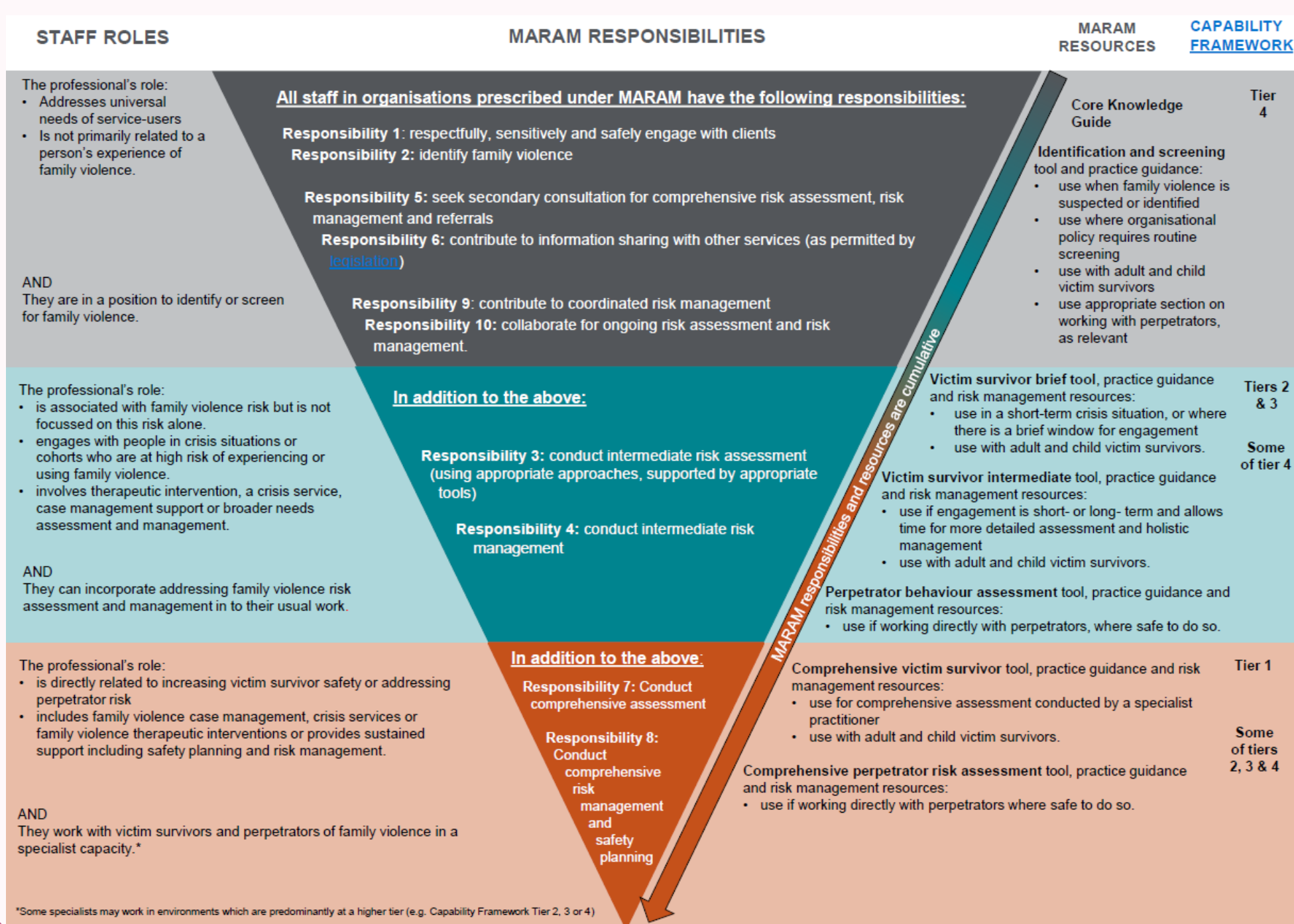


# MARAM

## Responsibilities: Decision Guide for Organisational Leaders



\*Some specialists may work in environments which are predominantly at a higher tier (e.g. Capability Framework Tier 2, 3 or 4)

# MARAM Responsibilities: Decision Guide for Organisational Leaders

## TIER 1

These specialists spend **90 per cent or more** of their time working with victim survivors or perpetrators, or engaged in primary prevention activities\* e.g. Family Violence Case Manager

\*Primary Prevention is not prescribed under MARAM as it is not service delivery.

## TIER 2

Responding to family violence is **not the primary** focus of these workforces however the workforces spends **significant proportion** of time responding to victim survivors or perpetrators of FV e.g. Child FIRST

## TIER 3

While their **core work is not family violence**, they work in sectors that respond to the impacts of family violence e.g. Mental Health and AOD Services

## TIER 4\*

Addresses universal needs of service-users **not primarily related** to a person's experience of family violence. e.g. Schools

\*These workforces are not yet prescribed under MARAM, but are likely to be prescribed in Phase 2 (September 2020).

All staff in organisations prescribed under MARAM have the following responsibilities:

Responsibility 1: respectfully, sensitively and safely engage with clients

Responsibility 2: identify family violence

Responsibility 5: seek secondary consultation for comprehensive risk assessment, risk management and referrals

Responsibility 6: contribute to information sharing with other services (as permitted by legislation)

Responsibility 9: contribute to coordinated risk management

Responsibility 10: collaborate for ongoing risk assessment and risk management. **IN ADDITION.....**

Eastern Metropolitan

**REGIONAL  
FAMILY  
VIOLENCE  
PARTNERSHIP**

# MARAM Responsibilities: Tier 1 workforce

These specialists spend 90 per cent or more of their time working with victim survivors, Tier 1 workforce carries considerable responsibility and often leads work in the delivery of services to victim survivors and perpetrators of family violence, identifies and manages the most extreme level of risk. Across the system there are specialist family violence (Tier 1) practitioners embedded within Tier 2 and 3 settings, for example in child protection, courts and police. Similarly, specialist primary prevention workers (Tier 1) will work in settings across all four tiers.

Tier 1 practitioners and teams may form part of larger organisations that provide a range of services *EMR examples: Men's Behaviour Change Practitioner at Anglicare, FV case manager EACH, Opening Door services*

OR  
they may be employed in stand-alone services *EMR examples: EDVOS, Safe Futures, Women's Liberation Halfway House, Kara House, ECASA.*

## Responsibilities for Tier 1 workforce:

Responsibility 1: respectfully, sensitively and safely engage with clients

Responsibility 2: identify family violence

Responsibility 3: conduct intermediate risk assessment (using appropriate approaches, supported by appropriate tools)

Responsibility 4: conduct intermediate risk management

Responsibility 5: seek secondary consultation for comprehensive risk assessment, risk management and referrals

Responsibility 6: contribute to information sharing with other services (as permitted by legislation)

**Responsibility 7: conduct Comprehensive assessment**

**Responsibility 8: Conduct comprehensive risk management and safety planning**

Responsibility 9: contribute to coordinated risk management

Responsibility 10: collaborate for ongoing risk assessment and risk management.



# MARAM Responsibilities: Tier 2 workforce

TIER 2: Responding to family violence is not the primary focus of these workforces, but they spend a significant proportion of their time responding to victim survivors or perpetrators of violence.

*EMR examples: Victoria Police, Ringwood Magistrates Court, Eastern Community Legal Centre, Corrections Victoria and Child Protection, Child FIRST (Uniting and Anglicare), Integrated Family Services who work with many families who may be experiencing or are at risk of family violence.*

## Responsibilities for Tier 2 workforce:

Responsibility 1: respectfully, sensitively and safely engage with clients

Responsibility 2: identify family violence

**Responsibility 3: conduct intermediate risk assessment (using appropriate approaches, supported by appropriate tools)**

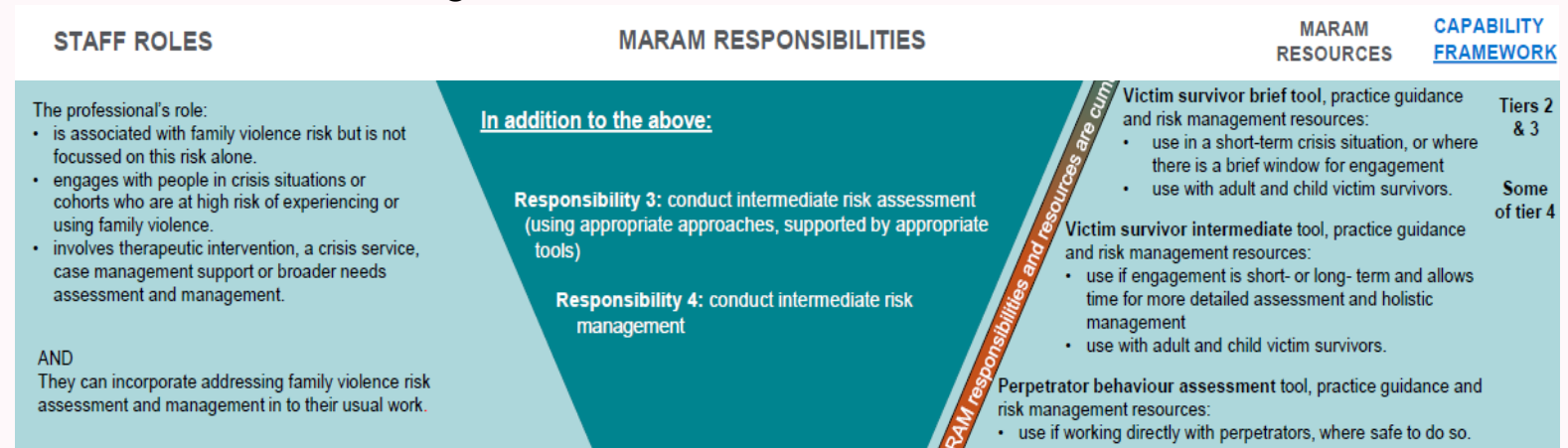
**Responsibility 4: conduct intermediate risk management**

Responsibility 5: seek secondary consultation for comprehensive risk assessment, risk management and referrals

Responsibility 6: contribute to information sharing with other services (as permitted by legislation)

Responsibility 9: contribute to coordinated risk management

Responsibility 10: collaborate for ongoing risk assessment and risk management.



# MARAM Responsibilities: Tier 3 workforce

While their core work is not family violence, Tier 3 workforce respond to the impacts of family violence

EMR examples: AOD services e.g. Turning Point, Mental Health service e.g. Neami,

OR

in an area where early signs of people experiencing or perpetrating family violence can be noted. EMR examples: Carrington Health.

## Responsibilities for Tier 3 workforce (same as Tier 2):

Responsibility 1: respectfully, sensitively and safely engage with clients

Responsibility 2: identify family violence

**Responsibility 3: conduct intermediate risk assessment (using appropriate approaches, supported by appropriate tools) \**

**Responsibility 4: conduct intermediate risk management**

Responsibility 5: seek secondary consultation for comprehensive risk assessment, risk management and referrals

Responsibility 6: contribute to information sharing with other services (as permitted by legislation)

Responsibility 9: contribute to coordinated risk management

Responsibility 10: collaborate for ongoing risk assessment and risk management.



# MARAM Responsibilities: Tier 4 workforce

Because they interact with children and families in their day-to-day roles these workers are likely to have regular and extended contact with victim survivors or perpetrators of violence. These workforces are not yet prescribed under MARAM, but are likely to be prescribed in Phase 2 (September 2020). *EMR examples: Schools, Childcare centres and faith-based institutions.*

## Responsibilities for Tier 4 workforce:

Responsibility 1: respectfully, sensitively and safely engage with clients

Responsibility 2: identify family violence

Responsibility 5: seek secondary consultation for comprehensive risk assessment, risk management and referrals

Responsibility 6: contribute to information sharing with other services (as permitted by legislation)

Responsibility 9: contribute to coordinated risk management

Responsibility 10: collaborate for ongoing risk assessment and risk management.

