you have access to employment?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Current Supports	
<i>Do you have supportive people in your life who you trust to talk to about your situation? Can they help you in an emergency?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<i>Are you connected to social networks (family, friends, community, informal social networks)?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<i>What do you usually do day-to-day to manage your safety?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<i>Are you engaged with any professional/therapeutic services?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<i>Access to antenatal services (if applicable)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<p>Consent for information sharing referral:</p> <p>I(name) consent to the collection, use and sharing of my personal information under Part 5A of the <i>Family Violence Protection Act 2008</i>. I understand that my information may be shared without consent if there is a serious threat to myself or another individual's life, health, safety or welfare.</p> <p>I also understand that my information may be shared without consent if it is relevant for assessing or managing risks to a child victim survivor of family violence, or to promote the safety or wellbeing of a child or young person. (Note where your information may be shared without your consent, we will endeavour to consult with you on your views and inform you if this occurs).</p> <p>Signature Date.....</p> <p>Name (print).....</p>	

Worker Signature.....

Date.....

Worker (print).....

Verbal consent obtained

Date.....

Please indicate your preferred contact method:

Mail:

Email:

Phone Text : Would you prefer to be called from a private number? Yes No

What is the best day and time for us to call?.....

A message left with an authorised/safe person for you to return the call:.....

Authorised person contact details: (full name, relationship, telephone:).....

.....

APPENDIX M: KEY RISK MANAGEMENT COMPONENTS

Category	Description and actions
Monitoring of risk and safety	<p>Risk assessment is conducted continuously so that risk management and safety strategies can be adjusted over time to respond to changes in risk. Changes in escalation, frequency or presentations, as well as the circumstances of a victim survivor or perpetrator all impact the assessment of risk level.</p> <p>This monitoring should ideally be done by several services and professionals working together in a coordinated case management process.</p>
Facilitate engagement of support services	<p>Delivery of health and social services to empower and support stabilisation and recovery of victim survivors.</p> <p>This might include providing legal, employment, accommodation or educational opportunities and support, as well as responding to people's broader health and wellbeing needs.</p> <p>Consider the domains of support outlined in the guidance on protective factors in Responsibility 3.</p>
Maintain perpetrator visibility and action interventions	<p>Supervision and monitoring of perpetrator's behaviours through information sharing, coordinated risk management processes and appropriate behaviour change programs.</p> <p>This includes ensuring that perpetrators are aware of and comply with the conditions of intervention orders.</p> <p>Victim survivors' safety is promoted by focusing attention on the behaviours of the perpetrator.</p>
Undertake safety planning	<p>This is the most important step in the risk management process. Safety planning aims to minimise the impact of violence, including where violence is continuing. It involves mobilising resources to actively protect against future violence, as well as reducing the severity of its impact by building resilience and support stabilisation.</p> <p>Safety planning can be performed by several professionals or services working together and should be led by or developed in partnership with the victim survivor.</p>

Family Safety Victoria (2019) *Responsibility 9: Contribute to Coordinated and Collaborative Risk Management*. State of Victoria, Australia.

Barwon Support and Services

The Sexual Assault and Family Violence Centre	(03) 5222 4318
Bethany Community Support	(03) 5278 8122
The Orange Door	1800 312 820
Barwon Health – Community Health, Information and Access	1300 715 673
Wathaurong Aboriginal Co-Operative	(03) 5277 0044
Bellarine Community Health Service	(03) 5258 0888
Barwon Community Legal Service Family Violence Support	1300 430 599
Diversitat – Geelong Community Services	(03) 5221 6044
Geelong Court	(03) 5225 3333
Colac Area Health	(03) 5232 5100
Colac Court	(03) 5234 3400