

**IN THE MATTER OF THE ROYAL COMMISSION
INTO FAMILY VIOLENCE**

ATTACHMENT SW-15 TO STATEMENT OF SCOTT JAMES WIDMER

Date of document: 21 July 2015
Filed on behalf of: State of Victoria
Prepared by:
Victorian Government Solicitor's Office
Level 33
80 Collins Street
Melbourne VIC 3000



This is the attachment marked '**SW-15**' produced and shown to **SCOTT JAMES WIDMER** at the time of signing his Statement on 21 July 2015.

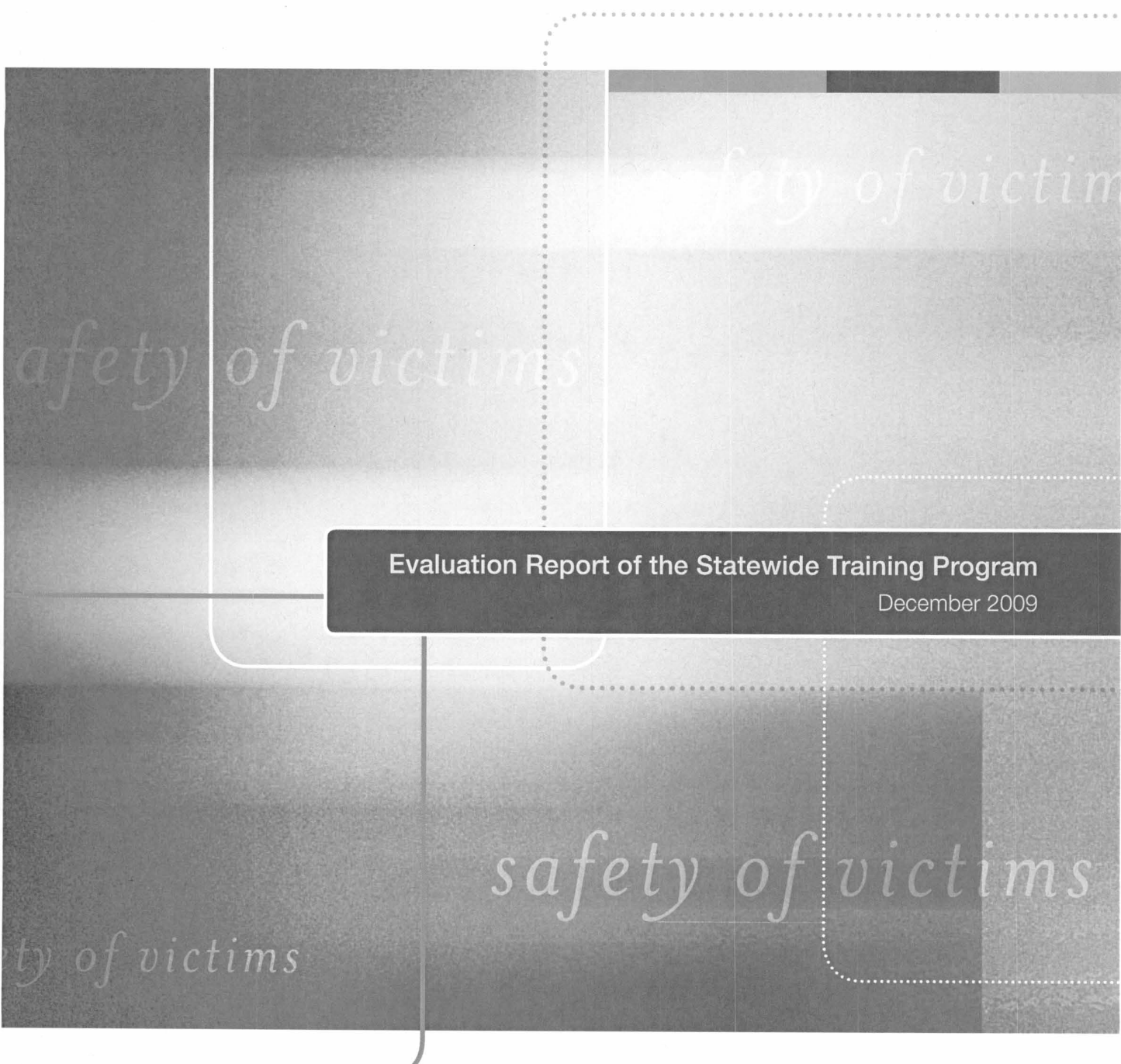


Before me:



**An Australian Legal Practitioner within
the meaning of the Legal Profession Uniform Law (Victoria)**

THE VICTORIAN *Family Violence*
RISK ASSESSMENT AND RISK MANAGEMENT FRAMEWORK



Evaluation Report of the Statewide Training Program

December 2009

THE VICTORIAN *Family Violence*
RISK ASSESSMENT AND RISK MANAGEMENT FRAMEWORK

Evaluation Report of the Statewide Training Program

December 2009

ACRONYM

FRG	Framework Reference Group
TTG	Training Task Group
FVSAC	Family Violence Statewide Advisory Committee
FVIDC	Family Violence Interdepartmental Committee
TC	Training Consortium
SUT	Swinburne University of Technology
DVRCV	Domestic Violence Resource Centre Victoria
NTV	No to Violence
CRAF	Common Risk Assessment (and risk management) Framework
CALD	Cultural and Linguistically Diverse
IFV training	Identifying Family Violence training
FV	Family Violence
TTT	Train the Trainer
MCHN	Maternal and Child Health Nurse
DOJ	Department of Justice
DPCD	Department of Planning and Community Development
DEECD	Department of Education and Early Childhood Development
OWP	Office for Women's Policy
RIC	Regional Integration Coordinator
DHS	Department of Human Services
CYFS	Children Youth and Family Services
MBCP	Men's Behavioural Change Programs
DV Vic	Domestic Violence Victoria
VWDN	Victorian Women with Disabilities Network

Table of contents

1.	Executive Summary	6
2.	Background	11
3.	Data Collection	14
4.	Process Evaluation	15
	Training Administration, Scheduling and Enrolment	15
	Training Selection and Attendance	16
	Training Coverage and Reach	17
	Training Quality, Delivery and Materials	19
5.	Impact Evaluation	22
	Training Reactions and Learning (Pre and Post Self-Assessments)	22
	Participant Self-assessment	22
	Qualitative Self-assessment	23
	Online Participant Survey	28
	Questioning Techniques	30
	Risk Assessment	30
	Referrals and Information Sharing	32
	Changes to Practice	34
6.	Recommendations	35
	Appendix A: Pre and post assessment forms	37
	Appendix B: Online Participant Survey	49
	Appendix C: Pre and post assessment results for court registrar and pilot training in 2008	54
	Appendix D: CRAF final delivery schedule 2008-2009	62
	Appendix E: Pre and Post Training Self-Assessment Results	64
	Appendix F: Potential sectors and agencies relevant to training program components	68
	Appendix G: Participant activity by training type	69
	Appendix H: Training attendees by region	70
	Appendix I: Coding for Qualitative Self-Assessment Data	72
	Appendix J: Online Participant Survey Results Cross-Tabulated by Training Type	74
	Appendix K: Online Participant Survey Results from Men's Services	84

1. Executive summary

Purpose and context for this report

This report provides an evaluation of the training program that was developed to implement the Family Violence Risk Assessment and Risk Management Framework in Victoria.

In 2008 a training consortium was engaged by DPCD to design a training program that could accommodate the three different levels of training outlined in the Framework. Training was delivered to 2491 participants across the state in 116 training sessions over a twelve month period that concluded in August 2009.

This report focuses on successes and ongoing challenges as demonstrated through the evaluation of the training program, and outlines recommendations to further support the effective implementation of family violence risk assessment and risk management into the Victorian integrated family violence system.

Background

Since 2005 the Victorian Government has invested over \$100 million in family violence reform. One of the key aims of the reform has been to integrate service, police and court responses so that those experiencing violence are supported by a single, coordinated and streamlined system.

The Risk Assessment and Risk Management Framework (the Framework) has and continues to be a critical component in building this integrated approach, by ensuring that risk assessment and risk management of family violence is consistent throughout Victoria.

The Framework comprises six components to effectively identify (risk assessment) and respond (risk management) to victims of family violence:

1. a shared understanding of risk and family violence across all service providers
2. a standardised approach to assessing risk
3. appropriate referral pathways and information sharing
4. risk management strategies that include ongoing assessment and case management

5. consistent data collection and analysis to ensure the system is able to respond to changing priorities, and
6. quality assurance strategies and measures that underpin a philosophy of continuous improvement.

The Framework provides guiding principles and tools to relevant professionals to equip them with the skills they need to identify violence, assess risk and take appropriate action. It ensures that risk is assessed in a consistent way across sectors, whether in maternal and child health settings, specialist family violence services, or the police and court systems. It also gives professionals working in these areas the tools and information they need to make the appropriate linkages with other sectors.

The statewide training that underpins the implementation of the Framework was deliberately designed to be cross-sectoral, supporting the family violence reform objectives through the provision of a mechanism to build an integrated service system (*A Fairer Victoria*, 2007: 3.2). This training program - now known as the Common Risk Assessment Framework (CRAF) Training - was contracted to a consortium of Swinburne Institute of Technology, No to Violence and the Domestic Violence Resource Centre Victoria. The original contract covered the development of training modules, supporting materials and the statewide delivery of 113 training sessions to up to 3000 participants by July 2009.

The Training Consortium developed three distinct training modules in order that each sector and service type that a women experiencing family violence might interact with would be able to undertake appropriate training. Each of the three training modules was designed to reflect the level of detail and response relevant to practitioners' roles:

1. Identifying Family Violence (IFV) training for mainstream professionals or groups who may be a first point of contact for women experiencing family violence;

2. Preliminary assessment training for service providers offering non-family violence specific support or services to people experiencing family violence;
3. Comprehensive assessment training for specialist family violence professionals.

These training modules were delivered as five session types: Preliminary, Comprehensive, a Train the Trainer session which incorporated the IFV module, and half-day sessions tailored specifically for the unique roles of Maternal and Child Health Nurses (MCHNs) and court registrars. An extensive suite of training materials was developed including handbooks, presentations, a DVD, a website and additional information produced by the Training Consortium.

Evaluation methodology and scope

Data was collated and analysed by both the Training Consortium and the Office of Women's Policy in DPCD, utilising enrolment and attendance information from a training database, pre and post training self-assessment questionnaires, an online follow up survey to participants, and formal feedback from key stakeholders. The training implementation was evaluated in relation to administration and scheduling, selection and attendance, delivery and materials, coverage and reach, as well as participant learning and transfer of knowledge into their professional practices. The final evaluation and report was undertaken by the Office of Women's Policy.

This report does **not** cover the evaluation of the supporting program of Identifying Family Violence training sessions (currently being delivered regionally); the pilot training sessions delivered in 2008; court registrar training¹; or the small number of training sessions negotiated in addition to the original contract.

Key Findings

The Training Consortium delivered CRAF training to 2491 participants, in 116 training

sessions across the State over a twelve month period that concluded August 2009. All regions of Victoria received their agreed training sessions although some regions negotiated variations to the types of sessions delivered. The delivery timeframe had to be extended by two months due to impact of the Victorian bushfires on the training schedule in some regions.

The review has identified the **key successes** of the training program to include:

- *Extensive coverage and reach of the training.*
 - > Effective training coverage² was achieved for specialist family violence services.
 - > Total training coverage was offered and effectively achieved for Magistrates Court Registrars, and Maternal and Child Health Nurses³.
 - > Effective training coverage⁴ for police was achieved through a strong commitment from Victoria Police and the development of a separate internal training process based on the CRAF.
 - > There was strong engagement and significant numbers trained from sexual assault services, ChildFIRST, Child Protection, family services, housing and homelessness services, disability services, counselling and mediation services, and, in some regions, family violence specific indigenous services.
 - > The majority of MCHN and Preliminary training participants requested additional training, with the former requesting longer training sessions to explore and discuss training material, and Preliminary training participants requested further training and more opportunities to network and share information with others.
 - > There was also significant engagement of men's behaviour change programs

¹ The Department of Justice have undertaken separate evaluation work which includes the training of the Court Registrars.

² Staff members from all DHS-funded services were able to access training and this was supported in some cases by in-house training.

³ All Court Registrars and MCHNs were able to access training across all locations, with over 90% coverage.

⁴ Victoria Police trained 5,671 staff members through in-house training on their risk assessment tool based on the CRAF.

- (MBCP). Further work was undertaken to ensure that there was effective alignment of the CRAF with the risk assessment process used by MBCPs, and a withheld Comprehensive training will be delivered early in 2010 to support with MBCP sector developments.
- The *quality, relevance and usefulness* of the training, training materials and the individual trainers was rated very highly by participants, with the majority – 80 to 90% – of training cohorts rating these ‘highly’ and ‘very highly’.
 - Participant self-assessments distributed immediately before and after training showed *dramatic and consistent improvement in participant skills and knowledge* in the Framework around risk indicators, identifying family violence, risk assessment, safety planning, risk management and knowledge of referral pathways. Ninety-nine per cent of participants also reported one of more intended changes to practice as a result of the training in line with the aims of the training. The most common responses varied between the cohorts with MCHN training participants reporting the intent to ask more questions about family violence; Preliminary training participants predominantly reported intent to undertake risk assessment; and Comprehensive training participants had the greatest intent to share the CRAF framework with others.
 - The online participant survey, which captured responses several months after the training had been undertaken, demonstrated significant changes to practice as a result of the training:
 - > 55% of participants had used the Framework since their training; 72% were asking questions about family violence; 68% were incorporating risk assessment into their work, 84% were doing safety plans, 74% were referring clients to other services; 47% were sharing information and making referrals to other services, and 67% reported changes to practice that had occurred at a systems or organisational level.
 - > Overall; MCHN training participants indicated the training had given them more confidence in broaching the subject of family violence with clients; Preliminary training participants demonstrated it was useful to have the subject reinforced and raised in a coherent framework; and Comprehensive training participants indicated that the CRAF training needed to be supported by work to further strengthen risk management processes.
 - *Effectiveness of regional coordination.* The Family Violence Regional Integration Coordinators’ active involvement in the scheduling, promotion and enrolment process was a key factor in the success of the rollout regionally.

- “I am more aware of incidence and risk factors; more aware of importance of MCHN as a positive/strength source to women”
- “Know what to look for, be able to ask the correct questions and know what to do if client requires services”
(from participants in the MCHN training)
- “Aware now of not needing consent if risk is imminent and did not know this was a possibility or duty of care”
- “Have expanded my practice when developing risk management plan to include more than the primary victim”
(from participants in the Comprehensive training)

- Consistent support from other government partners (such as Disability Services in DHS) made a significant difference to the engagement and participation of a number of prioritised sectors.
- *Effective governance and monitoring structures.* The reporting and monitoring process by the Training Consortium and the whole of government governance structure was effective and allowed for timely identification of issues, direction from stakeholders and partners and supported a process of continuous improvement by the Training Consortium and others involved in the rollout.

The evaluation also identified a number of challenges and learnings for future work in this area, which include:

- *There is high demand for further training across all sectors.* The rollout was not able to deliver training to the total number of potential participants. This was most prevalent with the Comprehensive and Preliminary sessions and due to a number of factors including limited ability to reschedule sessions with low enrolments, last minute cancellations or non-attendance by participants and slow take-up in some regions in the early stages of the rollout.
- Factors such as large sector sizes and high staff turnover indicate that further training is required to ensure the embedding of CRAF practices; consistency statewide or the sustainability of the changes.
- Some training sessions had significant numbers of participants *not matching the target audience in role or experience* and this often had a negative effect upon the outcomes for the participants and presented additional challenges for the trainers. This issue was most acute in Comprehensive sessions.
- *There was low engagement of culturally and linguistically diverse services and Indigenous services statewide,* and minimal engagement of the primary health, mental health, drugs and alcohol, legal and education sectors.

Summary and recommendations

To date, the CRAF training program has been very successful in achieving its intended aims of encompassing specialist as well as mainstream services and developing a shared understanding of risk assessment and risk management that builds on regional networks. Data analysis showed the training had a long term impact on the changed practice of participants who had undertaken the training.

There was strong reinforcement from participants that the common approach to risk assessment and risk management that the Framework articulated was critical to reform. The materials and training approach were also considered effective. Participants and other stakeholders valued a cross-sectoral and regional approach to training and recognised the positive role it plays in developing an integrated and coordinated family violence service system. Overall, the demand for training has increased both regionally and from specific sectors.

A key focus must be further consolidating and embedding the Framework into priority sectors as well as extending it into identified areas yet to be reached (such as GPs, primary and mental health services). New policy developments in the primary prevention of violence against women mean that new areas and sectors not currently engaged in responding to family violence and sexual assault (such as sporting organisations, workplaces and schools) may be faced with disclosures of such violence and must be equipped to respond appropriately. The expansion of CRAF training into these new sectors is envisaged as a key component of the implementation of *A Right to Respect: Victoria's Plan to Prevent Violence against Women 2010–2020*.

While there are a range of issues to address in a complex reform process, evidence suggests that the CRAF training provides a strong model for the successful development of the common understanding of risk assessment and risk management necessary to building an integrated family violence service system.

A number of recommendations have consequently arisen from the training evaluation (these are further detailed on page 35):

1. Further workforce development is required for key sectors involved in the integrated family violence reforms;
2. Extend workforce development to specialist and mainstream sectors newly identified as priority;
3. Review and refine the Framework and workforce developing training package to more effectively target and respond to diverse communities;
4. Ensure sustainability of Framework knowledge and skills and ensure alignment with other sector assessments;
5. Future training delivery to recognise the key learnings from the training delivery strategy and processes (i.e. cross sectoral implementation and effective regional coordination), and
6. Recognise the critical role of workforce development to inform the next stages of family violence reform – specifically the focus on strengthening risk management.

2. Background

Since 2005 the Victorian Government invested over \$100 million into family violence reform with the aim of ensuring an integrated, coordinated response across sectors. A shared approach to the assessment and management of risk as a critical component of an integrated service system approach, and \$0.2 million was allocated to develop the Risk Assessment and Risk Management Framework (the Framework), as part of the first tranche of this investment. The Framework was developed through an extensive cross-sector consultation process over 2006 and launched in July 2007, with 2,500 training manuals distributed to service providers throughout Victoria.

How we respond to family violence when reported, can either assist or expose the victims. We know the best results come from everyone working together in a coordinated and integrated way. That is why the Victorian Government introduced a new approach. This Risk Assessment and Risk Management Framework is part of the Victorian Government's A Fairer Victoria initiative of \$35.1 million over four years to improve responses to family violence.

Maxine Morand, Minister for Women's Affairs

The development of the Framework involved consultation with over 500 members of family violence services, including the Magistrate's Court, community legal services, police, statewide peak and specialist services, and the allied service sector in September and October 2006. The Framework was piloted and evaluated in two Department of Human Services Regions (North/West and Hume region) in December 2006 and January 2007.

The Government committed a further \$2 million in 2007 to implement the Framework, and a portion was allocated to provide family violence risk assessment and risk management training to specialist family violence services, family violence reform

partners and related mainstream services statewide.

Two governing bodies were created to oversee the Framework; the Framework Reference Group (FRG) was created to oversee and guide the overall implementation of the Framework; and the Training Task Group (TTG) to oversee the development and rollout of the training. These structures for oversight and guidance ensured ongoing consultation and feedback was provided from relevant organisations and experts at all stages of the Framework's development and training rollout. Governing bodies gave regular reports and information to the Family Violence Statewide Advisory Committee (FVSAC) and the Family Violence Interdepartmental Committee (FVIDC), ensuring the training was contextualised as a part of the ongoing family violence reform in Victoria.

Initially called the Safer Families Training, and now commonly referred to as the Common Risk Assessment Framework (CRAF) training, the training program was based on the Framework. It aimed to build capacity and consistency across the family violence services sector and related mainstream services in risk assessment and risk management practice. The training was required to incorporate particular issues experienced by culturally and linguistic diverse (CALD) communities, Indigenous groups and for clients for whom disability was a factor.

Cross-sectoral training was critical to achieving the training objective of supporting the development of the integrated family violence service system, to foster shared understanding of risk assessment and risk management across the state, while building on and developing regional networks. Training approaches were based on adult learning principles and incorporated relevant experiential learning activities while responding to the needs and skills of participants. This interactive learning environment was intended to give participants from different sectors an opportunity to share expertise and experience, and highlight their similarities, differences and specialist knowledge.

The design and delivery of the Framework training program was tendered out to a Training Consortium (TC) made up of the Swinburne University of Technology, the Domestic Violence Resource Centre Victoria and No to Violence.

The primary aim of the CRAF training was to provide services with training in the Framework to the level of detail relevant to their engagement with victims of family violence. The TC developed three training modules for all sectors and services with which women experiencing family violence might interact. Each of the three training levels was intended to reflect the level of detail and response relevant to the different practitioner's roles:

1. Identifying Family Violence (IFV) training for mainstream professionals or groups who may be a first point of contact for women experiencing family violence;
2. Preliminary assessment training for service providers offering non-family violence specific support or services to people experiencing family violence;
3. Comprehensive assessment training for specialist family violence professionals.

Table 1 provides more details on the structure, key training components and target groups for each of the training levels.

The TC, in consultation with partners and with guidance from governing bodies, developed all training materials. These materials included the three levels of cross-sectoral risk assessment training from the Framework, according to the level of knowledge of the intended audience. The IFV training module was intended for mainstream professionals or groups who may be a first point of contact for people experiencing family violence; the Preliminary training module was developed for those who may be providing non family violence specific support or services to people experiencing family violence (e.g. disability, homelessness, child protection and other sectors); and the Comprehensive training module was developed for specialist

family violence professionals. As outlined in Table 1 above, the MCHN and court registrar trainings were adapted to meet the needs of each cohort; Maternal and Child Health Nurses and court registrars received half-day sessions specific to their unique roles adapted from the IFV and Preliminary training sessions. Supporting materials for the training included five training handbooks and a DVD which illustrated and contextualised key aspects of the Framework, as well as a range of supporting materials such as handouts, quizzes and information sheets. These are all available on a website (tafe.swinburne.edu.au/CRAF).

As outlined in Table 1, the shorter IFV training module was intended for mainstream professionals or community groups who may be a first point of contact for women not accessing the Integrated Family Violence System. The actual IFV sessions were the only CRAF training which was not delivered by the Training Consortium but was to be delivered by FV practitioners trained by the TC using the materials developed by the TC. This module was covered by the TC as part of a two-day package that included a Comprehensive session followed by a day of Train the Trainer and practice in delivering the IFV training. The intended cohort for these two days of training (referred to as Comprehensive/Train the Trainer) was experienced family violence practitioners who would then deliver at least one session of IFV to groups or services in their region. The participants who undertook the Comprehensive/Train the Trainer sessions are now delivering the IFV training regionally and are overseen by the RIC position.

A small number of training sessions were held aside to be allocated during the rollout based on information and demand from training delivery. These sessions included two sessions delivered for statewide family violence focussed services and one session for disability services. Both are included in this report. A final session for Men's Behaviour Change Programs is to be delivered to coincide with sector developments.

Table 1: Structure of Family Violence Risk Assessment and Risk Management Training Levels

Assessment level	Training components	
<p>LEVEL 1</p> <p>Identifying family violence</p> <p>2 hours</p>	<ul style="list-style-type: none"> shared understanding of family violence (including the impact of family violence); use of 'trigger' questions to identify family violence; safety planning; and information sharing and effective referral. 	<p>The Identifying Family Violence component was expected to be focussed on assisting professionals whose roles may include:</p> <ul style="list-style-type: none"> being the first point of contact for people experiencing family violence referring clients to services related to their personal circumstances.
<p>LEVEL 2</p> <p>Preliminary assessment</p> <p>4 hours</p>	<ul style="list-style-type: none"> shared understanding of family violence (including the impact of family violence); use of Preliminary assessment tool to assess for presence of evidence-based risk factors; safety planning; and information sharing and effective referral. 	<p>The Preliminary Risk Assessment training component was expected to be focussed on assisting professionals whose roles may include:</p> <ul style="list-style-type: none"> undertaking initial risk assessments with victims of family violence referring clients to specialist family violence services possibly providing ongoing related support services.
<p>LEVEL 3</p> <p>Comprehensive assessment</p> <p>1 day</p>	<ul style="list-style-type: none"> shared understanding of family violence (including the impact of family violence); use of Comprehensive assessment tool to assess risk and develop risk management strategies, with a particular focus on working with children, Indigenous clients, CALD clients and clients with a disability; safety planning; information sharing and partnership approaches; and case management and risk management. 	<p>The Comprehensive Risk Assessment training component was expected to be focussed on assisting specialist family violence professionals whose roles include:</p> <ul style="list-style-type: none"> undertaking initial and/or ongoing risk assessment carrying responsibility for risk management as part of an ongoing case management responsibility within the overall family violence service system.
<p>Train the Trainer – for other workers to provide Level 1 Training</p> <p>2 days</p>	<ul style="list-style-type: none"> Identifying Family Violence component material. Understanding and Using Adult Learning Principles to facilitate training. Combined Trainer training and Comprehensive workshop. 	<p>The Train the Trainer training component was expected to be focussed on specialist family violence professionals, as with the Comprehensive trainings, with the commitment and ability to deliver Identifying Family Violence Training.</p>
<p>Maternal & Child Health Nurse training</p> <p>3 hours</p>	<ul style="list-style-type: none"> Adaptation of Identifying Family Violence component. Including role play learning. 	<p>Tailored in recognition of the specific role and work context of MCHNs.</p>
<p>Court Registrars training</p> <p>3 hours</p>	<ul style="list-style-type: none"> Adaptation of Identifying Family Violence and Preliminary Assessment components taking into account their 'Recognise and Respond' training undertaken in 2005. 	<p>Tailored in recognition of the specific role and work context of Court Registrars.</p>

3. Data Collection

A variety of data collection tools were used to evaluate the training rollout. The Kirkpatrick model⁵ of training evaluation was used to evaluate effectiveness of the training for the participants. Using pre and post training assessments completed by participants immediately prior to and after the training, the Training Consortium collected the reaction of the participants to the training sessions, changes in knowledge and confidence, intention to utilise this knowledge, and their assessment of training quality. These questionnaires are available as [Appendix A: Pre and post assessment forms](#). The TC also analysed this data, with the exception of the comments from the participants in relation to examples of changes to practice that might result from training, and questions on additional training that would enhance current skills and knowledge. This was coded and analysed by the Department of Planning and Community Development (DPCD).

To determine actual use of the Framework and changes to practice after training delivery, an online survey was developed and analysed by DPCD. Between 12 August and 2 September 2009, participants who had attended the training at least three months prior were sent the survey electronically. The full survey is available in [Appendix B: Online Participant Survey](#).

Evaluation of the reach and coverage of the training rollout was undertaken using a training database maintained by the TC to collect and record all information related to enrolment including rollout schedules and participant attendance. DPCD, in consultation with partner organisations, used the data for coding and analysis to determine the extent of the training's coverage of specific sectors (i.e. numbers of staff trained from any given sector) and reach of the rollout into the identified range of service sector types.

Changes and improvements were made to training rollout and data collection throughout the life of the training delivery, which meant that sometimes full comparison between training levels could not be made.

Additional feedback on all aspects of the training rollout was formally sought from the RICs following the completion of the training. RICs, government and sector partners, training observers and the TC also contributed feedback in relation to the strengths of the training on an ongoing basis and identified areas for improvement which were acted upon throughout the rollout where possible. The TC also contributed formally to the evaluation following the rollout.

Analysis of the pre and post assessment surveys for those training pilot sessions rolled out in 2008, and those for court registrar training, were not within the scope of this report. However, the survey results can be viewed in full in [Appendix C: Pre and post assessment results for court registrar and pilot training in 2008](#).

⁵ *Kirkpatrick's Four Levels of Evaluation*. In B. Hoffman (Ed.), *Encyclopaedia of Educational Technology*. Retrieved December 7, 2009, from <http://coe.sdsu.edu/eet/Articles/k4levels/start.htm>

4. Process Evaluation

Training Administration, Scheduling and Enrolment

The Training Consortium fulfilled their obligations in the training rollout, delivering all scheduled training as well as additional MCHN trainings funded by Department of Education and Early Childhood Development (DEECD) that are not included in this evaluation. The chart outlining the final rollout of scheduled training activities at the time of reporting is found in *Appendix D: CRAF final delivery schedule*. The TC delivered 116 training sessions to a total of 2,491 participants from 9 October 2008 to 27 August 2009.

Table 2: Numbers of Training Delivered

2009	Number of Sessions	Number of Participants
Comp/TTT	8	68
Comprehensive	24	447
Preliminary	28	556
MCHN	28	705
Additional MCHN post August 2009*	8	186

2008 (pilots)	Number of Sessions	Number of Participants
Comp/TTT:	5	66
Comprehensive*	2	25
Preliminary*	2	40
MCHN*	5	123
Registrars*	6	275

* Are not included in general analysis

All regions received their agreed allocation of Comprehensive, Preliminary and Trainer training sessions. A number of sessions were cancelled due to low numbers and then were rescheduled for later dates that were more suitable for participants and regional networks. The TC was flexible in amending sessions. For example, Loddon Mallee chose to exchange a Comprehensive training for further Preliminary rollouts to meet regional training needs more effectively. In February and March, several sessions were cancelled and rescheduled due to the

Victorian bushfires, resulting in the training rollout continuing until August. Participant attendance is discussed further in the next section.

Training enrolment and data collection was managed centrally by the TC, while Regional Integration Coordinators (RICs) targeted the enrolments, organised training promotion, and gave advice and feedback on issues such as training locations and schedules. The RICs made a significant effort to promote the training and encourage enrolments, and in some instances government partners, peak bodies and DPCD also assisted with promoting sessions to specific service sectors across regional boundaries.

RICs were particularly important to the Comprehensive/ TTT training in identifying and targeting a very specific training cohort, i.e. family violence practitioners who would deliver the IFV sessions regionally. This process is ongoing and not covered in this report. The Department of Justice (DOJ) and the Department of Education and Early Childhood Development (DEECD) coordinated court registrar and MCHN enrolments, respectively.

The TC system of enrolment data collection enabled trainers and governing bodies to monitor progress, identify issues and provide feedback or direction as required. The TC provided regular, comprehensive reports to governing bodies (the FRG and TTG). The TC also regularly held issues-based meetings incorporating feedback from trainers, RICs, other observers, and government partners during the training rollout. Stakeholder feedback was captured in governing bodies' meeting minutes, and through verbal and written comments. Stakeholders all agreed the TC were active and responsive in addressing issues arising during training rollout.

Trainers observed that it was useful for RICs to attend training sessions as it provided participants with a sense of connection to regional and wider networks. RICs noted in the questionnaires that their administrative role in CRAF rollout and follow up had been

considerable and time-consuming. However, they found that DPCD and TC provided timely responses to their requests for clarity and guidance.

The TC reported that the coordination, packing and distribution of materials and resources were well-organised and effective. Venues and catering when sourced by the TC were generally appropriate and well received by participants. However, there were occasional issues with the catering when provided at no cost locally (details are available in *Appendix E: Pre and Post Training Self-Assessment Results*).

Training Selection and Attendance

Evidence collected in the training development stage served to highlight which sectors and agencies would be targeted for each training stream (IFV, Preliminary, Comprehensive or Training the Trainer). These were sent to different regions for nominations and are identified in *Appendix F: Potential sectors and agencies relevant to training program components*. Nomination strategies were discussed in the previous section. Overall, the training rollout was not able to deliver training to the numbers of participants originally intended. The shortfalls were primarily for the Preliminary and Comprehensive sessions. A number of factors contributed to this, including participant withdrawal, cancellation or non-attendance – in many cases occurring too late to allow those on the waiting list to attend, or to reschedule sessions with low numbers.

Training report numbers and targets are shown in Table 3 below. This does not include the one Comprehensive training session yet to be rolled out to MBC programs as already outlined on page 7.

A number of actions were taken to address the attendance shortfalls throughout the rollout. The consortium in some cases was able to reschedule sessions with low numbers, though towards the end of the training rollout there was less flexibility to do so. They also agreed to increase the numbers of enrolments per session to allow for a number of cancellations or 'no shows'.

The range of participants varied greatly across regions. Some regions were able to better target the intended training audience as they had a larger pool of candidates from which to select than other areas, e.g. metropolitan areas were better able to select participants who met the training audience requirements than most rural ones. However some regions had differing strategies such as targeting both FV practitioners and experienced trainers to attend the Comprehensive/Train the Trainer sessions.

As most participants had roles in direct service provision, this and client crisis issues resulted in significant numbers of late cancellations and non-attendance at training. Participant attendance targets were also affected by availability of intended participants in some remote and regional areas, distance of travel required to attend training, and, in some instances, misunderstanding of training aims.

Table 3: Number of Individual participant selection and attendance across all training

Training Title	Target	2009 Nominated to date	% Nominated to date by Target	Attended to 27Aug 2009 (inc 2008)	% Attended by Target
Comp/TTT	96	123	128%	132	138%
Comprehensive	900	701	78%	470	52%
MCHN*	840	903	108%	770	92%
Preliminary	990	841	85%	596	60%
Registrar's	324	0	0%	275	85%
Totals	3150	2568	82%	2243	71%

As shown in Table 4 below, some participants were not able to attend training due to sessions being oversubscribed and were put on a waiting list. In addition, some participants presented on the day without enrolling; these people were included in figures of attendance (referred to as 'active' in the table below). On some occasions, high enrolment numbers and/or unexpected participants attending resulted in higher attendance figures for individual sessions than planned. These do not include the 23 observers from stakeholder groups who attended training sessions.

Despite the lower overall participant numbers than envisaged, the general trend was that demand for training grew in the later

stage of the training rollout as more people became aware of and interested in the CRAF. This is discussed further in the next section. Feedback from governing bodies and observers has led to three sessions (two Comprehensive and Preliminary) specifically targeted at statewide FV services and the disability sector. All regions have requested more training, as have a number of specific sectors.

Participant activity by individual training session type is displayed in *Appendix G: Individual participant activity*. Tables in *Appendix H: Training participants shown by region* show the number of attendees by region and training type.

Table 4: Participant Attendance

Training Title	Active	Cancelled	No Show	Wait List	Withdrawals (WD)	'Turn Ups' (included in Active #s)
Comp/TTT	68	19	13	11	12	8
Comprehensive	447	11	94	49	100	17
MCHN	654	10	69	103	67	24
Preliminary	556	9	121	66	89	12
Totals	1725	49	297	229	268	61

NB: Individuals may have multiple 'status' in this table e.g. a participant may have been included on the wait list for one session and active for the session they attended.

Training Coverage and Reach

Priority sectors for training were identified through consultation, extensive and ongoing research, and sector demand. These included sectors working with women at high risk or who faced additional barriers to accessing support and services. Given the diversity of services that women experiencing family violence may need, adequate coverage (that is numbers of participants from specific sectors attending the training) and reach (the range of a sectors recorded as accessing the training) is vital. This is not only to directly increase the skills and knowledge of those providing services to women experiencing family violence, but to support long-term change with and across sectors. This is also

important for the cross-sectoral approach of the Framework and the intent of the CRAF training to contribute to the development of an integrated family violence service system.

To determine the coverage and reach of the training across service types and community sectors identified as priority areas, DPCD examined enrolment information of participants in the TC training database. Participants were assigned to one or more service sectors according to their organisation, job title, and their role in family violence risk assessment. These figures include the statewide Preliminary training session for the disability sector, and the specialist family violence services Comprehensive training session, as previously discussed.

Table 5: Attendance figures by sector

Sector	# Participants in Pre	# Participants in Comp	Total Participants	Total% Participants
Child FIRST & Family Services	179	95	274	24.46
Women Family Violence Specific Services (IWDVS & WDVCS & refuges & DV outreach workers)	8	198	206	18.39
Unknown	96	64	160	14.29
Counselling & Mediation	41	86	127	11.34
Housing/ Homelessness Services	102	19	121	10.8
Disability Services	68	4	72	6.43
Indigenous Services	6	37	43	3.84
Other category	15	28	43	3.84
Child Protection	22	19	41	3.66
Men's Services	1	30	31	2.77
Sexual Assault/ CASAs	0	30	30	2.68
CALD sector (excluding IWDS)	14	15	29	2.59
Education	21	8	29	2.59
Primary Health (including hospitals, nurses, A&E)	15	13	28	2.5
Mental Health	11	0	11	0.98
Alcohol & Other Drugs	6	2	8	0.71
Legal Services & Lawyers	4	3	7	0.63
MCHN	4	3	7	0.63

Women's family violence and sexual assault specific services, which were intended targets of the Comprehensive training, were the most effectively covered, along with MCHN and court registrar training, at an estimated 80% of the cohort.

Victoria Police separately developed and delivered its own internal training on the CRAF manual and risk assessment tool to 5,671 participants (including 25 inspectors, 211 senior sergeants, and 1011 sergeants, and all Family Violence Advisers). Consequently these services have been covered by training rollout, but are not covered in this report.

There was significant engagement from a number of services that are key to an effective response to family violence e.g. Child Protection, Child FIRST and Family Services, Counselling and Mediation Services, Men's Behaviour Change Programs, and Housing

and Homelessness Services. However, given the issues already mentioned around sector size, turnover and expansion, further investment in training is sufficient to sustain the necessary level of shared understanding and practice change is needed in the long term.

The reach of the training into Indigenous communities and CALD communities was variable across regions. Despite prioritisation and repeated efforts to engage services, these sectors did not access the training in the numbers expected across the state. Specific and additional projects to tailor, target and deliver training to the Indigenous and CALD sectors have been initiated as a result of the training monitoring processes.

There were a relatively high number of participants from the disability sector and the counselling and mediation sector, with

an additional session of Preliminary training delivered to disability staff as well as DHS staff undertaking additional promotion of CRAF. However, given the range and types of service providers in these sectors, the analysis of enrolment to date suggests that coverage has been largely restricted to specific parts of the sector. For example, the majority of disability participants were DHS funded staff, and the counselling and mediation sector had a sizable number of staff from both Relationships Australia and DOJ Dispute Settlement Centre staff.

Not surprisingly, the large scope of the training rollout highlights the size and complexity of an integrated family violence response. It is difficult in many cases to determine the training coverage of individual sectors due to a range of factors, which include:

- The size of the sector may be difficult to determine – especially for non-governmental services; some sectors encompass government employees and agency delivered-services funded by both government and non government service providers (e.g. disability and counselling).
- Workforce turnover will also impact on coverage and sustainability. While this can be difficult to assess it is known to be high in certain key sectors e.g. family violence, Child Protection and homelessness services.
- Known expansion is also a factor in some sectors (e.g. Child Protection and homelessness services) and will have an impact on sector sizes and therefore coverage.

Furthermore, as a result of the training rollout as well as through other family violence reform initiatives, there was an increasing awareness and interest in the Framework in many mainstream service sectors. This contributed to the growing demand from those sectors already engaged in the rollout. It also contributed to expressions of interest from sectors not initially targeted or effectively reached during the major period of the rollout. The demand for training identified as a result of specific discussions and requests for

training was significant in relation to potential numbers of practitioners. These included, for example, Bushfire Case Managers, staff in Early Parenting Centres and in Corrections, counselling service providers, non-government disability services and refugee settlement workers.

Feedback from the Training Consortium and other stakeholders also noted how this training contributed towards networking, liaising and relationship building across services, as well as building individual understanding of family violence services as part of an integrated response. Participants discussed case studies, and shared their agency responses and responsibilities with each other. This was effective at drawing out differences, commonalities and specialist knowledge across different sector service providers.

Training Quality, Delivery and Materials

Questions relating to the training quality, material and content were asked as part of the participant pre and post training self-assessments. Participants were also given an opportunity to comment on the training as part of qualitative feedback given in the post training assessment, and this is included in the qualitative analysis. The TC used this information to modify and improve the training throughout the rollout and in reporting back to governing bodies.

Specific questions asked in the post assessment regarding training quality, delivery and materials are as follows:

- What is your overall evaluation of today's training?
- How would you rate the trainers in terms of knowledge and presentation style?
- How relevant was the training today to your role in the workplace [in relation to family violence]?
- How do you rate the quality of the training materials?
- How do you rate the quality of the venue and catering at the training today?

Training was very positively received on the whole by the majority of participants, with above 80% of Preliminary and Comprehensive participants rating the overall training 'highly' and 'very highly'. Over 75% of MCHN participants rated the training 'highly' and 'very highly'.

Table 6: "What is your overall evaluation of today's training?"

	Very High	High	Medium	Low	Very Low
MCHN	26%	50%	20%	4%	0%
Preliminary	32%	51%	15%	2%	0%
Comprehensive	27%	55%	16%	2%	0%

Training sessions were all jointly delivered by two qualified and experienced trainers with knowledge and experience in family violence, usually one from the Domestic Violence Resource Centre Victoria and one from Swinburne University of Technology. Feedback in the post-training evaluations with regard to the training team was extremely positive and consistent across all training groups, with approximately 90% of participants rating the trainers 'highly' and 'very highly'. Participant comments from qualitative data demonstrated they valued trainers using case studies, role-plays and the DVD as part of the learning tools, and appreciated the interactive methods used in the training.

Table 7: "How would you rate the trainers in terms of knowledge and presentation style?"

	Very High	High	Medium	Low	Very Low
MCHN	43%	45%	10%	2%	0%
Preliminary	51%	41%	7%	1%	0%
Comprehensive	46%	45%	9%	0%	0%
TTT	61%	31%	6%	0%	2%

The feedback from participants regarding the quality and depth of materials was very good with 90% MCHN, 94% Preliminary, and 93% Comprehensive participants rating them 'highly' and 'very highly'. It is particularly noticeable that the specialist family violence sector (with a high level of family violence expertise) rated the materials so highly. Training materials and content were seen to be most appropriate when participants matched the profile of the intended training. Stakeholder feedback, specifically from RICs, also indicated that all CRAF training materials were of extremely high quality and training delivery and rollout were thorough.

Table 8: "How do you rate the quality of the training materials?"

	Very High	High	Medium	Low	Very Low
MCHN	44%	46%	8%	2%	0%
Preliminary	54%	40%	6%	0%	0%
Comprehensive	47%	46%	3%	1%	0%
TTT	61%	34%	6%	2%	0%

Participants saw the relevance of training to their workplace roles positively with 89% MCHN, 76% Preliminary, and 79% Comprehensive participants rating training 'highly' and 'very highly' relevant. As MCHN nurses were the most homogenous cohort and indicated the training to be most relevant to their work, lower responses from the Preliminary and Comprehensive participants could in some part be attributed to the challenges outlined in the selection and attendance section, which resulted in very diverse groups of participants even for some Comprehensive sessions. This is important as high levels of perceived relevance of training are a necessary precursor to use of knowledge and understanding gained (or practice change). This also emphasizes the importance of effective targeting as a critical factor in future changes to practice.

Table 9: "How relevant was the training today to your role in the workplace in relation to family violence?"

	Very High	High	Medium	Low	Very Low
MCHN	53%	36%	10%	1%	0%
Preliminary	34%	42%	20%	4%	0%
Comprehensive	43%	36%	17%	3%	1%
TTT	0%	81%	16%	0%	3%

Figures in this table have been rounded up.

The homogeneity of the participant cohort varied greatly between training modules and sometimes individual training sessions. The MCHN and registrar's training was limited to very specific groups, although the range of experience in MCHN ranged from considerable work experience years in the role to tertiary and graduate students. The Preliminary sessions, on the other hand, were explicitly targeted for a very wide range of potential participants, and intended to utilise the spread of knowledge and experience available in the session. Variation in participants' knowledge and experience in some training sessions – most commonly the Comprehensive and Comprehensive/Train the Trainer sessions - was reported as an issue by the trainers, due to these modules having been developed for a high level of knowledge and experience. At times the training components or timing had to be altered to accommodate numbers of participants who had significantly less or more knowledge than the targeted cohort. In some Comprehensive sessions the coverage of participants was far broader than intended, with the targeted audience being in a minority. This was reflected in the feedback from evaluations of some of these training sessions.

There were a variety of reasons why this occurred. The TC reported that the terms "Preliminary" and "Comprehensive" were sometimes misinterpreted by participants, leading to some attending training levels that were inappropriate for their role. There was an expectation that Comprehensive training would be more thorough than Preliminary training, rather than a different type of training intended for those in service provider roles and specialist family violence professionals. Additionally the TC reported that sometimes participants also selected training sessions based on convenient times rather than session type, or chose a full day's Comprehensive training to justify a long commute to the training.

5. Impact Evaluation

Training Reactions and Learning (Pre and Post Self-Assessments)

All participants completed a self-assessment prior to and following the training. These assessments not only recorded perceptions of training quality, delivery and materials (highlighted above), but also evaluated participants' reactions to the training and learning of materials. The questions were both in qualitative and quantitative form. Quantitative self-assessment questions immediately prior to and following training were compiled and analysed by the TC. The full assessments are available as *Appendix C: Pre and post assessment results for court registrar and pilot training in 2008*. Qualitative information was recorded by the TC and sent to OWP to establish a coding framework to categorise and analyse the comments, see *Appendix I: Coding for Qualitative Self-Assessment Data*. Common themes emerging from pre and post assessment follow.

Participant self-assessment

Qualitative self-assessment data was presented by the TC to reflect the number of participants who ranked themselves 'very low', 'low', 'medium', 'high' and 'very high', in the following areas:

- Knowledge in risk indicators
- Skill and confidence in conducting risk assessment (or identifying family violence for MCHN)
- Skill and confidence in conducting safety planning (or risk management for Comprehensive)
- Knowledge of diversity as a factor in family violence
- Knowledge of referral pathways in family violence responses

Evaluation of the Train the Trainer component of the training showed dramatic improvement in the pre and post self-assessments in skills and confidence in finding resources, planning, conducting, evaluating, and including diversity in Identifying Family Violence (IFV) training.

As shown in the following graphs depicting pre and post training question results, self-assessments showed strong and consistent improvement in participant skills and knowledge in the Framework around risk indicators, identifying family violence, risk assessment, safety planning, and risk management. The most dramatic improvement was amongst the MCHN training cohort. This is likely due to MCHNs having the lowest initial level of knowledge and experience in family violence specialised skills. Likewise, the Preliminary training participants showed dramatic improvement in skills and knowledge, while the Comprehensive participants reported improvement but not to the same extent as the other cohorts. The latter was predictable given the high level of specialist knowledge and experiences already possessed by this cohort.

The most dramatic increase in skills and knowledge pre and post training across all training levels related to the diversity of victims' of family violence issues and needs, and the increases in vulnerability this can bring. For example participants reported much better understanding of how disability, drug and alcohol use or language needs may impact and the range of additional resources or actions which may be needed. An increase in knowledge of referral pathways for women and children was also evident, and, in the case of Comprehensive training, there was increased knowledge of referral pathways for men.

Table 10: Pre and Post Training Self-Assessment Question Results

*Responses in blue indicate pre training responses; responses in red indicate post training responses

	MCHN Training	Preliminary Training	Comprehensive Training																																																						
Rate your current knowledge of risk indicators to women and children experiencing family violence	<table border="1"> <tr><th>Level</th><th>Pre</th><th>Post</th></tr> <tr><td>Very Low</td><td>0</td><td>0</td></tr> <tr><td>Low</td><td>112</td><td>7</td></tr> <tr><td>Medium</td><td>302</td><td>108</td></tr> <tr><td>High</td><td>178</td><td>432</td></tr> <tr><td>Very High</td><td>0</td><td>82</td></tr> </table>	Level	Pre	Post	Very Low	0	0	Low	112	7	Medium	302	108	High	178	432	Very High	0	82	<table border="1"> <tr><th>Level</th><th>Pre</th><th>Post</th></tr> <tr><td>Very Low</td><td>18</td><td>0</td></tr> <tr><td>Low</td><td>117</td><td>0</td></tr> <tr><td>Medium</td><td>292</td><td>71</td></tr> <tr><td>High</td><td>140</td><td>379</td></tr> <tr><td>Very High</td><td>32</td><td>116</td></tr> </table>	Level	Pre	Post	Very Low	18	0	Low	117	0	Medium	292	71	High	140	379	Very High	32	116	<table border="1"> <tr><th>Level</th><th>Pre</th><th>Post</th></tr> <tr><td>Very Low</td><td>0</td><td>0</td></tr> <tr><td>Low</td><td>33</td><td>2</td></tr> <tr><td>Medium</td><td>138</td><td>35</td></tr> <tr><td>High</td><td>190</td><td>255</td></tr> <tr><td>Very High</td><td>39</td><td>124</td></tr> </table>	Level	Pre	Post	Very Low	0	0	Low	33	2	Medium	138	35	High	190	255	Very High	39	124
Level	Pre	Post																																																							
Very Low	0	0																																																							
Low	112	7																																																							
Medium	302	108																																																							
High	178	432																																																							
Very High	0	82																																																							
Level	Pre	Post																																																							
Very Low	18	0																																																							
Low	117	0																																																							
Medium	292	71																																																							
High	140	379																																																							
Very High	32	116																																																							
Level	Pre	Post																																																							
Very Low	0	0																																																							
Low	33	2																																																							
Medium	138	35																																																							
High	190	255																																																							
Very High	39	124																																																							
Rate your skill and confidence in conducting a family violence risk assessment	<table border="1"> <tr><th>Level</th><th>Pre</th><th>Post</th></tr> <tr><td>Very Low</td><td>0</td><td>0</td></tr> <tr><td>Low</td><td>138</td><td>15</td></tr> <tr><td>Medium</td><td>330</td><td>198</td></tr> <tr><td>High</td><td>123</td><td>377</td></tr> <tr><td>Very High</td><td>0</td><td>37</td></tr> </table>	Level	Pre	Post	Very Low	0	0	Low	138	15	Medium	330	198	High	123	377	Very High	0	37	<table border="1"> <tr><th>Level</th><th>Pre</th><th>Post</th></tr> <tr><td>Very Low</td><td>52</td><td>15</td></tr> <tr><td>Low</td><td>191</td><td>0</td></tr> <tr><td>Medium</td><td>226</td><td>177</td></tr> <tr><td>High</td><td>92</td><td>316</td></tr> <tr><td>Very High</td><td>0</td><td>64</td></tr> </table>	Level	Pre	Post	Very Low	52	15	Low	191	0	Medium	226	177	High	92	316	Very High	0	64	<table border="1"> <tr><th>Level</th><th>Pre</th><th>Post</th></tr> <tr><td>Very Low</td><td>16</td><td>7</td></tr> <tr><td>Low</td><td>74</td><td>0</td></tr> <tr><td>Medium</td><td>135</td><td>76</td></tr> <tr><td>High</td><td>135</td><td>213</td></tr> <tr><td>Very High</td><td>38</td><td>100</td></tr> </table>	Level	Pre	Post	Very Low	16	7	Low	74	0	Medium	135	76	High	135	213	Very High	38	100
Level	Pre	Post																																																							
Very Low	0	0																																																							
Low	138	15																																																							
Medium	330	198																																																							
High	123	377																																																							
Very High	0	37																																																							
Level	Pre	Post																																																							
Very Low	52	15																																																							
Low	191	0																																																							
Medium	226	177																																																							
High	92	316																																																							
Very High	0	64																																																							
Level	Pre	Post																																																							
Very Low	16	7																																																							
Low	74	0																																																							
Medium	135	76																																																							
High	135	213																																																							
Very High	38	100																																																							
Rate your level of skill and knowledge in developing a basic family violence safety plan	<table border="1"> <tr><th>Level</th><th>Pre</th><th>Post</th></tr> <tr><td>Very Low</td><td>39</td><td>0</td></tr> <tr><td>Low</td><td>236</td><td>19</td></tr> <tr><td>Medium</td><td>236</td><td>178</td></tr> <tr><td>High</td><td>92</td><td>352</td></tr> <tr><td>Very High</td><td>0</td><td>76</td></tr> </table>	Level	Pre	Post	Very Low	39	0	Low	236	19	Medium	236	178	High	92	352	Very High	0	76	<table border="1"> <tr><th>Level</th><th>Pre</th><th>Post</th></tr> <tr><td>Very Low</td><td>64</td><td>0</td></tr> <tr><td>Low</td><td>170</td><td>17</td></tr> <tr><td>Medium</td><td>239</td><td>148</td></tr> <tr><td>High</td><td>87</td><td>317</td></tr> <tr><td>Very High</td><td>16</td><td>63</td></tr> </table>	Level	Pre	Post	Very Low	64	0	Low	170	17	Medium	239	148	High	87	317	Very High	16	63	<table border="1"> <tr><th>Level</th><th>Pre</th><th>Post</th></tr> <tr><td>Very Low</td><td>22</td><td>0</td></tr> <tr><td>Low</td><td>84</td><td>6</td></tr> <tr><td>Medium</td><td>153</td><td>93</td></tr> <tr><td>High</td><td>110</td><td>208</td></tr> <tr><td>Very High</td><td>24</td><td>66</td></tr> </table>	Level	Pre	Post	Very Low	22	0	Low	84	6	Medium	153	93	High	110	208	Very High	24	66
Level	Pre	Post																																																							
Very Low	39	0																																																							
Low	236	19																																																							
Medium	236	178																																																							
High	92	352																																																							
Very High	0	76																																																							
Level	Pre	Post																																																							
Very Low	64	0																																																							
Low	170	17																																																							
Medium	239	148																																																							
High	87	317																																																							
Very High	16	63																																																							
Level	Pre	Post																																																							
Very Low	22	0																																																							
Low	84	6																																																							
Medium	153	93																																																							
High	110	208																																																							
Very High	24	66																																																							
Rate your level of knowledge of the integrated family violence referral pathways for women and children	<table border="1"> <tr><th>Level</th><th>Pre</th><th>Post</th></tr> <tr><td>Very Low</td><td>39</td><td>0</td></tr> <tr><td>Low</td><td>211</td><td>28</td></tr> <tr><td>Medium</td><td>258</td><td>211</td></tr> <tr><td>High</td><td>90</td><td>325</td></tr> <tr><td>Very High</td><td>10</td><td>57</td></tr> </table>	Level	Pre	Post	Very Low	39	0	Low	211	28	Medium	258	211	High	90	325	Very High	10	57	<table border="1"> <tr><th>Level</th><th>Pre</th><th>Post</th></tr> <tr><td>Very Low</td><td>69</td><td>0</td></tr> <tr><td>Low</td><td>181</td><td>35</td></tr> <tr><td>Medium</td><td>222</td><td>178</td></tr> <tr><td>High</td><td>82</td><td>286</td></tr> <tr><td>Very High</td><td>13</td><td>70</td></tr> </table>	Level	Pre	Post	Very Low	69	0	Low	181	35	Medium	222	178	High	82	286	Very High	13	70	<table border="1"> <tr><th>Level</th><th>Pre</th><th>Post</th></tr> <tr><td>Very Low</td><td>24</td><td>0</td></tr> <tr><td>Low</td><td>15</td><td>15</td></tr> <tr><td>Medium</td><td>153</td><td>74</td></tr> <tr><td>High</td><td>153</td><td>212</td></tr> <tr><td>Very High</td><td>38</td><td>92</td></tr> </table>	Level	Pre	Post	Very Low	24	0	Low	15	15	Medium	153	74	High	153	212	Very High	38	92
Level	Pre	Post																																																							
Very Low	39	0																																																							
Low	211	28																																																							
Medium	258	211																																																							
High	90	325																																																							
Very High	10	57																																																							
Level	Pre	Post																																																							
Very Low	69	0																																																							
Low	181	35																																																							
Medium	222	178																																																							
High	82	286																																																							
Very High	13	70																																																							
Level	Pre	Post																																																							
Very Low	24	0																																																							
Low	15	15																																																							
Medium	153	74																																																							
High	153	212																																																							
Very High	38	92																																																							
Rate your knowledge of diversity as a factor when assessing and managing risk to women and children experiencing family violence	<table border="1"> <tr><th>Level</th><th>Pre</th><th>Post</th></tr> <tr><td>Very Low</td><td>32</td><td>0</td></tr> <tr><td>Low</td><td>234</td><td>20</td></tr> <tr><td>Medium</td><td>250</td><td>174</td></tr> <tr><td>High</td><td>73</td><td>357</td></tr> <tr><td>Very High</td><td>13</td><td>66</td></tr> </table>	Level	Pre	Post	Very Low	32	0	Low	234	20	Medium	250	174	High	73	357	Very High	13	66	<table border="1"> <tr><th>Level</th><th>Pre</th><th>Post</th></tr> <tr><td>Very Low</td><td>59</td><td>0</td></tr> <tr><td>Low</td><td>202</td><td>25</td></tr> <tr><td>Medium</td><td>217</td><td>177</td></tr> <tr><td>High</td><td>82</td><td>296</td></tr> <tr><td>Very High</td><td>13</td><td>62</td></tr> </table>	Level	Pre	Post	Very Low	59	0	Low	202	25	Medium	217	177	High	82	296	Very High	13	62	<table border="1"> <tr><th>Level</th><th>Pre</th><th>Post</th></tr> <tr><td>Very Low</td><td>24</td><td>0</td></tr> <tr><td>Low</td><td>78</td><td>9</td></tr> <tr><td>Medium</td><td>176</td><td>83</td></tr> <tr><td>High</td><td>104</td><td>234</td></tr> <tr><td>Very High</td><td>14</td><td>66</td></tr> </table>	Level	Pre	Post	Very Low	24	0	Low	78	9	Medium	176	83	High	104	234	Very High	14	66
Level	Pre	Post																																																							
Very Low	32	0																																																							
Low	234	20																																																							
Medium	250	174																																																							
High	73	357																																																							
Very High	13	66																																																							
Level	Pre	Post																																																							
Very Low	59	0																																																							
Low	202	25																																																							
Medium	217	177																																																							
High	82	296																																																							
Very High	13	62																																																							
Level	Pre	Post																																																							
Very Low	24	0																																																							
Low	78	9																																																							
Medium	176	83																																																							
High	104	234																																																							
Very High	14	66																																																							

Qualitative self-assessment

A number of open-ended questions were used to obtain qualitative information about participants' experiences of the training. Responses were recorded by the TC and sent to DPCD to establish a code to categorise and analyse. The questions asked of participants were:

- Please give two examples of how you might change your practice as a result of this training
- Please indicate further information or training that would enhance your current practice and skill in responding to family violence / conducting risk assessments

Participants were able to give more than one response or none at all, and an individual response may have fit into more than one coding. A total of 227 out of 1,764 responses to the question of 'changes to practice resulting from training' were coded more than once. A total of 61 out of 891 responses to the question of 'further training or information needed' were coded more than once.

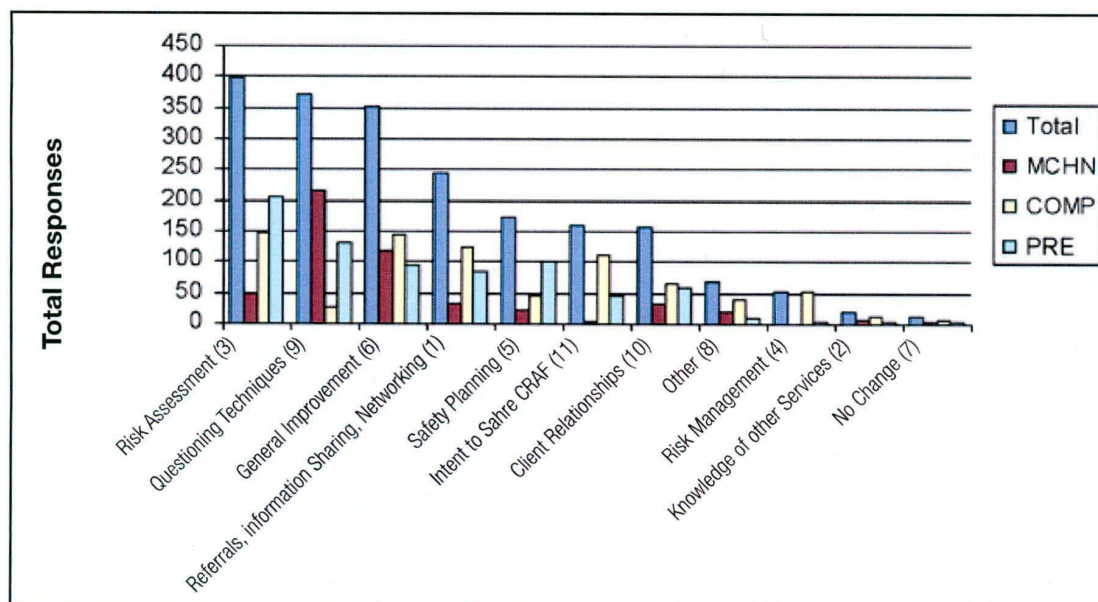
The coding for the first question, on 'changes to practice', is outlined in the table below, along with percentages of responses for each code. When these numbers are looked at as a percentage of total responses, 99% of respondents reported an expected change to practice as a result of the training. Only 14 respondents did not expect to make any changes to practice. Of those participants reporting expected changes to practice, 20% of all participants reported it would occur around risk assessment, 18% around questioning techniques, 17.5% an overall general improvement and 12% around improved referral, information sharing and networking.

Table 11: Question 1 codes and percentage of responses by training type

	Total #	MCHN%	Preliminary%	Comprehensive%	Total%
1. Improvements in referrals, information sharing and networking	243	6.57	11.50	16.19	12.00
2. Increased knowledge of other services	21	1.00	0.41	1.68	1.00
3. Increased ability and/or improvements in practice for undertaking Risk Assessment	399	9.76	27.60	18.91	20.00
4. Increased ability and/or improvements in practice for undertaking Risk Management	53	0.00	0.27	6.61	2.60
5. Increased ability and/or improvements in practice for undertaking Safety Planning	173	4.78	13.80	6.09	8.60
6. General improvement	352	23.31	12.58	18.39	17.50
7. No change	14	0.80	0.41	0.91	0.70
8. Other	69	4.18	1.35	4.92	3.40
9. Increased confidence asking family violence related questions	373	42.63	17.86	3.50	18.50
10. Better understanding of clients/better client relationship skills/increased ability to relate to clients	157	6.37	8.12	8.42	7.80
11. Intent to share resources/ knowledge / provide training with colleagues, intent to modify service/ original practice	159	0.60	6.09	14.38	7.90
Total	2,013	100	100	100	100

The table below shows the coded responses both as a total and across training type. Responses to question one are included to illustrate participant feedback and reaction to training.

Table 12: Question 1 Changes to Practice number of responses per code by training type



When looking at response figures in conjunction with comments, there is a correlation between the training cohorts targeted by the three different training levels and the nature of their work and their roles in an integrated family violence service system.

Both the MCHN participant self-assessment results and the nature of the comments indicated this cohort had an increase in awareness that they would be a first point of contact for women potentially experiencing family violence and needed to be diligent in questioning clients, especially in regard to risk indicators. Significant improvement in conducting questioning (43%) seem to be linked to general improvement in knowledge of what to do if a woman reports family violence (34%). It may be relevant to note that some comments implied a potential reluctance to address family violence prior to training because of a lack of knowledge of options.

Quotes:

- “Ask about domestic violence at four week visit. Be direct with questions; be open to the possibility that it is in my community”
- “More aware of incidence and risk factors; more aware of importance of MCHN as a positive/strength source to women”
- “Be more observant of family behaviours in relation to DV”
- “Know what to look for, be able to ask the correct questions and know what to do if client requires services”

The Preliminary training participants, who were the least homogeneous training group, expressed greater confidence in knowing what they need to do if they identify family violence specifically in conducting risk assessment (28%), in using specific questioning techniques to collect the necessary information (18%) and in putting safety plans in place (14%). Comments reported a previous discomfort in addressing family violence which has been largely addressed through having greater confidence in their ability to appropriately respond to family violence upon identification. Participant comments also reflected an appreciation for the common language and standards explicit in the Framework and intention to use and share the Framework in their own organisations as well as a desire to build relationships with colleagues in the family violence sector.

Quotes:

- *“Have resource tools and info to use and support staff in their roles (e.g. MCH nurses); Assessment tools (Aide Memoire); Safety plan etc”*
- *“Integrate this assessment tool into our current intake process and continue to reassess as we continue our involvement which can sometimes be over 12 months.”*
- *“I have a greater knowledge of referral options which is valuable as part of my role as an intake worker”*
- *“I feel more confident to conduct a risk assessment and respond in an appropriate manner”*
- *“Be prepared to act on info from client”*
- *“Using common language, other services. Police, Court, FV Services”*

The Comprehensive training participant comments were marked by an increased confidence in and ability in undertaking risk assessment (19%) and perceived overall improvement to their practice (18%), improved referral, information sharing and networking (16%) and intent to share the Framework (14%). Comments reflected an increased awareness of how the different components of the Framework relate to each other, and an appreciation for a common language and sector standard. As would be expected, specialist family violence professionals reported little perceived improvement to questioning. Comprehensive training participants were the group who had the highest percentage of reporting that they would share the Framework, but as this group included the TTT participants who had agreed to train others through delivering the IFV training, this increased the numbers.

Quotes:

- *“I am more able to place myself in the shoes of a woman experiencing DV to assist me to identify hidden factors and to consider the complexity of a woman’s situation”*
- *“Greater consideration given to assessing issues for women with disabilities”*
- *“Risk management vs. safety plan on CRAF tool, clearer of the difference”*
- *“Expand my scope when developing risk management plan to include more than just primary victim”*
- *“Work more towards collaboration with other agencies, for more consistency in providing advocacy, of getting the woman’s consent to talk with other workers”*

- *“Consider the state risk assessment and risk management framework in conjunction with our organisation’s risk assessment screening and management”*
- *“A review of how CRAF fits within our men’s programme.”*
- *“Use of not needing consent if risk is imminent and did not know this was a possibility or duty of care under CRAF”*

When participants were asked what further information or training they required in Question 2 of the post-training self-assessment, the two main issues were a need for further training and a desire for opportunities for networking, information sharing and support. The codes and percentage responses by training type for Question 2 are in the table below.

Table 13: Question 2 codes and percentage of responses by training type

	Total #	MCHN%	Preliminary%	Comprehensive%	Total%
1. Updates: Updated information/ resources, additional resources such as fliers/ leaflets/ posters	66	8.29	4.41	8.57	7.14
2.. Training: Need for more training/ regular training/ refresher course/ further training in FV or CRAF	383	37.14	53.22	34.29	41.41
3. Legal: Legal information and/or specific training in the legal area/ FV law/ FV Act	48	2.00	6.44	7.86	5.19
4. Resources: Need for more organizational resources or systematic change	27	6.57	0.34	1.07	2.92
5. Sector specific: Need for more information within a specific sector that excludes law and FV related topics, includes men’s and children’s services	112	8.57	14.92	13.57	12.11
6. Networking: Increase networking or information support, including referrals	134	18.86	9.49	14.29	14.49
7. No further training required	10	0.29	0.68	2.50	1.08
8. Other	62	6.00	4.07	10.36	6.70
9. Comment on attended training: Comments or suggestions on training/ training tools	83	12.29	6.44	7.50	8.97
Total	925	100	100	100	100

The total of 40% of participants requested further training of some kind. Twelve per cent of participants requested training in working with the CALD and Indigenous communities, and children experiencing family violence. This is further supported by trainers' feedback that participants across all training levels requested more time to "unpack" factors such as disability, Indigenous and CALD issues. Another 5% requested further training on legal information specific to family violence. Comments and feedback to the TC indicated that MCHN participants wanted longer training as many considered the front line nature of their work required more extensive coverage of the Framework. The more experienced professionals in the Preliminary training as well as Comprehensive training expressed an interest in more information on common approaches and information sharing strategies in risk assessment, as well as the importance of developing a thorough shared risk management model.

The next largest response, 15% of participants reflected a need for increased networking opportunities, information and support (including referrals). This suggests that the training effectively demonstrated the importance of integration both across different services, as well as within the family violence sector.

Online Participant Survey

Training participants were emailed an electronic survey in order to assess their knowledge, skills and changes to practice at least three months following Framework training. The survey was open from 12 August to 2 September 2009 and sought both qualitative and quantitative data. Qualitative questions were used to elaborate upon specific responses (and therefore had lower response rates than the independent quantitative questions). Similar to the pre and post training self-assessments, survey questions related to use of the CRAF material, questioning techniques to use with clients, evidence-based risk indicators, risk assessment, safety planning, referral,

information sharing and changes to practice as listed below.

Based on the survey being sent to all those who had participated in training at least three months prior, the total number of potential participants who could receive the survey was 1,832. This included MCHNs, 12 participants from men's services and a small number of participants who from pilot training sessions (1% of respondents, 8 participants in total). However, valid email addresses were only available for 1,242 participants as many, especially those in the MCHN cohort did not have individual email addresses, and 84 emails addresses were invalid. There were 490 responses to the survey; that is 40% of those who had a valid email address. Responses by training type are outlined in the table below.

Table 14: Online survey respondents by training type

	MCHN	COMP	PRE	Total
Total responders	155	166	156	490
Total trainees	758	530	544	1832

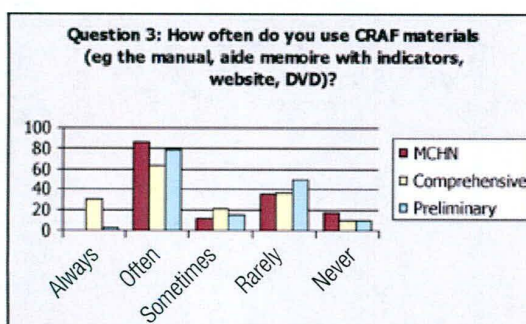
Twenty per cent of the MCHN training participants, 29% of the Preliminary training participants, and 31% of the Comprehensive training participants responded to the survey. The response rates were lower amongst MCHN participants and likely to reflect the lower number of individual email addresses for this group. The responses to the online participant survey show some distinct differences between the different training cohorts.

The table below shows the survey questions and the number of responses given for each answer both by number and percentage. Response rates decrease towards the end of the survey. Please note that the following graphs show real numbers and not percentages.

Table 15: Online Participant Survey Questions

	# responded	% response
1. What kind of training session did you attend?	477	97
2. What month did you attend?	420	86
3. How often do you use CRAF materials?	469	96
4. Are you confident about asking questions about FV with clients?	456	93
5. Are you incorporating questions about FV into your practice?	466	95
6. If not why?	85	17
7. Are you confident using evidence-based risk indicators in your work with clients to assess risk?	450	92
8. Are you incorporating evidence-based risk indicators in your work with clients to assess risk?	448	91
9. If not why?	75	15
10. Are you confident using the three elements of risk assessment with your clients?	441	90
11. When you identify FV with a client, how often do you try to do a safety plan?	416	85
12. When you identify FV with a client, how often do you refer on to another service?	410	84
13. When you refer on, which services have you referred to since attending training?	363	74
14. When you identify FV with clients, how often do you share risk assessment information with any other services?	402	82
15. If you share information, with which services have you shared information with since attending the training?	315	64
16. What changes practices or systems have occurred at a service or organizational level as a result of family violence reforms and CRAF training?	390	80
17. Are there any changes to your practices that have occurred as a result of the CRAF training which have not already been included in the responses above?	117	24

Survey results broken down by training type are available in *Appendix J: Online Participant Survey Results Cross-Tabulated by Training Type* and *Appendix K: Online Participant Survey Results from Men's Services*.

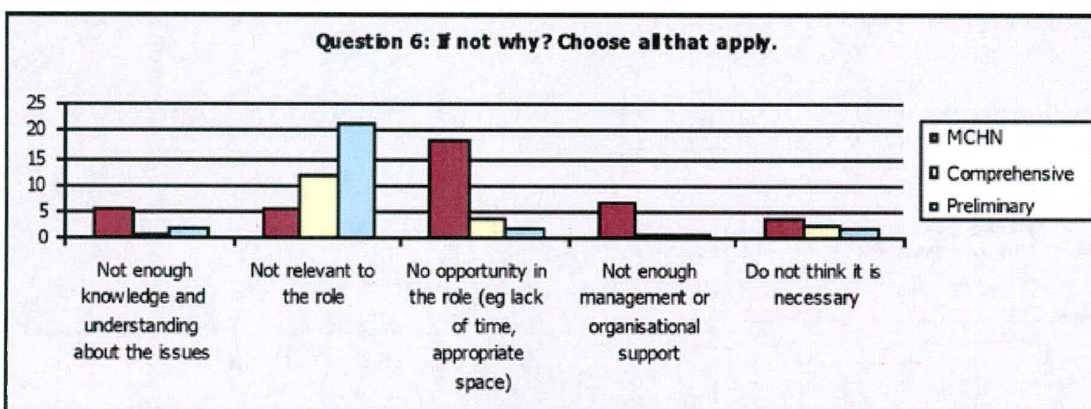
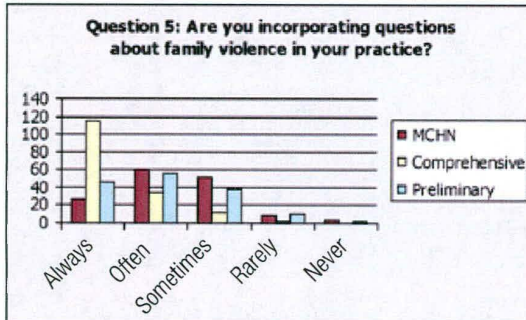
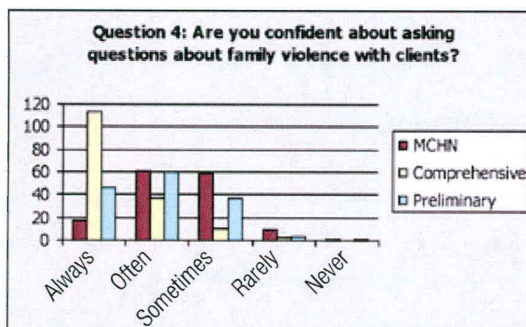


Numbers are real numbers and not percentages

Use of the CRAF materials was reported commonly across training levels, with Comprehensive training participants most likely to answer 'always'. This is likely to reflect the specialist role of this training cohort.

Questioning Techniques

Overall, more than 70% of respondents answered 'always' and 'often' to questions relating to their confidence and use of family violence related questions in practice (questions 4 and 5 below). This was much higher for Comprehensive respondents where 91% answered 'always' and 'often', compared to 66% for Preliminary and 53% for MCHN respondents.



Numbers are real numbers and not percentages in above graphs

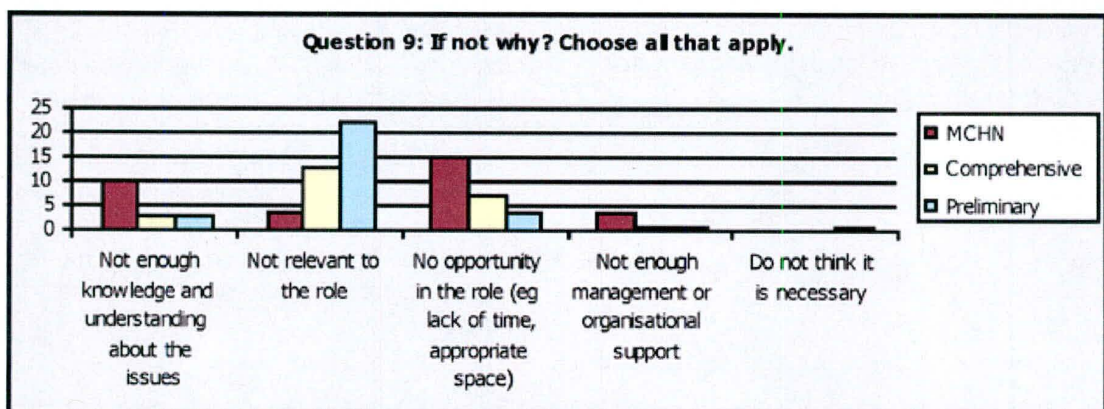
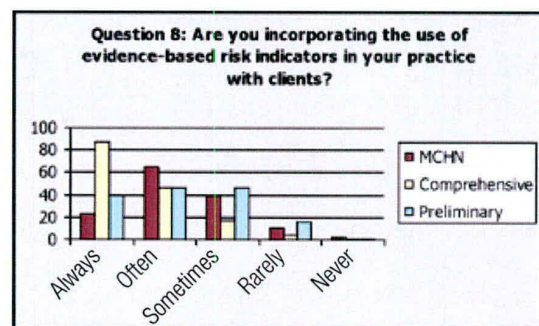
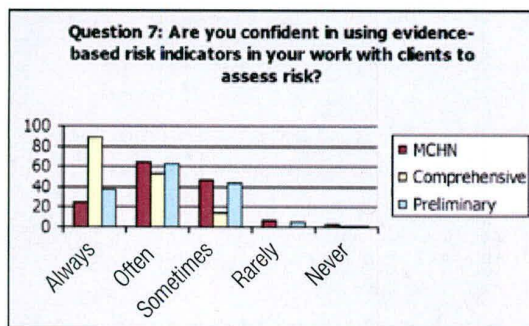
In response to Question 6, 85 participants elaborated upon why they did not incorporate questions about family violence into their practice. Forty responded that asking questions about family violence was not relevant to their role (mostly Preliminary respondents); 25 said that they had no opportunity to ask questions in their role (mostly MCHN respondents); 9 respondents indicated they did not have enough organisational support, did not think it necessary or did not feel they had enough knowledge. Sixty-four respondents answered 'other' to this question, and 45 of these explained with a comment. Of 'other' comments that were not reiterations of answer options provided, 34 were from the MCHN training cohort, 5 Preliminary and 7 Comprehensive. The leading reason in MCHN cohort for not asking questions was that 11 respondents were waiting for internal processes to roll out; 8 respondents expressed poor confidence, not feeling they had a good enough rapport with the client, or a reluctance to address the topic; 5 reported they could not ask because a partner was present at the consultation.

Risk Assessment

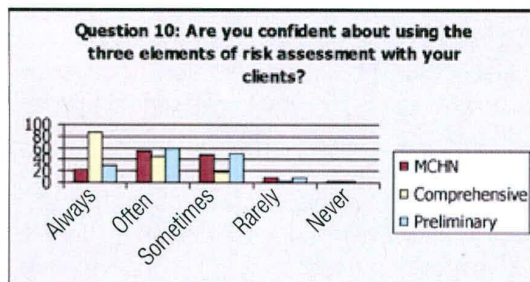
Seventy-four per cent of respondents answered they were 'always' and 'often' confident in the use of evidence-based risk indicators, and 68% of respondents

answered they were 'always' and 'often' incorporating the indicators into their practice (Questions 7 and 8 below). Ninety per cent of Comprehensive training respondents answered they were 'always' and 'often' confident in risk indicator use, and 85% answered they were 'always' and 'often' using risk indicators. Sixty-seven per cent of Preliminary training respondents answered they were 'always' and 'often' confident in risk indicator use, and 57% answered they were 'always' and 'often' using risk indicators. This appears to link with a higher proportion of Preliminary training respondents not seeing the use of risk indicators as relevant to their role as reported Question 9 below. Sixty-two per cent of MCHN respondents answered that they 'always' and 'often' felt confident in using risk indicators.

Seventy-five participants responded to Question 9 where they were able to choose all explanations for why they did not include the use of evidence-based risk indicators into their practice. Thirty-nine responded that it was not relevant to the respondents' role (mostly Preliminary respondents), and 35 responded that they had no opportunity to use evidence-based risk indicators in their role (mostly MCHN respondents), and 21 respondents answered they did not have enough knowledge or understanding of the issues (mostly MCHN). Thirty-seven respondents answered 'other' to this question, and 28 of these explained with a comment – 18 were from the MCHN training cohort, 5 Preliminary and 5 Comprehensive. The main reasons reported were roughly equal across 'poor confidence', the 'context', 'waiting for systems to rollout' and perceived 'appropriateness'.

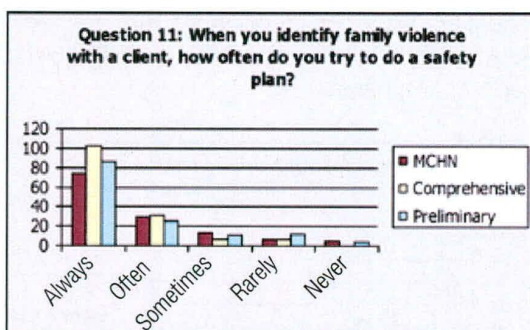


Numbers are real numbers and not percentages in above graphs



Numbers are real numbers and not percentages

Sixty-seven per cent of all respondents were 'always' and 'often' confident in the three elements of risk assessment; 55% MCHN, 60% Preliminary, and 91% Comprehensive. Results to this question are very similar to those of the risk indicator related questions.

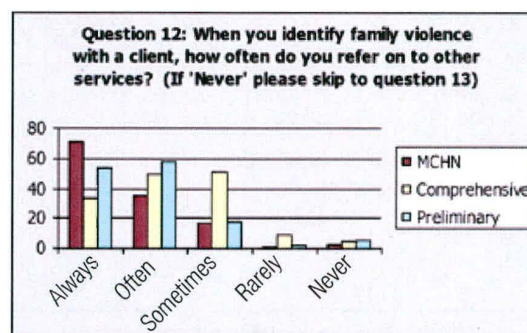


Numbers are real numbers and not percentages

Eighty-four per cent of all respondents followed identification of family violence with safety planning; that is 80% of MCHN, 80% Preliminary, and 90% Comprehensive training respondents. Again, results to this question are very similar to those of the risk indicator related questions.

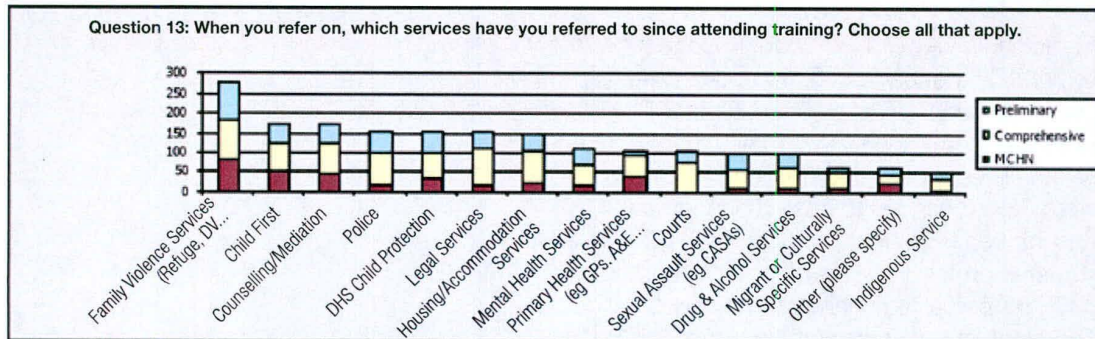
Referrals and Information Sharing

Seventy-four per cent of all respondents referred clients to other services when they had identified family violence; 85% of MCHN, 82% of Preliminary, and 49% of Comprehensive training respondents. The much lower responses from the Comprehensive training respondents is most likely because they would be working with clients who have been referred from other relevant agencies. This is supported by the results of the following question.

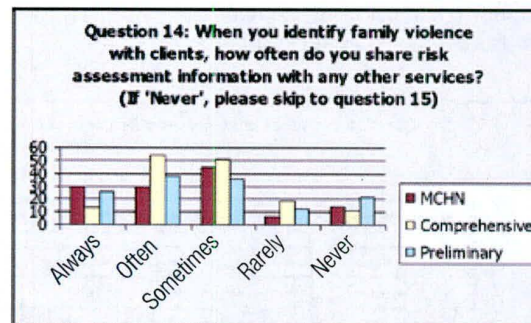


Numbers are real numbers and not percentages

Three hundred and sixty-three respondents referred their clients to services as outlined below. Seventy-seven per cent referred to the family violence services, 48% to Child FIRST and 43% to Child Protection, 43% to police, 47% to counselling and mediation, 43% to legal services and 41% to housing or accommodation services. The only noticeable trend according to training type is that MCHN respondents were less likely to refer to police and courts. Of the 54 respondents who noted they referred to 'other' services that were not repetitive of answer options, 31 (20 MCHN) indicated they had not had need to refer, 12 were explanations of referrals already outlined, and others mentioned specialised services such as food banks, child counselling, men's or women's services, and victims of crime support.

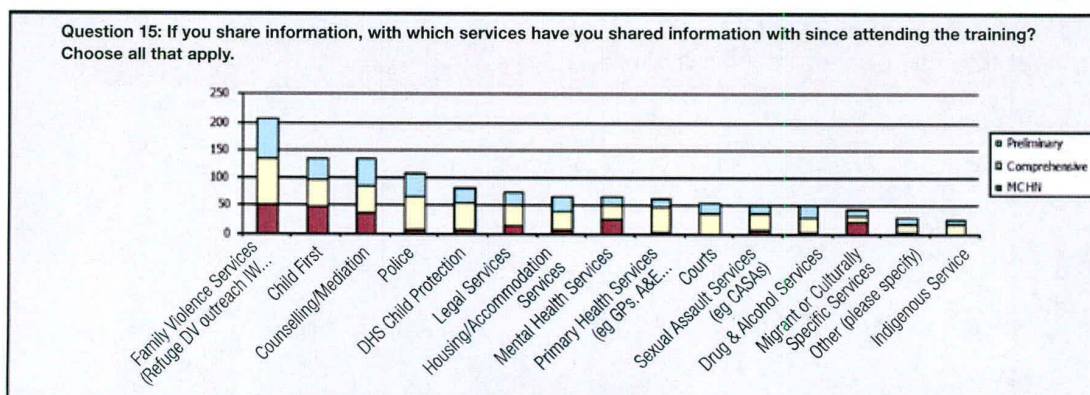


Forty-seven per cent of all respondents (approximately the same across training type) reported sharing risk assessment information with other services 'always' and 'often'. This is a total of three hundred and fifteen respondents reporting that they shared risk assessment information.



Sixty-six per cent reported sharing information with family violence services, 43% with Child FIRST, 43% with Child Protection, 35% with police, 24% with counselling and mediation, 21% with legal services, 26% with housing or accommodation services, and 22% each with primary and mental health services. Of

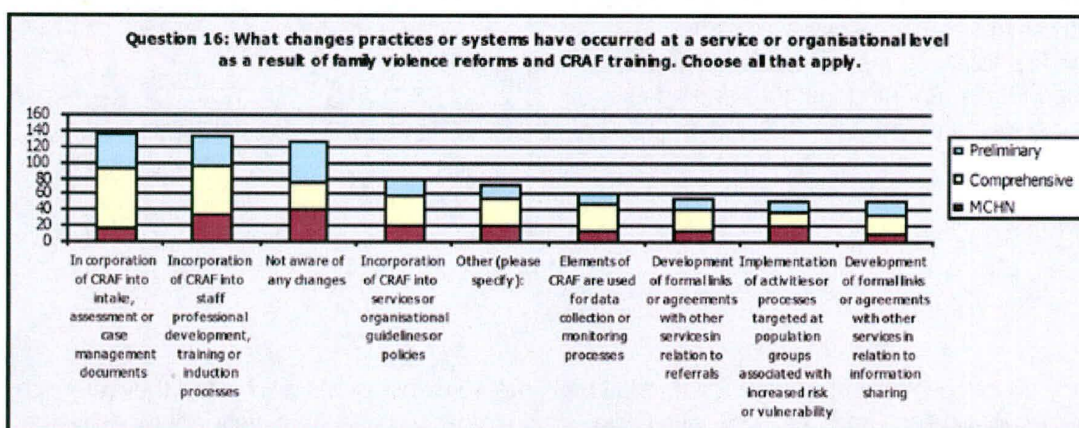
the 40 respondents who noted they referred to 'other' services that were not repetitive of answer options, 18 (11 MCHN) had not had a need, 13 answers were not clear, five said it was up to the client's discretion, and two responded they had shared with a colleague or a community health service respectively.



Numbers are real numbers and not percentages in above graphs

Changes to Practice

Participants were asked about changes to practice that had occurred at a service or organisational level as a result of family violence reform and CRAF training, and could select all responses that applied. Responses were 33% 'changes to case management and intake', 33% 'incorporation of the CRAF into staff professional development', and 33% 'no perceived change to practice'. The greatest changes were amongst Comprehensive training respondents, whilst Preliminary respondents made up the majority with no perceived changes to practice. MCHN respondents answered slightly higher in targeting specific population groups.



The answers of the 53 respondents who commented 'other' were coded as follows; 28 expressed a general improvement, 15 improvements to their questioning, eight referred to risk assessment, client relations and safety planning, and four to specific changes they had planned as a result.

6. Recommendations

There were a number of recommendations arising from the training evaluation:

1. Key sectors involved in the integrated family violence reforms require further workforce development

There is ongoing demand for CRAF training. Analysis has also identified that in a number of key sectors only a small proportion of the workforce in existing priority sectors have been able to access training. Ongoing work to maintain the momentum and further embed the CRAF through training beyond the key partners (Police, Family Violence Services and Courts) is central to the reform implementation. The existing priority areas of Housing and Homelessness, Disability, CALD, Indigenous, CHILD First/Family Services and DHS Child Protection also display a range of characteristics such as high workforce turnover and significant planned expansion of services and roles which will require access to further training both to maintain and develop staff capability and support the integrated family violence reforms.

2. Extend workforce development to specialist and mainstream sectors newly identified as priority

The evaluation, informed by additional consultation has resulted in broad agreement that there are other key high priority areas that require focussed attention. These are: primary health services; mental health; drug and alcohol, education, and counselling and mediation. A number of other developments and current research have highlighted the importance of ensuring that service providers, specifically those in the mental health, alcohol and drug and primary health sectors (e.g. GPs and staff in accident and emergency departments) are able to identify and respond effectively to victims of family violence. It is also

recognised that engagement of these sectors will require specific strategies.

New policy developments in the primary prevention of violence against women mean that new areas and sectors not currently engaged in responding to family violence and sexual assault (such as sporting organisations, workplaces and schools) may be faced with increasing disclosures of such violence and must be equipped to respond appropriately. The expansion of CRAF training into these new sectors is envisaged as a key component of the implementation of *A Right to Respect: Victoria's Plan to Prevent Violence against Women 2010–2020*.

3. Review and refine the Framework and workforce training package to more effectively target and respond to diverse communities

Additional time was reported as necessary from both participants and trainers to provide appropriate information and analysis of practice implications working with diverse communities, including where disability was a factor in the family violence situation, in Indigenous communities, and for CALD communities. Responses to the delivery from specific sector workers also indicated a need to further tailor and contextualise the CRAF to ensure accessibility and clear relevance to women with additional and complex needs⁶. This refinement must apply to both the training materials and delivery, and as already mentioned, the engagement strategy.

4. Ensure sustainability of CRAF knowledge and skills and ensure alignment with other sectors assessments

There was a clear demand from participants for follow-up training and additional information and development in specialist areas. The size of the reforms and the

⁶ Two additional projects were initiated in 2009 to further tailor and deliver CRAF training to the CALD community sector and to Indigenous services.

number of sectors involved also raises concerns about sustainability of practitioner levels of competence and consistency of usage of CRAF. The development and provision of a range of on-line interactive electronic learning resources including modules tailored to specialist areas (e.g. CALD, Indigenous, Child Protection and mental health) will be critical to the sustainability of the reforms in the long term.

5. Future resource requirements need to recognise the key learnings from the training delivery strategy and processes

Qualitative feedback from participants, trainers, observers and other stakeholders strongly support the mechanism of cross-sectoral training. It was seen as an innovation with a number of significant benefits, all important to the development of an integrated family violence service. It allowed professionals from a diverse range of services to develop common understanding of risk assessment and risk management skills, and to both share their specific areas of knowledge and expertise and to network and develop relationships and linkages between individuals, services and sectors.

It is recognised that successful implementation of this approach requires sounds regional knowledge across the range of integrated providers. The specialist regional knowledge of the RICs was repeatedly noted as crucial to the success of the training rollout. Better results in relation to attendance and participant satisfaction occurred when there was sufficient time for consultation with RIC role for scheduling, determining types of training sessions and the resources to actively assist with promotion and targeting of sessions to specific groups of practitioners such as the development of a checklist for participants to determine the most appropriate session type.

Minor modifications to data collection systems, particularly to the enrolment process, would facilitate more comprehensive data analysis.

Recognition of the needs of specific groups in relation to using the CRAF with groups needs to be expanded and continued. During the rollout, further work has been initiated to assist services working with CALD and Indigenous service users, as well as practitioners working with men who use violence. It is likely that as training reaches newly prioritised sectors – such as mental health, primary health and alcohol and drugs - that additional contextualisation will need to be undertaken to ensure effective integration between existing intake, risk assessment and risk management processes.

6. Recognise the critical role of training to inform the next stages of family violence reform – particularly strengthening risk management

Throughout the training rollout there was a clear demand from participants for clarification and further guidance with the operationalisation of the existing framework and as part of this, the strengthening of the Framework through more comprehensive and detailed risk management information. This need has been widely supported and reaffirmed through a variety of consultation and feedback processes beyond the training rollout. Participants and key stakeholders repeatedly raised a number of areas where practitioners require assistance with guidance and processes to ensure a consistent approach.

These areas were: additional support around information sharing and referral such as the development of a common template to share risk assessment and risk management information across agencies; clarification of high risk and appropriate responses to different levels of risk; and (particularly from experienced family violence practitioners), work to provide clearer models for risk management across multiple agencies.

Appendix A: Pre and post assessment forms

Pre - Evaluation MCHN CRAF Training

Workshop Location _____ Date _____

To assist us in providing more effective training, please use the scales provided to respond to the questions listed below, based on the skills and knowledge **that you bring** to this session.

	Very Low	Low	Medium	High	Very High
	1	2	3	4	5
1. Rate your level of skill and confidence in identifying family violence	1	2	3	4	5
2. Rate your current knowledge of risk indicators to women and children experiencing family violence	1	2	3	4	5
3. Rate your level of skill and knowledge in developing a basic family violence safety plan	1	2	3	4	5
4. Rate your knowledge of family violence referral pathways for women, children and men	1	2	3	4	5
5. Rate your knowledge of diversity as a factor when identifying risk to women and children experiencing family violence	1	2	3	4	5



Post - Evaluation
MCHN CRAF Training

Workshop Location _____ **Date** _____

Having completed this training please use the scales provided to respond to the questions below

	Very Low	Low	Medium	High	Very High
	1	2	3	4	5
1. Rate your level of skill and confidence in identifying family violence	1	2	3	4	5
2. Rate your current knowledge of risk indicators to women and children experiencing family violence	1	2	3	4	5
3. Rate your level of skill and knowledge in developing a basic family violence safety plan	1	2	3	4	5
4. Rate your knowledge of family violence referral pathways for women, children and men	1	2	3	4	5
5. Rate your knowledge of diversity as a factor when identifying risk to women and children experiencing family violence	1	2	3	4	5
6. What is your overall evaluation of today's training?	1	2	3	4	5
7. How would you rate the trainers in terms of knowledge and presentation style?	1	2	3	4	5
8. How relevant was the training today to your role in the workplace?	1	2	3	4	5
9. How do you rate the quality of the training materials ?	1	2	3	4	5
10. How do you rate the quality of the venue and catering at the training today?	1	2	3	4	5

What **changes in your practice** might you make after this training?

Please indicate further information or training that would **enhance your current practice and skill** in identifying and responding to family violence with women and children.

Thank you for your feedback. Do you have **any other comments** to help enhance the training program?



**Pre - Evaluation
MCHN CRAF Training**

Workshop Location _____ **Date** _____

To assist us in providing more effective training, please use the scales provided to respond to the questions listed below, based on the skills and knowledge **that you bring** to this session

	Very Low 1	Low 2	Medium 3	High 4	Very High 5
6. Rate your current knowledge of risk indicators to women and children experiencing family violence	1	2	3	4	5
7. Rate your level of skill and confidence in conducting a family violence risk assessment	1	2	3	4	5
8. Rate your level of skill and knowledge in developing a basic family violence safety plan	1	2	3	4	5
9. Rate your knowledge of the integrated family violence referral pathways for women, children and men	1	2	3	4	5
10. Rate your knowledge of diversity as a factor when assessing and managing risk to women and children experiencing family violence	1	2	3	4	5



Post - Evaluation
Preliminary CRAF Training

Workshop Location _____ **Date** _____

Having completed this training please use the scales provided to respond to the questions below

	Very Low	Low	Medium	High	Very High
	1	2	3	4	5
1. Rate your current knowledge of risk indicators to women and children experiencing family violence	1	2	3	4	5
2. Rate your skill and confidence in conducting a family violence risk assessment	1	2	3	4	5
3. Rate your level of skill and knowledge in developing a basic family violence safety plan	1	2	3	4	5
4. Rate your knowledge of integrated family violence referral pathways for women, children and men	1	2	3	4	5
5. Rate your knowledge of diversity as a factor when assessing and managing risk to women and children experiencing family violence	1	2	3	4	5
6. What is your overall evaluation of today's training?	1	2	3	4	5
7. How would you rate the trainers in terms of knowledge and presentation style ?	1	2	3	4	5
8. How relevant was the training today to your role in the workplace?	1	2	3	4	5
9. How do you rate the quality of the training materials ?	1	2	3	4	5
10. How do you rate the quality of the venue and catering at the training today?	1	2	3	4	5

Please give 2 examples of how you might change your practice as a result of this training

Please indicate further information or training that would **enhance your current practice and skill** in responding to family violence / conducting risk assessments with women and children.

Thank you for your feedback. Do you have **any other comments** to help enhance the training program?



**Pre - Evaluation
Comprehensive CRAF Training**

Workshop Location _____ **Date** _____

To assist us in providing more effective training, please use the scales provided to respond to the questions listed below, based on the skills and knowledge **that you bring** to this session.

	Very Low	Low	Medium	High	Very High
	1	2	3	4	5
11. Rate your current knowledge of risk indicators to women and children experiencing family violence	1	2	3	4	5
12. Rate your level of skill and confidence in conducting a family violence risk assessment	1	2	3	4	5
13. Rate your level of skill and knowledge in undertaking family violence risk management processes	1	2	3	4	5
14. Rate your knowledge of the family violence and other referral pathways for women and children	1	2	3	4	5
15. Rate your knowledge of family violence referral pathways for men who use violent and controlling behaviors in the family	1	2	3	4	5
16. Rate your knowledge of diversity as a factor when assessing and managing risk to women and children experiencing family violence	1	2	3	4	5



Post - Evaluation
Comprehensive CRAF Training

Workshop Location _____ **Date** _____

Having completed this training please use the scales provided to respond to the questions below.

	Very Low	Low	Medium	High	Very High
	1	2	3	4	5
6. Rate your current knowledge of risk indicators to women and children experiencing family violence	1	2	3	4	5
7. Rate your skill and confidence in conducting a family violence risk assessment	1	2	3	4	5
8. Rate your level of skill and knowledge in undertaking family violence risk management processes	1	2	3	4	5
9. Rate your knowledge of the family violence and other referral pathways for women and children	1	2	3	4	5
10. Rate your knowledge of family violence referral pathways for men who use violent and controlling behaviours in the family	1		3	4	5
11. Rate your knowledge of diversity as a factor when assessing and managing risk to women and children experiencing family violence	1	2	3	4	5
12. What is your overall evaluation of today's training?	1	2	3	4	5
13. How would you rate the trainers in terms of knowledge and presentation style ?	1	2	3	4	5
14. How relevant was the training today to your role in the workplace?	1	2	3	4	5
15. How do you rate the quality of the training materials ?	1	2	3	4	5
16. How do you rate the quality of the venue and catering at the training today?	1	2	3	4	5



Please give 2 examples of how you might change your practice as a result of this training

Please indicate further information or training that would **enhance your current practice and skill** in conducting family violence **risk assessment** or **risk management** with women and children.

Thank you for your feedback. Do you have **any other comments** to help enhance the training program?



Pre - Evaluation
Trainer Training Workshop

Workshop Location _____ **Date** _____

To assist us in providing more effective training, please use the scales provided to respond to the questions below based on your skills and knowledge **that you bring** to this session.

	Very Low	Low	Medium	High	Very High
	1	2	3	4	5
1. Rate your current knowledge, skill and confidence in planning Identifying Family Violence training	1	2	3	4	5
2. Rate your skill and confidence in conducting Identifying Family Violence training	1	2	3	4	5
3. Rate your knowledge of resources available to assist you in developing and delivering Identifying Family Violence training	1	2	3	4	5
4. Rate your knowledge of how to include diversity as a factor in providing Identifying Family Violence training	1	2	3	4	5
5. Rate your skill in evaluating the Identifying Family Violence training that you deliver	1	2	3	4	5



Post – Evaluation Trainer Training Workshop

Workshop Location _____ **Date** _____

Having completed this training, please use the scales provided to respond to the questions below.

	Very Low	Low	Medium	High	Very High
	1	2	3	4	5
1. Rate your current knowledge, skill and confidence in planning Identifying Family Violence training sessions	1	2	3	4	5
2. Rate your skill and confidence in conducting Identifying Family Violence training	1	2	3	4	5
3. Rate your knowledge of resources available to assist you in developing and delivering Identifying Family Violence training	1	2	3	4	5
4. Rate your knowledge of how to include diversity as a factor in providing Identifying Family Violence training	1	2	3	4	5
5. Rate your skill in evaluating the Identifying Family Violence training that you deliver	1	2	3	4	5
7. How would you rate the trainers in terms of knowledge and presentation style ?	1	2	3	4	5
8. How relevant was the training today to your role in delivering Identifying Family Violence training?	1	2	3	4	5
10. How do you rate the quality of the training materials ?	1	2	3	4	5
11. How do you rate the quality of the venue and catering at the training today?	1	2	3	4	5



Please list **2 examples** of **how you can apply what you've learned** today to your job

Please add **any other feedback** including sessions, topics or activities you found more or less helpful?

Please indicate further information or training that would **enhance your current practice and skill** in **developing** and **delivering family violence training**.

Thank you for your feedback. Do you have **any other comments** to help enhance the training program?



Appendix B: Online Participant Survey

Common Risk Assessment Framework (CRAF) Survey

1. Training, confidence and materials

1. What kind of training session did you attend?

Comprehensive/Train the Trainer

Preliminary

Comprehensive

MCHN

2. What month did you attend?

3. How often do you use CRAF materials (eg the manual, aide memoire with indicators, website, DVD)?

Always

Often

Sometimes

Rarely

Never

4. Are you confident about asking questions about family violence with clients?

Always

Often

Sometimes

Rarely

Never

5. Are you incorporating questions about family violence in your practice?

Always

Often

Sometimes

Rarely

Never

Common Risk Assessment Framework (CRAF) Survey**6. If not why? Choose all that apply.**

- Not enough knowledge and understanding about the issues
- No opportunity in the role (eg lack of time)
- Not relevant to the role
- Not enough management or organisational support
- Do not think it is necessary
- Other

2. Risk indicators and assessment**7. Are you confident in using evidence-based risk indicators in your work with clients to assess risk?**

- Always
- Often
- Sometimes
- Rarely
- Never

8. Are you incorporating the use of evidence-based risk indicators in your practice with clients?

- Always
- Often
- Sometimes
- Rarely
- Never

Common Risk Assessment Framework (CRAF) Survey**9. If not why? Choose all that apply.**

- Not enough knowledge and understanding about the issues
- No opportunity in the role (eg lack of time, appropriate space)
- Not relevant to the role
- Not enough management or organisational support
- Do not think it is necessary
- Other

10. Are you confident about using the three elements of risk assessment with your clients?

- Always
- Often
- Sometimes
- Rarely
- Never

3. Practice and service response**11. When you identify family violence with a client, how often do you try to do a safety plan?**

- Always
- Often
- Sometimes
- Rarely
- Never

Common Risk Assessment Framework (CRAF) Survey

12. When you identify family violence with a client, how often do you refer on to other services?

(If 'Never' please skip to question 13)

- Always
 Often
 Sometimes
 Rarely
 Never

13. When you refer on, which services have you referred to since attending training? Choose all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Family Violence Services (Refuge, DV outreach, IWDVS, WDVCS) | <input type="checkbox"/> Drug and Alcohol Services |
| <input type="checkbox"/> Police | <input type="checkbox"/> Clinical Health Services (eg GPs, A&E department, local nurses) |
| <input type="checkbox"/> Courts | <input type="checkbox"/> Child FIRST |
| <input type="checkbox"/> Housing/Accommodation Services | <input type="checkbox"/> DHS Child Protection |
| <input type="checkbox"/> Indigenous Service | <input type="checkbox"/> Counselling/Mediation |
| <input type="checkbox"/> Mental Health Services | <input type="checkbox"/> Migrant or Culturally Specific Services |
| <input type="checkbox"/> Disability Services | |

Other (please specify)

14. When you identify family violence with clients, how often do you share risk assessment information with any other services?

(If 'Never', please skip to question 15)

- Always
 Often
 Sometimes
 Rarely
 Never

Common Risk Assessment Framework (CRAF) Survey

15. If you share information, with which services have you shared information with since attending the training? Choose all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Family Violence Services (Refuge, DV outreach, IWDVS, WDVCS) | <input type="checkbox"/> Drug and Alcohol Services |
| <input type="checkbox"/> Police | <input type="checkbox"/> Clinical Health Services (eg GPs, A&E department, local nurses) |
| <input type="checkbox"/> Courts | <input type="checkbox"/> Child First |
| <input type="checkbox"/> Housing/Accommodation Services | <input type="checkbox"/> DHS Child Protection |
| <input type="checkbox"/> Indigenous Services | <input type="checkbox"/> Counselling/Mediation |
| <input type="checkbox"/> Mental Health Services | <input type="checkbox"/> Migrant or Culturally Specific Services |
| <input type="checkbox"/> Disability Services | |

Other (please specify)

16. What changes practices or systems have occurred at a service or organisational level as a result of family violence reforms and CRAF training. Choose all that apply.

- Incorporation of CRAF into intake, assessment or case management documents
- Incorporation of CRAF into staff professional development, training or induction processes
- Incorporation of CRAF into services or organisational guidelines or policies
- Elements of CRAF are used for data collection or monitoring processes
- Development of formal links or agreements with other services in relation to information sharing
- Development of formal links or agreements with other services in relation to referrals
- Implementation of activities or processes targeted at population groups associated with increased risk or vulnerability (eg women with disabilities, children, CALD or Indigenous women)
- Not aware of any changes
- Other (please specify):

Other (please specify)

Common Risk Assessment Framework (CRAF) Survey

17. Are there any changes to your practices that have occurred as a result of the CRAF training which have not already been included in the responses above (eg changes in relationships between agencies)? Please describe.

Appendix C: Pre and post assessment results for court registrar and pilot training in 2008

Date of Sessions: 24 - 31 October 2008
Workshop Title: Common Risk Assessment Framework

Pre Training Evaluation for Court Registrars

1. Rate your current knowledge of risk indicators to women and children experiencing family violence	No. of Responses					142
	Very Low	Low	Medium	High	Very High	
	8 6%	24 17%	77 54%	29 20%	4 3%	
2. Rate your skill and confidence in conducting a family violence risk assessment	No. of Responses					142
	Very Low	Low	Medium	High	Very High	
	13 9%	46 32%	49 35%	29 20%	5 4%	
3. Rate your level of skill and knowledge in undertaking family violence risk management processes	No. of Responses					125
	Very Low	Low	Medium	High	Very High	
	14 10%	59 42%	46 32%	23 16%	0 0%	
4. Rate your knowledge of the integrated family violence referral pathways in your area	No. of Responses					142
	Very Low	Low	Medium	High	Very High	
	15 11%	43 30%	46 33%	31 22%	6 4%	
5. Rate your knowledge of how to respond directly or through referral to issues with men who use violent and controlling behaviours in the family	No. of Responses					142
	Very Low	Low	Medium	High	Very High	
	15 11%	50 35%	55 39%	20 14%	2 1%	
6. Rate your knowledge of how to deal with diversity as a factor when assessing and managing risk to women and children experiencing family violence	No. of Responses					142
	Very Low	Low	Medium	High	Very High	
	11 8%	39 28%	60 43%	28 20%	2 1%	

Date of Sessions: 24 - 31 October 2008
Workshop Title: Common Risk Assessment Framework

Post Training Evaluation for Court Registrars

1. Rate your current knowledge of risk indicators to women and children experiencing family violence	No. of Responses					125
	Very Low	Low	Medium	High	Very High	
	0 0%	1 1%	35 28%	74 59%	15 12%	
2. Rate your skill and confidence in conducting a family violence risk assessment	No. of Responses					125
	Very Low	Low	Medium	High	Very High	
	0 0%	3 2%	43 34%	60 48%	19 15%	
3. Rate your level of skill and knowledge in undertaking family violence risk management processes	No. of Responses					125
	Very Low	Low	Medium	High	Very High	
	1 1%	1 1%	46 37%	64 51%	13 10%	
4. Rate your knowledge of the integrated family violence referral pathways in your area	No. of Responses					124
	Very Low	Low	Medium	High	Very High	
	0 0%	6 5%	45 36%	62 50%	11 9%	
5. Rate your knowledge of how to respond directly or through referral to issues with men who use violent and controlling behaviours in the family	No. of Responses					124
	Very Low	Low	Medium	High	Very High	
	3 2%	12 10%	58 47%	43 35%	8 6%	
6. Rate your knowledge of how to deal with diversity as a factor when assessing and managing risk to women and children experiencing family violence	No. of Responses					123
	Very Low	Low	Medium	High	Very High	
	1 1%	6 5%	49 40%	57 46%	10 8%	
7a. In the training today.....how effective were the trainers' skills in effectively meeting the group needs? Trainer 1	No. of Responses					130
	Very Low	Low	Medium	High	Very High	
	0 0%	4 3%	41 32%	75 58%	10 8%	
7b. In the training today.....how effective were the trainers' skills in effectively meeting the group needs? Trainer 2	No. of Responses					130
	Very Low	Low	Medium	High	Very High	
	0 0%	3 2%	41 32%	77 59%	9 7%	

Date of Sessions: 21 October 2008, 10 November 2008
Workshop Title: Common Risk Assessment Framework

Pre Training Evaluation for Comprehensive

1. Rate your current knowledge of risk indicators to women and children experiencing family violence	No. of Responses					23
	Very Low	Low	Medium	High	Very High	
	0	1	3	10	9	
	0%	4%	13%	43%	39%	
2. Rate your skill and confidence in conducting a family violence risk assessment	No. of Responses					23
	Very Low	Low	Medium	High	Very High	
	0	2	3	12	6	
	0%	9%	13%	52%	26%	
3. Rate your level of skill and knowledge in undertaking family violence risk management processes	No. of Responses					23
	Very Low	Low	Medium	High	Very High	
	0	2	4	12	5	
	0%	9%	17%	52%	22%	
4. Rate your knowledge of the integrated family violence referral pathways in your area	No. of Responses					23
	Very Low	Low	Medium	High	Very High	
	0	1	2	10	10	
	0%	4%	9%	43%	43%	
5. Rate your knowledge of how to respond directly or through referral to issues with men who use violent and controlling behaviours in the family	No. of Responses					23
	Very Low	Low	Medium	High	Very High	
	2	5	4	11	1	
	9%	22%	17%	48%	4%	
6. Rate your knowledge of how to deal with diversity as a factor when assessing and managing risk to women and children experiencing family violence	No. of Responses					23
	Very Low	Low	Medium	High	Very High	
	0	1	10	11	1	
	0%	4%	43%	48%	4%	

Date of Sessions: 21 October 2008, 10 November 2008
Workshop Title: Common Risk Assessment Framework

Post Training Evaluation for Comprehensive

1. Rate your current knowledge of risk indicators to women and children experiencing family violence	No. of Responses					17
	Very Low	Low	Medium	High	Very High	
	0 0%	0 0%	2 12%	5 29%	10 59%	
2. Rate your skill and confidence in conducting a family violence risk assessment	No. of Responses					17
	Very Low	Low	Medium	High	Very High	
	0 0%	1 6%	1 6%	7 41%	8 47%	
3. Rate your level of skill and knowledge in undertaking family violence risk management processes	No. of Responses					17
	Very Low	Low	Medium	High	Very High	
	0 0%	0 0%	1 6%	8 47%	8 47%	
4. Rate your knowledge of the integrated family violence referral pathways in your area	No. of Responses					17
	Very Low	Low	Medium	High	Very High	
	0 0%	0 0%	1 6%	11 65%	5 29%	
5. Rate your knowledge of how to respond directly or through referral to issues with men who use violent and controlling behaviours in the family	No. of Responses					16
	Very Low	Low	Medium	High	Very High	
	1 6%	4 25%	2 13%	6 38%	3 19%	
6. Rate your knowledge of how to deal with diversity as a factor when assessing and managing risk to women and children experiencing family violence	No. of Responses					16
	Very Low	Low	Medium	High	Very High	
	0 0%	0 0%	3 19%	10 63%	3 19%	
7. In the training today.....how effective were the trainers' skills in effectively meeting the group needs?	No. of Responses					21
	Very Low	Low	Medium	High	Very High	
	0 0%	0 0%	1 5%	9 43%	11 52%	
8. How do you rate the trainers knowledge of the content covered in training?	No. of Responses					22
	Very Low	Low	Medium	High	Very High	
	0 0%	0 0%	0 0%	6 27%	16 73%	

9. How relevant was the training today to your role in the workplace?	No. of Responses					12
	Very Low	Low	Medium	High	Very High	
	0	1	1	1	9	
	0%	8%	8%	8%	75%	
10. How do you rate the quality of the training materials?	No. of Responses					12
	Very Low	Low	Medium	High	Very High	
	0	1	1	1	9	
	0%	8%	8%	8%	75%	
11. How do you rate the quality of the venue and catering at the training today?	No. of Responses					22
	Very Low	Low	Medium	High	Very High	
	5	12	4	10	8	
	23%	55%	18%	45%	36%	

Date of Sessions: 22 October 2008, 12 November 2008
Workshop Title: Common Risk Assessment Framework

Pre Training Evaluation for Training The Trainer (TTT)

1. Rate your current knowledge of risk indicators to women and children experiencing family violence	No. of Responses					21
	Very Low	Low	Medium	High	Very High	
	1	3	9	5	3	
	5%	14%	43%	24%	14%	
2. Rate your skill and confidence in conducting a family violence risk assessment	No. of Responses					21
	Very Low	Low	Medium	High	Very High	
	0	2	9	7	3	
	0%	10%	43%	33%	14%	
3. Rate your level of skill and knowledge in undertaking family violence risk management processes	No. of Responses					21
	Very Low	Low	Medium	High	Very High	
	0	3	8	7	3	
	0%	14%	38%	33%	14%	
4. Rate your knowledge of the integrated family violence referral pathways in your area	No. of Responses					21
	Very Low	Low	Medium	High	Very High	
	1	3	11	5	1	
	5%	14%	52%	24%	5%	
5. Rate your knowledge of how to respond directly or through referral to issues with men who use violent and controlling behaviours in the family	No. of Responses					21
	Very Low	Low	Medium	High	Very High	
	0	3	12	5	1	
	0%	14%	57%	24%	5%	
6. Rate your knowledge of how to deal with diversity as a factor when assessing and managing risk to women and children experiencing family violence	No. of Responses					21
	Very Low	Low	Medium	High	Very High	
	0	3	8	8	2	
	0%	14%	38%	38%	10%	

Date of Sessions: 22 October 2008, 11 November 2008
Workshop Title: Common Risk Assessment Framework

Post Training Evaluation for Training The Trainer (TTT)

1. Rate your current knowledge of risk indicators to women and children experiencing family violence	No. of Responses					23
	Very Low	Low	Medium	High	Very High	
	0	0	2	11	10	
	0%	0%	9%	48%	43%	
2. Rate your skill and confidence in conducting a family violence risk assessment	No. of Responses					22
	Very Low	Low	Medium	High	Very High	
	0	0	3	13	6	
	0%	0%	14%	59%	27%	
3. Rate your knowledge of resources available to assist you in delivering Identifying Family Violence training	No. of Responses					22
	Very Low	Low	Medium	High	Very High	
	0	0	1	10	11	
	0%	0%	5%	45%	50%	
4. Rate your knowledge of how to organise Identifying Family Violence training in your region	No. of Responses					21
	Very Low	Low	Medium	High	Very High	
	0	0	6	8	7	
	0%	0%	29%	38%	33%	
5. Rate your knowledge of how to deal with diversity as a factor in providing Identifying Family Violence training	No. of Responses					22
	Very Low	Low	Medium	High	Very High	
	0	0	4	11	7	
	0%	0%	18%	50%	32%	
6. Rate your knowledge of how to evaluate Identifying Family Violence training	No. of Responses					12
	Very Low	Low	Medium	High	Very High	
	0	1	1	8	2	
	0%	8%	8%	67%	17%	
7. In the training today.....how effective were the trainers' skills in effectively meeting the group needs?	No. of Responses					22
	Very Low	Low	Medium	High	Very High	
	0	0	1	10	11	
	0%	0%	5%	45%	50%	
8. In the training today.....how do you rate the trainers' knowledge of the content covered in training	No. of Responses					22
	Very Low	Low	Medium	High	Very High	
	0	0	2	4	16	
	0%	0%	9%	18%	73%	

9. How relevant was the training today to your role in the workplace?	No. of Responses				22
	Very Low	Low	Medium	High	Very High
	0	2	1	6	13
	0%	9%	5%	27%	59%
10. How do you rate the quality of the training materials?	No. of Responses				12
	Very Low	Low	Medium	High	Very High
	0	0	1	3	8
	0%	0%	8%	25%	67%
11. How do you rate the quality of the venue and catering at the training today?	No. of Responses				22
	Very Low	Low	Medium	High	Very High
	0	0	1	14	7
	0%	0%	5%	64%	32%

Appendix D: CRAF final delivery schedule 2008-2009

Barwon-SW	Contracted	Scheduled	Cancelled	Delivered	Contracted/ Delivered	Scheduled/ Delivered
Comp/ttt	1	1	0	1	100%	100%
Comp	2	2	0	2	100%	100%
Pre	2	2	0	2	100%	100%
MCHN	2	2	0	2	100%	100%
DEECD funded MCHN	1	1		1	100%	100%

Eastern	Contracted	Scheduled	Cancelled	Delivered	Contracted/ Delivered	Scheduled/ Delivered
Comp/ttt	1	1	1	1	100%	100%
Comp	5	5	1	5	100%	100%
Pre	5	5	1	5	100%	100%
MCHN	4	4	0	4	100%	100%

Gippsland	Contracted	Scheduled	Cancelled	Delivered	Contracted/ Delivered	Scheduled/ Delivered
Comp/ttt	1	1	0	1	100%	100%
Comp	2	2	1	2	100%	100%
Pre	2	2	1	2	100%	100%
MCHN	2	3	1	2	100%	67%
DEECD funded MCHN	1	1		1	100%	100%

Grampians	Contracted	Scheduled	Cancelled	Delivered	Contracted/ Delivered	Scheduled/ Delivered
Comp/ttt	1	1	0	1	100%	100%
Comp	2	2	0	2	100%	100%
Pre	2	3	0	3	150%	100%
MCHN	2	1	0	1	50%	100%
DEECD funded MCHN	1	1		1	100%	100%

Hume	Contracted	Scheduled	Cancelled	Delivered	Contracted/ Delivered	Scheduled/ Delivered
Comp/ttt	1	1	0	1	100%	100%
Comp	2	2	1	2	100%	100%
Pre	2	2	1	2	100%	100%
MCHN	2	2	1	1	50%	50%
DEECD funded MCHN	1	1		1	100%	100%

Loddon Mallee	Contracted	Scheduled	Cancelled	Delivered	Contracted/ Delivered	Scheduled/ Delivered
Comp/ttt	1	2	0	2	200%	100%
Comp	3	1	0	1	33%	100%
Pre	3	5	0	5	167%	100%
MCHN	2	2	0	2	100%	100%
Note	Loddon Mallee have elected to deliver more Preliminary sessions in lieu of Comp.					

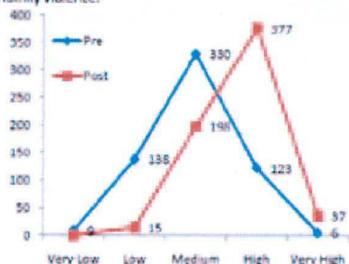
North/West	Contracted	Scheduled	Cancelled	Delivered	Contracted/ Delivered	Scheduled/ Delivered
Comp/ttt	1	1	0	1	100%	100%
Comp	6	6	0	6	100%	100%
Pre	6	6	0	6	100%	100%
MCHN	6	12	0	12	200%	100%

Southern	Contracted	Scheduled	Cancelled	Delivered	Contracted/ Delivered	Scheduled/ Delivered
Comp/ttt	1	1	0	1	100%	100%
Comp	5	5	0	5	100%	100%
Pre	5	5	0	5	100%	100%
MCHN	4	7	0	7	175%	100%
DEECD funded MCHN	1	1		1	100%	100%

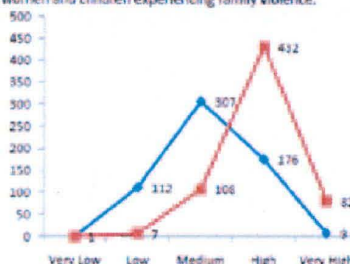
Appendix E: Pre and Post Training Self-Assessment Results

CRAF MCHN Evaluation total tally from 3 Feb 2009 to 27 August 2009. Includes 606 Pre and 632 Post training responses.

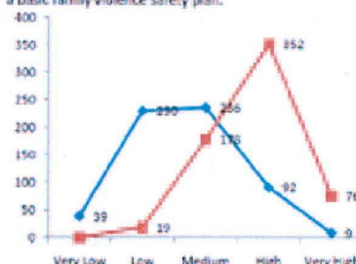
1. Rate your level of skill and confidence in identifying family violence.



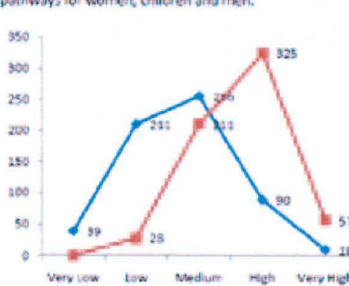
2. Rate your current knowledge of risk indicators to women and children experiencing family violence.



3. Rate your level of skill and knowledge in developing a basic family violence safety plan.



4. Rate your knowledge of family violence referral pathways for women, children and men.

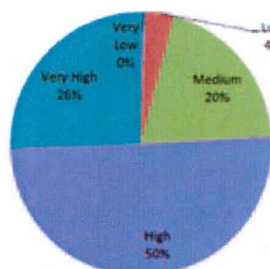


5. Rate your knowledge of diversity as a factor when identifying risk to women and children experiencing family violence.

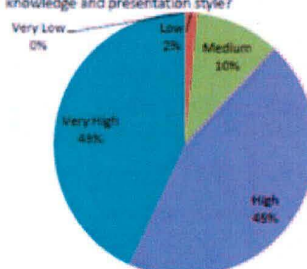


CRAF MCHN Evaluation overall percentages from 3 Feb 2009 to 27 August 2009.

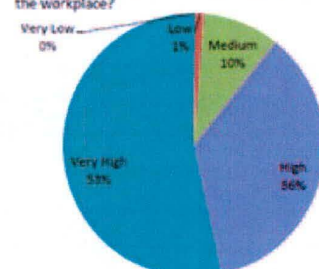
6. What is your overall evaluation of today's training?



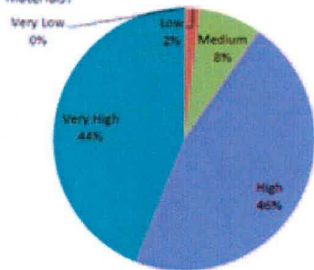
7. How would you rate the trainers in terms of knowledge and presentation style?



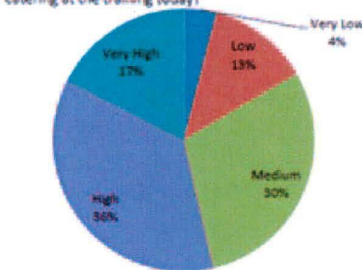
8. How relevant was the training today to your role in the workplace?



9. How do you rate the quality of the training materials?

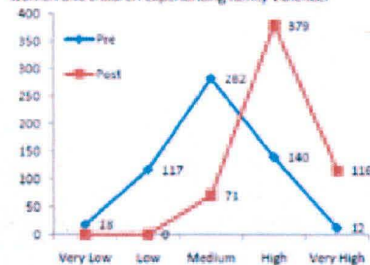


11. How do you rate the quality of the venue and catering at the training today?

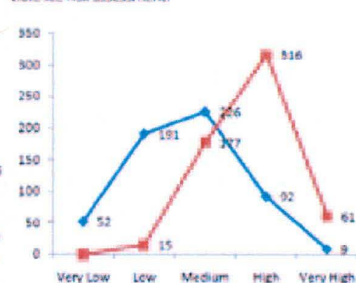


CRAF Preliminary Evaluation total tally from 3 Feb 2009 to 27 August 2009. Includes 570 Pre and 569 Post training responses.

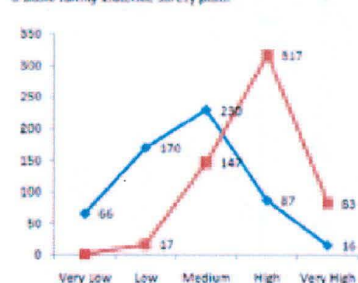
1. Rate your current knowledge of risk indicators to women and children experiencing family violence.



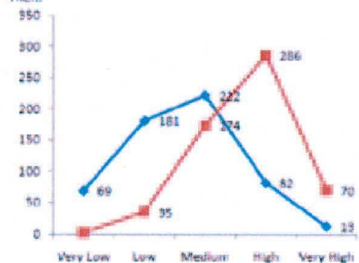
2. Rate your skill and confidence in conducting a family violence risk assessment.



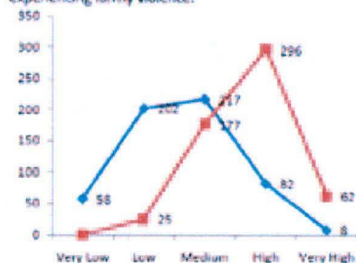
3. Rate your level of skill and knowledge in developing a basic family violence safety plan.



4. Rate your knowledge of the integrated family violence referral pathways for women, children and men.

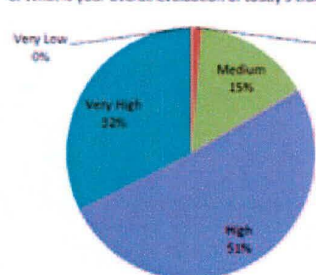


5. Rate your knowledge of diversity as a factor when assessing and managing risk to women and children experiencing family violence.

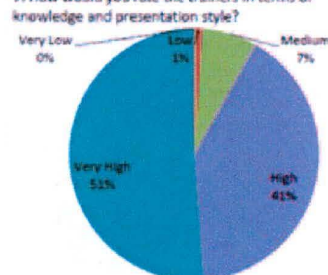


CRAF Preliminary Evaluation overall percentages from 3 Feb 2009 to 27 August 2009.

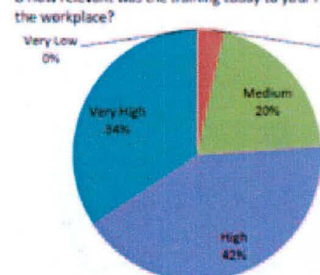
6. What is your overall evaluation of today's training?



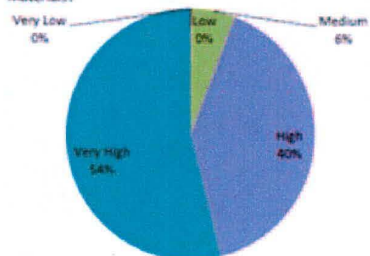
7. How would you rate the trainers in terms of knowledge and presentation style?



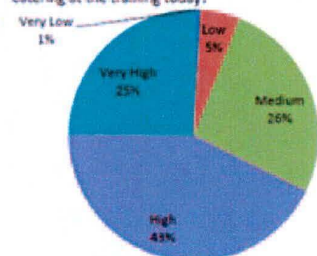
8. How relevant was the training today to your role in the workplace?



9. How do you rate the quality of the training materials?

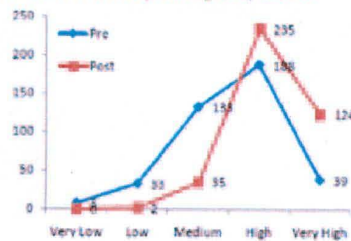


11. How do you rate the quality of the venue and catering at the training today?

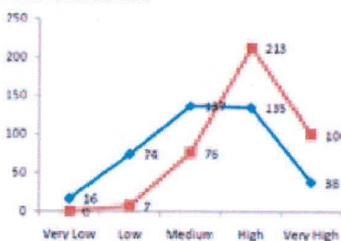


CRAF Comprehensive Evaluation total tally from 3 Feb 2009 to 27 August 2009. Includes 408 Pre and 296 Post training responses.

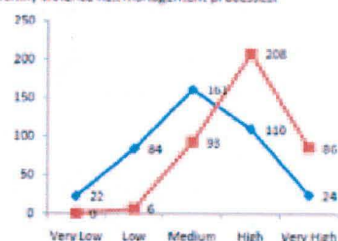
1. Rate your current knowledge of risk indicators to women and children experiencing family violence.



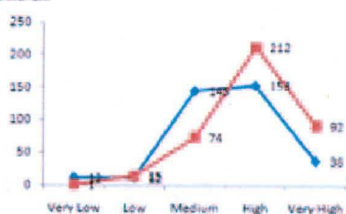
2. Rate your skill and confidence in conducting a family violence risk assessment.



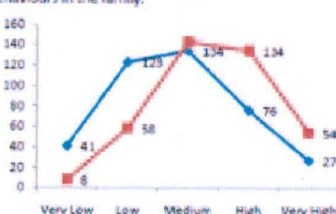
3. Rate your level of skill and knowledge in undertaking family violence risk management processes.



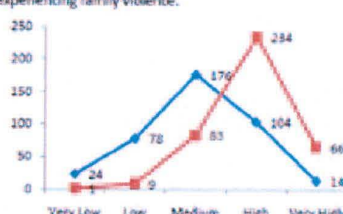
4. Rate your knowledge of the family violence and other referral pathways in your area for women, and children.



5. Rate your knowledge of family violence referral pathways for men who use violent and controlling behaviours in the family.

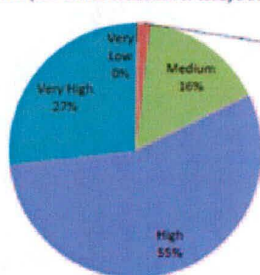


6. Rate your knowledge of diversity as a factor when assessing and managing risk to women and children experiencing family violence.

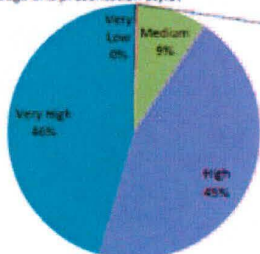


CRAF Comprehensive Evaluation overall percentages from 3 Feb 2009 to 27 August 2009.

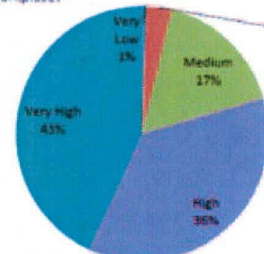
7. What is your overall evaluation of today's training?



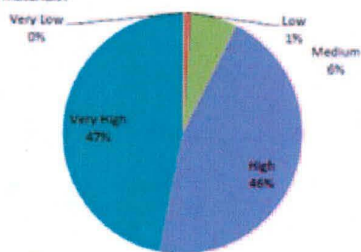
8. How would you rate the trainers in terms of knowledge and presentation style?



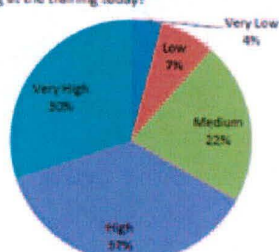
9. How relevant was the training today to your role in the workplace?



10. How do you rate the quality of the training materials?

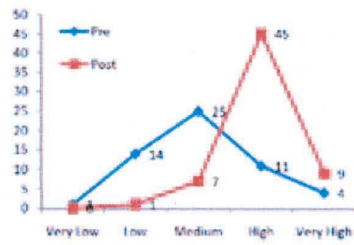


11. How do you rate the quality of the venue and catering at the training today?

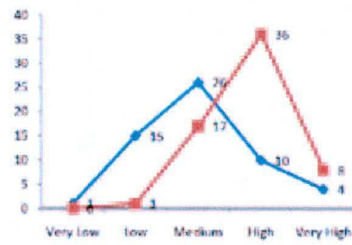


CRAF Train the trainer Evaluation total tally from the Comp/TTT sessions. Includes 59 Pre and 59 Post training responses.

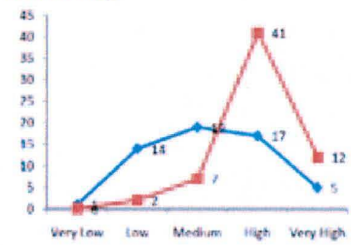
1. Rate your current knowledge, skill and confidence in planning Identifying Family Violence training.



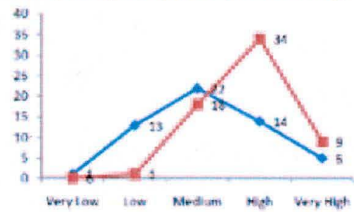
2. Rate your skill and confidence in conducting Identifying Family Violence training.



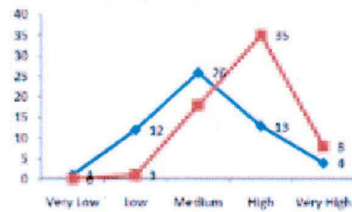
3. Rate your knowledge of resources available to assist you in developing and delivering Identifying Family Violence training.



4. Rate your knowledge of how to include diversity as a factor in providing identifying family violence training.

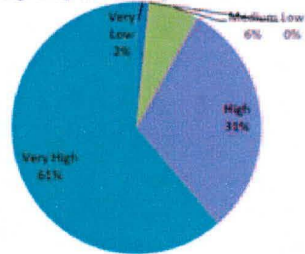


5. Rate your skill in evaluating the Identifying Family Violence training that you deliver.

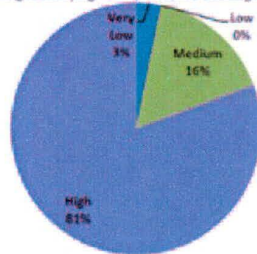


CRAF Train the trainer Evaluation overall percentages from the Comp/TTT sessions.

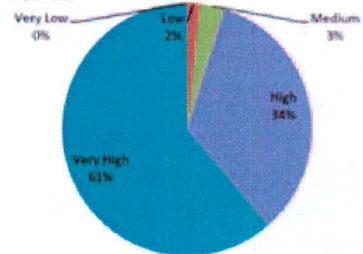
7. How would you rate the trainers in terms of knowledge and presentation style?



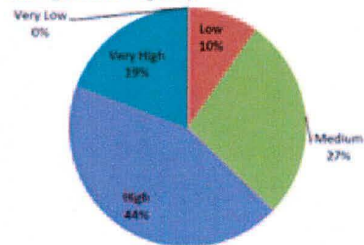
8. How relevant was the training today to your role in delivering Identifying Family Violence training?



9. How do you rate the quality of the training materials?



10. How do you rate the quality of the venue and catering at the training today?



Appendix F: Potential sectors and agencies relevant to training program components

The following charts gave regions clarification on who should attend different programs.

Level 1: Identifying Family Violence

Community Members	Women's Services	Hospitals – including A&E
Neighbourhood House	Com Health	Playgroups
Red Cross	Speech pathology	Community Midwives
Childcare providers	Physiotherapy.	Kindergartens
Ambulance Officers	Centrelink	Sporting Clubs
Psych Services	DHS Office of Housing	Family Support/Services
CALD GPs	HACC Workers	Indigenous Cooperatives
Community Settlement CALD, AMES/ ESC	Schools (secondary, TAFE, UNI)	Area Health Services – generalist workers
GPs	Mentoring Programs	Public Advocates Office
Emergency Relief & Material Aid	Financial Services & Counsellors	Multi denomination – Church/Mosques/ Synagogues
District Nurses	Legal Practitioners	Breast Screen
Telephone Interpreter Service(e.g. VITS, MRC)	LGA's - Family Day Care CALD	Courts – including magistrates
Migrant Resource Centres	Volunteers providing group support (CHS)	Country Women's Assocs.
Men's Activity Sheds	Neighbourhood Houses	Gambling Services

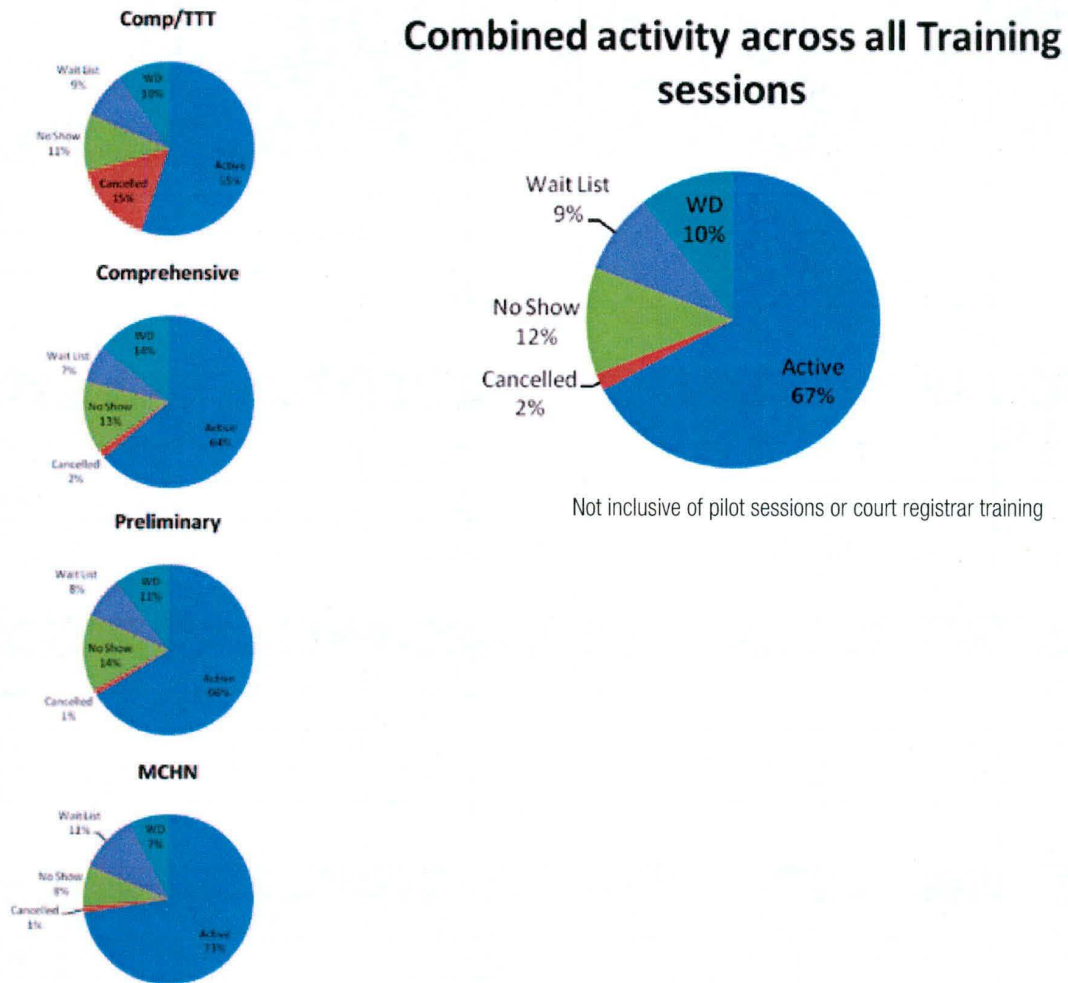
Level 2: Preliminary Assessment

CASA	Child & Adolescent MHS	Indigenous health services
Office Corrections	Drug & Alcohol Services	Child FIRST
Courts– including Court Support	Office of Housing support, crisis, transitional	Child Protection– intake and case management
Schools – student wellbeing officers, nurses, chaplains	CALD counsellors e.g. Ethnic Welfare Assoc.	Neighbourhood Justice Centres
Hospitals	Parent Line	Women's Services (Psych)
Psychologists (e.g. Medicare)	Centrelink	Youth Justice & Housing
Refugee support agencies	Victoria Police	Community Legal
Housing Front Doors/LASNs	Men's Helpline	DHS Housing – LASN's
Adult Mental Health	Comm. Health Centres	Comm. Legal Services
Family Support Workers	Victims of Crime Services	Viet. Counselling
Centacare	Maternal Health/Enhanced	Youth Services
Disability Services	Family Relationship Centres	Family Mediation Centre

Level 3: Comprehensive Assessment

DHS FV Funded Integrated Services	Police: FV Advisers and Liaison	MCV: Specialist FV services, registrars
CASA	Child Protection - intake	Refuges
State wide specialist FV Services – WDVCS, NTV, IWDVS	Indigenous FV workers including Healing and Time Out services	

Appendix G: Participant activity by training type



Note: individuals may have multiple 'status' depending on activity i.e.: WD, Wait List, Active, etc

Appendix H: Training attendees by region

CRAF Final schedule at 18 Sept 2009

DHS Region	Training Title	Attended 2008	Nominated 'on the books' until Aug 2009	Attended until 27 Aug 2009	Total participants to date across 2008 & 2009
Barwon-SW	session	08 attend	09 nom	09 attend	total to date
	Comp/TTT	10	1	1	11
	Comp.	14	15	13	27
	MCHN	0	48	43	43
	Preliminary	13	56	28	41

Eastern	session	08 attend	09 nom	09 attend	total to date
1 cancelled *	Comp/TTT	0	31	9	9
1 cancelled *	Comp.	0	79	64	64
	MCHN	72	57	50	122
1 cancelled*	Preliminary	0	70	58	58

Gippsland	session	08 attend	09 nom	09 attend	total to date
	Comp/TTT	0	20	16	16
1 cancelled *	Comp.	0	44	34	34
1 cancelled *	MCHN	0	55	40	40
1 cancelled *	Preliminary	0	51	35	35

Grampians	session	08 attend	09 nom	09 attend	total to date
	Comp/TTT	13	4	2	15
	Comp.	9	21	18	27
	MCHN	28	5	5	33
	Preliminary	27	48	42	69

Hume	session	08 attend	09 nom	09 attend	total to date
	Comp/TTT	12	7	3	15
1 cancelled *	Comp.	0	47	24	24
1 cancelled *	MCHN	0	75	58	58
1 cancelled *	Preliminary	0	52	28	28

DHS Region	Training Title	Attended 2008	Nominated 'on the books' until Aug 2009	Attended until 27 Aug 2009	Total participants to date across 2008 & 2009
Loddon Mallee	session	08 attend	09 nom	09 attend	total to date
	Comp/TTT	13	29	18	31
	Comp.	0	33	23	23
	MCHN	17	38	33	50
	Preliminary	0	123	101	101

North/West	session	08 attend	09 nom	09 attend	total to date
	Comp/TTT	0	20	16	16
	Comp.	0	171	104	104
	MCHN	0	281	223	223
	Preliminary	0	228	133	133

Southern	session	08 attend	09 nom	09 attend	total to date
	Comp/TTT	16	2	0	16
	Comp.	0	216	111	111
	MCHN	0	230	193	193
	Preliminary	0	196	118	118

N/A or Not Provided	session	08 attend	09 nom	09 attend	total to date
	Comp/TTT	0	5	1	1
	Comp.	0	61	46	46
	MCHN	0	3	2	2
	Preliminary	0	10	8	8

Observer	session	08 attend	09 nom	09 attend	total to date
	Comp/TTT	0	4	2	2
	Comp.	0	14	10	10
	MCHN	0	8	6	6
	Preliminary	0	7	5	5

Note: Whilst some participants have either nominated/received training outside their own region they are still included in their region of origin.

Note re cancelled sessions*: nominations for these sessions are included in '09 nom' figure

Appendix I: Coding for Qualitative Self-Assessment Data

Question 1: Re Changes to Practice

1. Improvements in referrals, information sharing and networking –
 - *any comments on greater knowledge of privacy & information sharing practices*
 - *intent to refer to range of service, knowledge of pathways*
 - *reference to a common language across sectors or consistency*
 - *intent to share more referral/ request information from services*
 - *better recording of women's data/ statistics*
2. Increased knowledge of other services –
 - *comments around greater awareness in specific services, service providers, colleagues in working in the sector/ region*
 - *excluding knowledge that will be used for referrals*
3. Increased ability and/or improvements in undertaking Risk Assessment
 - *comments around increased confidence, understanding and/ or practical understanding of risk assessment*
 - *use of risk indicators, aid memoire, red flags*
 - *includes awareness of risk assessment for specific groups; children, CALD, Indigenous, disability, men's risk too*
4. Increased ability and/or improvements in undertaking Risk Management
5. Increased ability and/or improvements in undertaking Safety Planning
6. Generalised improvement –
 - *improved confidence, reinforcement, increased knowledge, having literature available including training materials, intent to learn or research more, affirmation of practice, increased awareness*
 - *incorporating into practice, using tools, using tools routinely*
 - *reference to CRAF or the Framework as a whole*
7. No improvement
8. Other
9. Increased confidence asking Family Violence related questions –
 - *comments of questioning technique when not specified*
 - *increased confidence around asking questions or talking to clients*
 - *asking the 'the question'*
10. Better understanding of clients/better client relationship skills/increased ability to relate to clients
 - *comments on increased understanding/ alertness/ listening skills*
 - *comments on improved communication not related to questioning*
 - *comments about general increase in skills/ awareness for specific groups (e.g. children, CALD, Indigenous, disability, men's needs*
 - *giving resources to clients*
11. Intent to share resources/ knowledge/ provide training with colleagues, and intent to modify service/ original practice

Question 2: Re Further Information or training required

1. Updates: updated information/ resources, additional resources such as fliers/ leaflets/ posters
2. Training: need for more training/ regular training/ refresher course/ further training in Family Violence or CRAF
3. Legal: legal information and/or specific training in the legal area/ Family Violence law/ Family Violence Act
4. Resources: need more organizational resources or systematic change
5. Sector specific: need for more information within a specific sector that excludes law and Family Violence related topics, includes men's and children's services
6. Networking: increase networking or information support, including referrals
7. No further training
8. Other
9. Comment on attended training: comments or suggestions on training/ training tools

Appendix J: Online Participant Survey Results Cross-Tabulated by Training Type

Common Risk Assessment Framework Training Participant Survey

1. What kind of training session did you attend?					
	What kind of training session did you attend?				
	Preliminary	Comprehensive	MCHN	Comprehensive/Train the Trainer	Response Totals
Preliminary	100.0% (156)	0.0% (0)	0.0% (0)	0.0% (0)	33.4% (156)
Comprehensive	0.0% (0)	100.0% (121)	0.0% (0)	0.0% (0)	25.9% (121)
MCHN	0.0% (0)	0.0% (0)	100.0% (155)	0.0% (0)	33.2% (155)
Comprehensive/Train the Trainer	0.0% (0)	0.0% (0)	0.0% (0)	100.0% (35)	7.5% (35)
answered question	156	121	155	35	467
					skipped question 0

2. What month did you attend?					
	What kind of training session did you attend?				
	Preliminary	Comprehensive	MCHN	Comprehensive/Train the Trainer	Response Totals
October	0.7% (1)	0.0% (0)	0.7% (1)	0.0% (0)	0.5% (2)
November	0.0% (0)	0.0% (0)	2.9% (4)	0.0% (0)	1.0% (4)
December	0.0% (0)	1.0% (1)	0.0% (0)	2.9% (1)	0.5% (2)
January	0.0% (0)	2.0% (2)	1.4% (2)	2.9% (1)	1.2% (5)
February	3.7% (5)	2.9% (3)	12.9% (18)	38.2% (13)	9.5% (39)
March	4.4% (6)	10.8% (11)	15.8% (22)	17.6% (6)	10.9% (45)
April	10.9% (27)	17.6% (18)	7.2% (10)	14.7% (5)	14.6% (60)
May	37.5% (51)	32.4% (33)	28.1% (39)	5.9% (2)	30.4% (125)
Not sure	33.8% (46)	33.3% (34)	30.9% (43)	17.6% (6)	31.4% (129)
answered question	136	102	139	34	411
					skipped question 56

3. How often do you use CRAF materials (eg the manual, aide memoire with indicators, website, DVD)?						
		What kind of training session did you attend?				
		Preliminary	Comprehensive	MCHN	Comprehensive/Train the Trainer	Response Totals
	Always	1.9% (3)	17.8% (21)	0.0% (0)	26.5% (9)	7.2% (33)
	Sometimes	30.3% (47)	18.6% (22)	33.8% (51)	17.6% (5)	27.5% (126)
	Often	9.7% (15)	14.4% (17)	7.3% (11)	8.8% (3)	10.0% (46)
	Sometimes	20.0% (31)	17.8% (21)	23.2% (35)	26.5% (9)	21.0% (96)
	Rarely	31.6% (49)	24.6% (29)	23.8% (36)	14.7% (5)	26.0% (119)
	Never	6.5% (10)	6.8% (8)	11.9% (18)	5.9% (2)	8.3% (38)
answered question		155	118	151	34	458
		skipped question				9

4. Are you confident about asking questions about family violence with clients?						
		What kind of training session did you attend?				
		Preliminary	Comprehensive	MCHN	Comprehensive/Train the Trainer	Response Totals
	Always	31.3% (46)	68.1% (79)	11.6% (17)	71.4% (25)	37.5% (167)
	Often	40.8% (60)	25.0% (29)	41.5% (61)	17.1% (6)	35.1% (156)
	Sometimes	25.2% (37)	6.0% (7)	40.1% (59)	8.6% (3)	23.8% (106)
	Rarely	2.0% (3)	0.9% (1)	6.1% (9)	2.9% (1)	3.1% (14)
	Never	0.7% (1)	0.0% (0)	0.7% (1)	0.0% (0)	0.4% (2)
	answered question		147	116	147	35
		skipped question				22

5. Are you incorporating questions about family violence in your practice?						
		What kind of training session did you attend?				
		Preliminary	Comprehensive	MCHN	Comprehensive/Train the Trainer	Response Totals
Always		30.1% (46)	68.4% (60)	18.0% (27)	74.3% (26)	39.3% (179)
Often		36.6% (56)	23.1% (27)	40.0% (60)	17.1% (6)	32.7% (149)
Sometimes		25.5% (39)	7.7% (9)	34.0% (51)	5.7% (2)	22.2% (101)
Rarely		7.2% (11)	0.9% (1)	6.0% (9)	2.9% (1)	4.8% (22)
Never		0.7% (1)	0.0% (0)	2.0% (3)	0.0% (0)	0.9% (4)
answered question		153	117	150	35	455
		skipped question				12

6. If not why? Choose all that apply.						
		What kind of training session did you attend?				
		Preliminary	Comprehensive	MCHN	Comprehensive/Train the Trainer	Response Totals
Not enough knowledge and understanding about the issues		6.9% (2)	0.0% (0)	16.2% (6)	33.3% (1)	10.8% (9)
Not relevant to the role		75.9% (22)	57.1% (8)	16.2% (6)	100.0% (3)	47.0% (39)
No opportunity in the role (eg lack of time, appropriate space)		6.9% (2)	28.6% (4)	51.4% (19)	0.0% (0)	30.1% (25)
Not enough management or organisational support		3.4% (1)	0.0% (0)	18.9% (7)	0.0% (0)	9.6% (8)
Do not think it is necessary		6.9% (2)	21.4% (3)	10.8% (4)	0.0% (0)	10.8% (9)
Other (please specify)		12 replies	6 replies	39 replies	6 replies	63
answered question		29	14	37	3	83
		skipped question				384

7. Are you confident in using evidence-based risk indicators in your work with clients to assess risk?						
		What kind of training session did you attend?				
		Preliminary	Comprehensive	MCHN	Comprehensive/Train the Trainer	Response Totals
	Always	24.7% (37)	56.0% (65)	17.5% (25)	59.4% (19)	33.1% (146)
	Often	42.0% (63)	35.3% (41)	44.8% (64)	31.3% (10)	40.4% (178)
	Sometimes	29.3% (44)	8.6% (10)	32.2% (46)	6.3% (2)	23.1% (102)
	Rarely	3.3% (5)	0.0% (0)	4.2% (6)	0.0% (0)	2.5% (11)
	Never	0.7% (1)	0.0% (0)	1.4% (2)	3.1% (1)	0.9% (4)
answered question		150	116	143	32	441
skipped question						26

8. Are you incorporating the use of evidence-based risk indicators in your practice with clients?						
		What kind of training session did you attend?				
		Preliminary	Comprehensive	MCHN	Comprehensive/Train the Trainer	Response Totals
	Always	26.7% (40)	55.2% (64)	16.3% (23)	62.5% (20)	33.5% (147)
	Often	30.7% (46)	30.2% (35)	46.1% (65)	25.0% (8)	35.1% (154)
	Sometimes	31.3% (47)	10.3% (12)	28.4% (40)	9.4% (3)	23.2% (102)
	Rarely	10.7% (16)	4.3% (5)	7.8% (11)	0.0% (0)	7.3% (32)
	Never	0.7% (1)	0.0% (0)	1.4% (2)	3.1% (1)	0.9% (4)
answered question		150	116	141	32	439
skipped question						28

9. If not why? Choose all that apply.					
	What kind of training session did you attend?				
	Preliminary	Comprehensive	MCHN	Comprehensive/Train the Trainer	Response Totals
Not enough knowledge and understanding about the issues	10.3% (3)	7.1% (1)	38.5% (10)	33.3% (1)	20.8% (15)
Not relevant to the role	75.9% (22)	64.3% (9)	15.4% (4)	100.0% (3)	52.8% (38)
No opportunity in the role (eg lack of time, appropriate space)	13.8% (4)	42.9% (6)	57.7% (15)	0.0% (0)	34.7% (25)
Not enough management or organisational support	3.4% (1)	0.0% (0)	15.4% (4)	0.0% (0)	6.9% (5)
Do not think it is necessary	3.4% (1)	0.0% (0)	0.0% (0)	0.0% (0)	1.4% (1)
Other (please specify)	5 replies	4 replies	18 replies	1 reply	28
answered question	29	14	26	3	72
				skipped question	395

10. Are you confident about using the three elements of risk assessment with your clients?					
	What kind of training session did you attend?				
	Preliminary	Comprehensive	MCHN	Comprehensive/Train the Trainer	Response Totals
Always	19.5% (29)	56.1% (64)	16.1% (22)	59.4% (19)	31.0% (134)
Often	40.3% (60)	30.7% (35)	39.4% (54)	25.0% (8)	36.3% (157)
Sometimes	34.2% (51)	11.4% (13)	35.0% (48)	12.5% (4)	26.9% (116)
Rarely	5.4% (8)	0.9% (1)	7.3% (10)	0.0% (0)	4.4% (19)
Never	0.7% (1)	0.9% (1)	2.2% (3)	3.1% (1)	1.4% (6)
answered question	149	114	137	32	432
				skipped question	35

11. When you identify family violence with a client, how often do you try to do a safety plan?						
		What kind of training session did you attend?				
		Preliminary	Comprehensive	MCHN	Comprehensive/Train the Trainer	Response Totals
	Always	62.3% (86)	71.4% (80)	56.9% (74)	74.1% (20)	63.9% (260)
	Often	18.1% (25)	22.3% (25)	23.1% (30)	11.1% (3)	20.4% (83)
	Sometimes	8.0% (11)	4.5% (5)	10.8% (14)	7.4% (2)	7.9% (32)
	Rarely	8.7% (12)	1.8% (2)	5.4% (7)	7.4% (2)	5.7% (23)
	Never	2.9% (4)	0.0% (0)	3.8% (5)	0.0% (0)	2.2% (9)
answered question		136	112	130	27	407
		skipped question				60

12. When you identify family violence with a client, how often do you refer on to other services? (If 'Never' please skip to question 13)						
		What kind of training session did you attend?				
		Preliminary	Comprehensive	MCHN	Comprehensive/Train the Trainer	Response Totals
	Always	39.4% (54)	21.8% (24)	55.9% (71)	22.2% (6)	38.7% (155)
	Often	42.3% (58)	35.5% (39)	27.6% (35)	29.6% (8)	34.9% (140)
	Sometimes	13.1% (18)	33.6% (37)	13.4% (17)	40.7% (11)	20.7% (83)
	Rarely	1.5% (2)	7.3% (8)	0.8% (1)	3.7% (1)	3.0% (12)
	Never	3.6% (5)	1.8% (2)	2.4% (3)	3.7% (1)	2.7% (11)
answered question		137	110	127	27	401
		skipped question				66

13. When you refer on, which services have you referred to since attending training? Choose all that apply.					
	What kind of training session did you attend?				Response Totals
	Preliminary	Comprehensive	MCHN	Comprehensive/Train the Trainer	
Family Violence Services (Refuge, DV outreach, IWDVS, WDVCS)	74.4% (93)	73.3% (77)	82.2% (83)	87.5% (21)	77.2% (274)
Police	43.2% (54)	57.1% (60)	18.8% (19)	79.2% (19)	42.8% (152)
Courts	24.8% (31)	49.5% (52)	4.0% (4)	70.8% (17)	29.3% (104)
Housing/Accommodation Services	30.4% (38)	63.8% (67)	25.7% (26)	62.5% (15)	41.1% (146)
Indigenous Service	12.0% (15)	19.0% (20)	6.9% (7)	50.0% (12)	15.2% (54)
Mental Health Services	29.6% (37)	38.1% (40)	16.8% (17)	62.5% (15)	30.7% (109)
Disability Services	7.2% (9)	15.2% (16)	3.0% (3)	37.5% (9)	10.4% (37)
Drug and Alcohol Services	24.8% (31)	36.2% (38)	13.9% (14)	54.2% (13)	27.0% (96)
Clinical Health Services (eg GPs, A&E department, local nurses)	12.8% (16)	34.3% (36)	41.6% (42)	54.2% (13)	30.1% (107)
Child FIRST	36.8% (46)	48.6% (51)	55.4% (56)	75.0% (18)	48.2% (171)
DHS Child Protection	43.2% (54)	47.6% (50)	36.6% (37)	58.3% (14)	43.7% (155)
Counselling/Mediation	37.6% (47)	55.2% (58)	47.5% (48)	62.5% (15)	47.3% (168)
Migrant or Culturally Specific Services	12.8% (16)	29.5% (31)	10.9% (11)	41.7% (10)	19.2% (68)
Sexual Assault Services (eg CASAs)	32.8% (41)	36.2% (38)	12.9% (13)	45.8% (11)	29.0% (103)
Legal Services	32.0% (40)	67.6% (71)	19.8% (20)	83.3% (20)	42.5% (151)
Other (please specify)	16 replies	16 replies	27 replies	5 replies	64
answered question	125	105	101	24	355
				skipped question	112

14. When you identify family violence with clients, how often do you share risk assessment information with any other services? (If 'Never', please skip to question 15)					
What kind of training session did you attend?					
	Preliminary	Comprehensive	MCHN	Comprehensive/Train the Trainer	Response Totals
Always	18.9% (25)	7.2% (8)	23.6% (29)	14.8% (4)	16.8% (66)
Often	28.8% (38)	39.6% (44)	23.6% (29)	29.6% (8)	30.3% (119)
Sometimes	27.3% (36)	33.3% (37)	36.6% (45)	40.7% (11)	32.8% (129)
Rarely	9.1% (12)	12.6% (14)	4.9% (6)	11.1% (3)	8.9% (35)
Never	15.9% (21)	7.2% (8)	11.4% (14)	3.7% (1)	11.2% (44)
answered question	132	111	123	27	393
				skipped question	74

15. If you share information, with which services have you shared information with since attending the training? Choose all that apply.					
	What kind of training session did you attend?				Response Totals
	Preliminary	Comprehensive	MCHN	Comprehensive/Train the Trainer	
Family Violence Services (Refuge, DV outreach, IWDVS, WDVCS)	69.2% (72)	65.6% (59)	60.7% (54)	76.0% (19)	66.2% (204)
Police	39.4% (41)	45.6% (41)	10.1% (9)	56.0% (14)	34.1% (105)
Courts	17.3% (18)	30.0% (27)	0.0% (0)	44.0% (11)	18.2% (56)
Housing/Accommodation Services	23.1% (24)	42.2% (38)	10.1% (9)	44.0% (11)	26.6% (82)
Indigenous Services	8.7% (9)	10.0% (9)	2.2% (2)	28.0% (7)	8.8% (27)
Mental Health Services	25.0% (26)	24.4% (22)	11.2% (10)	40.0% (10)	22.1% (68)
Disability Services	12.5% (13)	7.8% (7)	1.1% (1)	28.0% (7)	9.1% (28)
Drug and Alcohol Services	14.4% (15)	20.0% (18)	10.1% (9)	32.0% (8)	16.2% (50)
Clinical Health Services (eg GPs, A&E department, local nurses)	14.4% (15)	15.6% (14)	31.5% (28)	32.0% (8)	21.1% (65)
Child First	35.6% (37)	37.8% (34)	53.9% (48)	64.0% (16)	43.8% (135)
DHS Child Protection	45.2% (47)	38.9% (35)	41.6% (37)	64.0% (16)	43.8% (135)
Counselling/Mediation	22.1% (23)	30.0% (27)	18.0% (16)	40.0% (10)	24.7% (76)
Migrant or Culturally Specific Services	10.6% (11)	11.1% (10)	4.5% (4)	24.0% (6)	10.1% (31)
Sexual Assault Services (eg CASAs)	19.2% (20)	20.0% (18)	5.6% (5)	36.0% (9)	16.9% (52)
Legal Services	16.3% (17)	35.6% (32)	3.4% (3)	44.0% (11)	20.5% (63)
Other (please specify)	12 replies	7 replies	22 replies	3 replies	44
answered question	104	90	89	25	308
				skipped question	159

16. What changes practices or systems have occurred at a service or organisational level as a result of family violence reforms and CRAF training. Choose all that apply.



	What kind of training session did you attend?				Response Totals
	Preliminary	Comprehensive	MCHN	Comprehensive/Train the Trainer	
Incorporation of CRAF into intake, assessment or case management documents	34.4% (45)	50.5% (55)	14.7% (17)	64.0% (16)	34.9% (133)
Incorporation of CRAF into staff professional development, training or induction processes	29.0% (38)	44.0% (48)	29.3% (34)	52.0% (13)	34.9% (133)
Incorporation of CRAF into services or organisational guidelines or policies	15.3% (20)	27.5% (30)	18.1% (21)	28.0% (7)	20.5% (78)
Elements of CRAF are used for data collection or monitoring processes	9.2% (12)	23.9% (26)	13.8% (16)	24.0% (6)	15.7% (60)
Development of formal links or agreements with other services in relation to information sharing	11.5% (15)	17.4% (19)	8.6% (10)	20.0% (5)	12.9% (49)
Development of formal links or agreements with other services in relation to referrals	12.2% (16)	17.4% (19)	12.9% (15)	20.0% (5)	14.4% (55)
Implementation of activities or processes targeted at population groups associated with increased risk or vulnerability (eg women with disabilities, children, CALD or Indigenous women)	11.5% (15)	10.1% (11)	18.1% (21)	20.0% (5)	13.6% (52)
Not aware of any changes	41.2% (54)	21.1% (23)	37.1% (43)	24.0% (6)	33.1% (126)
Other (please specify):	5.3% (7)	5.5% (6)	4.3% (5)	4.0% (1)	5.0% (19)
Other (please specify)	11 replies	17 replies	17 replies	7 replies	52
answered question	131	109	116	25	381
				skipped question	86





17. Are there any changes to your practices that have occurred as a result of the CRAF training which have not already been included in the responses above (eg changes in relationships between agencies)? Please describe.

	What kind of training session did you attend?				Response Count
	Preliminary	Comprehensive	MCHN	Comprehensive/Train the Trainer	
	33 replies	27 replies	47 replies	7 replies	114
answered question	33	27	47	7	114
				skipped question	353






Appendix K: Online Participant Survey Results from Men's Services

Common Risk Assessment Framework Training - Participant Survey



1. What kind of training session did you attend?		
	Response Percent	Response Count
Preliminary	0.0%	0
Comprehensive 	80.0%	8
MCHN	0.0%	0
Comprehensive/Train the Trainer 	20.0%	2
	answered question	10
	skipped question	2

2. What month did you attend?		
	Response Percent	Response Count
October	0.0%	0
November	0.0%	0
December	0.0%	0
January 	11.1%	1
February 	33.3%	3
March	0.0%	0
April	0.0%	0
May 	11.1%	1
Not sure 	44.4%	4
	answered question	9
	skipped question	3




3. How often do you use CRAF materials (eg the manual, aide memoire with indicators, website, DVD)?

	Response Percent	Response Count
Always 	9.1%	1
Sometimes 	27.3%	3
Often 	18.2%	2
Sometimes 	18.2%	2
Rarely 	27.3%	3
Never	0.0%	0
answered question		11
skipped question		1



4. Are you confident about asking questions about family violence with clients?

	Response Percent	Response Count
Always 	81.8%	9
Often 	18.2%	2
Sometimes	0.0%	0
Rarely	0.0%	0
Never	0.0%	0
answered question		11
skipped question		1




5. Are you incorporating questions about family violence in your practice?

	Response Percent	Response Count
Always 	81.8%	9
Often 	9.1%	1
Sometimes 	9.1%	1
Rarely	0.0%	0
Never	0.0%	0
answered question		11
skipped question		1

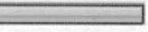


6. If not why? Choose all that apply.

	Response Percent	Response Count
Not enough knowledge and understanding about the issues	0.0%	0
Not relevant to the role 	50.0%	1
No opportunity in the role (eg lack of time, appropriate space)	0.0%	0
Not enough management or organisational support 	50.0%	1
Do not think it is necessary	0.0%	0
Other (please specify)		2
	answered question	2
	skipped question	10

7. Are you confident in using evidence-based risk indicators in your work with clients to assess risk?

	Response Percent	Response Count
Always 	55.6%	5
Often 	22.2%	2
Sometimes 	22.2%	2
Rarely	0.0%	0
Never	0.0%	0
	answered question	9
	skipped question	3

8. Are you incorporating the use of evidence-based risk indicators in your practice with clients?





	Response Percent	Response Count
Always 	33.3%	3
Often 	44.4%	4
Sometimes 	22.2%	2
Rarely	0.0%	0
Never	0.0%	0
	answered question	9
	skipped question	3

9. If not why? Choose all that apply.			Response Percent	Response Count
Not enough knowledge and understanding about the issues	<input type="checkbox"/>		33.3%	1
Not relevant to the role	<input type="checkbox"/>		33.3%	1
No opportunity in the role (eg lack of time, appropriate space)	<input type="checkbox"/>		33.3%	1
Not enough management or organisational support	<input type="checkbox"/>		33.3%	1
Do not think it is necessary			0.0%	0
		Other (please specify)		0
		answered question		3
		skipped question		9



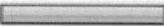







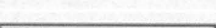



10. Are you confident about using the three elements of risk assessment with your clients?			Response Percent	Response Count
Always	<input type="checkbox"/>		33.3%	3
Often	<input type="checkbox"/>		33.3%	3
Sometimes	<input type="checkbox"/>		22.2%	2
Rarely	<input type="checkbox"/>		11.1%	1
Never			0.0%	0
		answered question		9
		skipped question		3

11. When you identify family violence with a client, how often do you try to do a safety plan?			Response Percent	Response Count
Always	<input type="checkbox"/>		33.3%	3
Often	<input type="checkbox"/>		33.3%	3
Sometimes			0.0%	0
Rarely	<input type="checkbox"/>		33.3%	3
Never			0.0%	0
		answered question		9
		skipped question		3






12. When you identify family violence with a client, how often do you refer on to other services? (If 'Never' please skip to question 13)

	Response Percent	Response Count
Always 	33.3%	3
Often 	22.2%	2
Sometimes 	33.3%	3
Rarely	0.0%	0
Never 	11.1%	1
answered question		9
skipped question		3











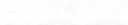
13. When you refer on, which services have you referred to since attending training? Choose all that apply.

	Response Percent	Response Count
Family Violence Services (Refuge, DV outreach, IWDVS, WDVCS) 	75.0%	6
Police 	62.5%	5
Courts 	37.5%	3
Housing/Accommodation Services 	25.0%	2
Indigenous Service 	12.5%	1
Mental Health Services 	37.5%	3
Disability Services	0.0%	0
Drug and Alcohol Services 	50.0%	4
Clinical Health Services (eg GPs, A&E department, local nurses) 	50.0%	4
Child FIRST 	25.0%	2
DHS Child Protection 	25.0%	2
Counselling/Mediation 	50.0%	4
Migrant or Culturally Specific Services 	12.5%	1
Sexual Assault Services (eg CASAs)	0.0%	0
Legal Services 	50.0%	4
Other (please specify) 		1
answered question		8
skipped question		4









14. When you identify family violence with clients, how often do you share risk assessment information with any other services? (If 'Never', please skip to question 15)

	Response Percent	Response Count
Always 	11.1%	1
Often 	22.2%	2
Sometimes 	33.3%	3
Rarely 	11.1%	1
Never 	22.2%	2
	answered question	9
	skipped question	3

15. If you share information, with which services have you shared information with since attending the training? Choose all that apply.

	Response Percent	Response Count
Family Violence Services (Refuge, DV outreach, IWDVS, WDVCS) 	57.1%	4
Police 	85.7%	6
Courts	0.0%	0
Housing/Accommodation Services 	14.3%	1
Indigenous Services 	14.3%	1
Mental Health Services 	28.6%	2
Disability Services	0.0%	0
Drug and Alcohol Services 	28.6%	2
Clinical Health Services (eg GPs, A&E department, local nurses) 	42.9%	3
Child First 	28.6%	2
DHS Child Protection 	14.3%	1
Counselling/Mediation 	14.3%	1
Migrant or Culturally Specific Services	0.0%	0
Sexual Assault Services (eg CASAs)	0.0%	0
Legal Services 	28.6%	2
Other (please specify)		1
	answered question	7
	skipped question	5

16. What changes practices or systems have occurred at a service or organisational level as a result of family violence reforms and CRAF training. Choose all that apply.

	Response Percent	Response Count
In corporation of CRAF into intake, assessment or case management documents 	55.6%	5
Incorporation of CRAF into staff professional development, training or induction processes 	22.2%	2
Incorporation of CRAF into services or organisational guidelines or policies 	11.1%	1
Elements of CRAF are used for data collection or monitoring processes 	22.2%	2
Development of formal links or agreements with other services in relation to information sharing 	22.2%	2
Development of formal links or agreements with other services in relation to referrals 	22.2%	2
Implementation of activities or processes targeted at population groups associated with increased risk or vulnerability (eg women with disabilities, children, CALD or Indigenous women)	0.0%	0
Not aware of any changes 	33.3%	3
Other (please specify): 	11.1%	1
Other (please specify)		2
	answered question	9
	skipped question	3

17. Are there any changes to your practices that have occurred as a result of the CRAF training which have not already been included in the responses above (eg changes in relationships between agencies)? Please describe.

	Response Count
	3
	answered question
	3
	skipped question
	9

Published by the Office of Women's Policy
Department of Planning and Community Development
Level 15, 1 Spring Street, Melbourne Victoria 3000

Tel (03) 9208 3129

May 2010

Copyright © State of Victoria 2010

This publication is copyright. No part may be reproduced by any process except in accordance with the provisions of the Copyright Act 1968.

Authorised by the Victorian Government, Melbourne

Designed by The Designery

Printed on 100% recycled paper

ISBN 978-1-921607-77-6

Copyright & Disclaimer

The materials presented in this report are for information purposes only. The information is provided solely on the basis that readers will be responsible for making their own assessments of the matters discussed and are advised to verify all relevant representations, statements and information and obtain independent advice before acting on any information contained in or in connection with this report. While every effort has been made to ensure that the information is accurate, the Department of Planning and Community Development will not accept any liability for any loss or damage which may be incurred by any person acting in reliance upon the information.

Accessibility

If you would like to receive this publication in an accessible format such as large print or audio, please telephone Office of Women's Policy on 03 9208 3129, or email owp@dpcd.vic.gov.au

This publication is also published in PDF and Word formats on www.women.vic.gov.au