



FAMILY VIOLENCE AOD  
COMMUNITY OF PRACTICE  
ANNUAL SURVEY 2022-2023

Report

17/10/2022

For more information regarding this report,  
please contact, Dejan Jotanovic, Project  
officer

[djotanovic@vaada.org.au](mailto:djotanovic@vaada.org.au)

## Introduction

The annual Family Violence AOD Community of Practice (FV AOD COP) survey ran from 15 September 2022 to 13 October 2022. The survey, developed for the AOD workforce, targeted AOD clinicians, team leads and managers via VAADA's Family Violence AOD distribution list, VAADA's ENEWS, and the Specialist Family Violence Advisors. The survey aims to represent a needs analysis for the AOD workforce who engage in the Family Violence AOD Community of Practice, testing what family violence and MARAM related issues and themes they would like further support in. Results will be used to inform planning and development of VAADA's Family Violence AOD Community of Practice and its 2022-2023 calendar of activities.

The survey's questions were split into five parts:

1. Demographics
2. Community of Practice
3. MARAM Framework and Information Sharing – AOD clinicians
4. MARAM Framework and Information Sharing – AOD leadership
5. MARAM Feedback

In total, 59 participated in the survey, though not every participant answered every question.

The following report is a summary of the survey's qualitative and quantitative findings (the quantitative results are shown against last year's baseline, where available). Where possible, the total number of participants is indicated for each question, denoted as N=X, where X is the number of participants. Key findings and recommendations are highlighted at the end of the report.

## Demographics

### What best describes your job type or title? (N = 59)

- 44% - practitioner/clinician (26)
- 18% - team leader (11)
- 15% - manager (9)
- 22% - other (13)
  - Including; specialist family violence advisers, youth engagement worker, community development worker

### Which part(s) of Victoria do you represent in your work? (N=59)

- 44% - metropolitan (26)
- 45% - regional (27)
- 14% - rural (14)
- 5% - statewide (3)

## Community of Practice

**Which topics/issues regarding Family Violence, or your own practice, would you like to see a Community of Practice session cover? (N=39)**

Major trends included (two or more requested, in order of popularity):

- Working with people who use violence
- Coercive control
- Adolescents/young people using violence
- Child-centred practice/Impacts on children
- Navigating the family court
- Applying an intersectional lens
- Trauma informed lens

Other topics singularly mentioned; gambling and family violence, male victim survivors, Indigenous, disability, early intervention, strangulation, LGBTQI

**Which day of the week would attending COP events suit you most? (N=40)**

- Monday (16) – 40%
- Tuesday (17) – 43%
- Wednesday (13) – 33%
- Thursday (16) – 40%
- Friday (19) – 48%

**What time would attending a COP event suit you most? (N=42)**

- Morning (30) – 71%
- Lunch (11) – 26%
- Afternoon (20) – 47%

**What length of time would a COP event suit most? (N=43)**

- 1 hour (9) – 21%
- 1.5 hours (24) – 56%
- 2 hours (10) – 23%

**Over the last year we developed several additional resources to help support your practice and capability in Family Violence. How useful did you find these resources? (N=43)**

*(5-point likert scale where 1 = Not at all useful and 5 = Extremely useful)*

Resource	Mean likert score	“I was not aware of this resource”	Total (N)
Monthly Family Violence AOD Community of Practice newsletter	4.06	19%	42
MARAM Training Calendar	4.27	4%	43
Information Sharing Scheme summary poster	4.14	14%	42
High-risk indicators of family violence resource (redevelopment of the “Red Flags” resource)	4.54	9%	43

**What other COP resources or communication channels would you find useful to support your understanding of family violence, MARAM and Information Sharing? (N=20)**

Suggestions included; Basecamp, training with case scenarios, in-person events, tools to assess clinician knowledge around using MARAM, MARAM ‘refresher,’ networking with other services, supporting clients to apply for IVO.

## MARAM Framework – AOD Clinicians

Please indicate how strongly you agree with the following statements, where 1 is “Strongly disagree” and 5 is “Strongly agree” (N=33)

(5-point likert scale where 1 = Not at all useful and 5 = Extremely useful)

	Mean likert score	Score in previous annual survey	Change %
I have a clear understanding of my role and my responsibilities under MARAM	3.91	4.05	-0.14%
I understand what the MARAM framework means and I feel confident in applying the MARAM framework in my work with clients	3.91	3.80	+0.11%
If a client is identified as a victim survivor of family violence, I feel confident using the MARAM risk assessment tool with them	3.82	NA	NA
If a client is identified as a victim survivor of family violence, I feel confident in managing their risk (e.g. through safety planning)	3.76	NA	NA
I know the appropriate referral pathways I can use with my client if they have been identified as a victim survivor	3.97	NA	NA
If a client is identified as an adult using violence, I understand my responsibilities under MARAM	3.76	NA	NA
I feel confident in applying an intersectional lens to my practice	3.91	3.95	-0.04%
I feel I have been properly trained to understand and apply the MARAM framework	3.70	NA	NA
I feel properly supported throughout the MARAM alignment	3.24	3.80	-0.56%

## Information Sharing – AOD Clinicians

Please indicate how strongly you agree with the following statements, where 1 is “Strongly disagree” and 5 is “Strongly agree”. (N=32)

*(5-point likert scale where 1 = Not at all useful and 5 = Extremely useful)*

	Mean likert score
I have a clear understanding of what is expected of me in regards to the Information Sharing Schemes	4.00
If a client is identified as a victim survivor, I feel confident that I know what kinds of information would be relevant to share with other agencies for the purpose of assessing or managing risk	3.90
I understand and am confident in my organizational policy and procedure for responding to information sharing requests from other ISE’s & RAE’s	3.75
I understand and am confident in proactively sharing information with other ISE’s & RAEs	3.88
I understand when consent is (and isn’t) required for Information Sharing purposes	4.00

## MARAM Framework and Information Sharing – AOD Leadership

Please indicate how strongly you agree with the following statements, where 1 is “Strongly disagree” and 5 is “Strongly agree”. (N=17)

*(5-point likert scale where 1 = Not at all useful and 5 = Extremely useful)*

	Mean likert score	Score in previous annual survey	Change %
I am equipped to supervise my staff in how the MARAM framework impacts their work with clients	3.88	3.69	+0.19
I feel confident in aligning my organisation’s policies and procedures to MARAM	4.12	3.73	+0.39
I feel confident in providing supervision to my staff whose clients are experiencing or using family violence	4.18	NA	NA
I understand what is required of me and my staff under the Information Sharing legislation	4.12	NA	NA
I support and supervise staff to understand the organizational policy and procedure for carrying out requests for information from our organization or proactively sharing information under the schemes	4.12	NA	NA

**If VAADA developed a Community of Practice for AOD Leadership, what topics/themes/issues would you like it to focus on?**

Suggestions include; working effectively from a systems lens, opportunities to discuss issues with implementation and MARAM self-audit findings, supporting staff experiencing trauma/burnout from working frontline, supervising clinicians, legal/privacy oversight, effective leadership



## MARAM Feedback

**Please identify any issue(s) you've had with the MARAM alignment in your, or your organisation's, work. Write as little or as much as you need to describe your experience.**

Summary of responses:

- Saturation of incoming information, reaching MARAM fatigue
- Other agencies – Child Protection, Police –failing to apply MARAM
- Internal difficulties tracking which staff have completed training, mapping training to staff
- Impact to time, no additional funding
- Resistance from clients to engage in FV work
- Lack of uniformity on templates for “sharing, consent, requests for ISEs etc, policy/procedures” – has created patchy alignment across the sector and broader confusion

**Please identify an example where using MARAM proved successful in your, or your organisation's, work. Write as little or as much as you need to describe your experience. (Eg. You utilized information sharing to build an effective safety plan with your client and this provided a safe outcome for your client and their children.)**

Summary of responses:

- Increased confidence in performing risk assessments and safety planning with clients identified as victim survivors
- Coordinated responses across the system (Police, Safe Steps, The Orange Door)
- Helpful in accessing and sharing information
- Providing information to victim survivors
- Keeping adults using violence in view

**How could the COP better support you in your understanding of MARAM, and aligning MARAM to your work practices**

Summary of responses:

- Understanding how others in the sector are supporting staff to align to MARAM, sharing resources
- Case scenarios tailored to sector
- Templates/examples of policies and procedures
- More trainings/workshops with practice examples

## Findings/Recommendations

1. Will trial hosting Community of Practice events on **days other than Wednesday**, which was the least popular option (Wednesday was the most popular option in last year's survey).
2. COP events continue to be delivered in the **mornings (beginning at 10am)**, and to be **1.5 hours long**.
3. Future Community of Practice sessions should have focus on:
  - a. Working with people who use violence
  - b. Coercive control
  - c. Adolescents/young people using violence
  - d. Child-centred practice
4. All **resources** produced by VAADA had a weighted average above 4, indicating **high usefulness**
5. Key focus on **networking within the sector and across sectors** to be considered (including in-person events)
6. The weighted average for **clinician's confidence in the MARAM Framework** is hovering just under 4, indicating **mild confidence** in different aspects of MARAM. While there has been slight increases and decrease from the 2021-2022 baselines, none of these seem to be significant (particularly when the sample size is so small, N=33).
7. The weighted average for **clinician's confidence in the Information Sharing Schemes** is hovering at 4, or just below, indicating **moderate confidence** in the FVISS and CISS.
8. The weighted average for **AOD leadership's confidence in MARAM and Information Sharing** is sitting at around 4, indicating **moderate confidence** in supporting their workforces in the MARAM alignment.
9. **AOD Leadership COP** should have a focus on:
  - a. Staff support and supervision
  - b. Legal/privacy implications – Information Sharing Schemes
  - c. Opportunities to learn from and with each other, including strengthening leadership
10. Overall **MARAM Feedback** indicated that:
  - a. Concern that information saturation is resulting in **MARAM fatigue** within the sector
  - b. Difficulties when working with **other agencies and their alignment** (Child Protection and Police were frequently mentioned)
  - c. Great **impacts to workforce's time** (e.g. training, capacity building, performing risk assessments and management) with **no additional funding** (captured in the DTAU)
  - d. MARAM has **increased confidence among clinicians** to perform risk assessments and safety plan with clients, providing information to victim survivors
  - e. Some success in identifying and responding to victim survivors, and keeping adults using violence in view, through **coordination across the sectors**
  - f. **Information Sharing has been helpful** – keeping people using violence in view
  - g. Demand for better understanding in how other agencies and organisations in the AOD sector are supporting staff in MARAM alignment, potential for **resource sharing** across agencies
  - h. Demand for more **tailored case scenarios** in training, **templates for policies and procedures**