IN THE MATTER OF THE ROYAL COMMISSION INTO FAMILY VIOLENCE

ATTACHMENT SW-16 TO STATEMENT OF SCOTT JAMES WIDMER

Date of document: 21 July 2015
Filed on behalf of: State of Victoria
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This is the attachment marked '**SW-16**' produced and shown to **SCOTT JAMES WIDMER** at the time of signing his Statement on 21 July 2015.

Before me: [redacted]

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

Family Violence Risk Assessment and Risk Management Framework Training

Phase One Evaluation Report of the Statewide Training Program

November 2011- June 2012

Prepared by Key Distinctions
on behalf of Department of Human Services, 2012

Family Violence Risk Assessment and Risk Management Framework Training

Phase One Evaluation Report of the Statewide Training Program November 2011- June 2012

Overview

This is a summary of the interim evaluation findings of the cross-sectoral, statewide *Family Violence Risk Assessment and Risk Management Framework* training overseen by the Office of Women's Policy in the Department of Human Services (DHS).

Context

Since being piloted in 2008 the Family Violence Risk Assessment and Risk Management Framework (the framework) aims to integrate service, police and court responses to family violence so that those experiencing violence are supported by an integrated, coordinated and streamlined system. Underpinning the implementation of the Risk Assessment and Risk Management Framework has been a statewide cross-sectoral training program now commonly referred to as the Common Risk Assessment Framework (CRAF) training.

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. This 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 training materials and delivery was successfully piloted in 2008, followed by the delivery of the first statewide training program from October 2008 – August 2009. This program reached 2491 participants in 116 training sessions. Subsequent strong demand lead to the delivery of an interim training program from April – June 2010, while the scope and contract for this current training program was being established.

Conduct

The contract for the current program of statewide training was finalised in June 2012 and ends in May 2014. The contract includes the delivery of 170 training sessions across the state and the development and delivery of a professional development strategy, which is not within the scope of this evaluation.

The contract was delivered through a competitive process and was awarded to a Training Consortium (TC) consisting of Swinburne University of Technology, No to Violence and Domestic Violence Resource Centre Victoria. Two types of training are to be delivered: Risk Assessment for Specialist Family Violence Workers (previously known as comprehensive training) and Family Violence Risk Assessment training (previously known as preliminary training).

The Framework Reference Group oversees the overall implementation of the Risk Assessment and Risk Management Framework, and provides ongoing feedback and direction from government partners and sector representatives to guide the training program.

All training was required to incorporate information on the the particular issues experienced by Indigenous groups, culturally and linguistic diverse (CALD) communities and clients for whom disability was a factor. An extensive suite of training materials was developed including handbooks, presentations, a DVD and additional information. These are all available on the website www.tafe.swinburne.edu.au/CRAF.

Justification and Aim of Current CRAF Training Program

The results and recommendations of the initial 2008-2009 CRAF training program evaluation supported the need for a further large-scale statewide CRAF training program. The intent was to extend and embed the consistent use of the framework within the Integrated Family Violence System (IFVS) and as well as into mainstream organisations and sectors. The 2011-2012 training program was intended to provide training to newly identified high priority sectors including mental health, alcohol and drug services and primary and acute health care, and to build on training to key professionals such as court workers, police and family violence support workers.

The objectives of the CRAF training program are to:

- increase knowledge, confidence and consistency of use in the framework for specialist and mainstream sectors across all regions the state
- address demand in the IFVS and support the embedding of the framework in to practice
- extend and increase training coverage to prioritised sectors
- encourage and support changes to practice and increase integration of service provision
- improve referral pathways and information sharing.

Training Delivery 2011-12

As indicated in Table 1, the training delivery schedule below, both RA training sessions and specialist training sessions was delivered across in both regional and metropolitan locations. Further details of attendance are discussed in the Attendance section below.

Table 1: Training Delivery Schedule Attendance Summary

#	Date	Region	Session Type	Total Attendees
1	9th November 2011	Grampians	Risk Assessment	15
2	10th November 2011	Grampians	Specialist	22
3	15th November 2011	Hume	Risk Assessment	20
4	16th November 2011	Hume	Risk Assessment	11
5	18th November 2011	Corrections	Risk Assessment	19
6	23rd November 2011	Southern	Risk Assessment	26
7	24th November 2011	Southern	Specialist	16
8	30th November 2011	Eastern	Specialist	22
9	6th December 2011	North-West	Risk Assessment	24
10	7th December 2011	North-West	Specialist	23
11	21st February 2012	North-West	Risk Assessment	23

12	23rd February 2012	North-West	Specialist	10
13	6th March 2012	Southern	Risk Assessment	22
14	7th March 2012	Gippsland	Risk Assessment	21
15	8th March 2012	Gippsland	Specialist	17
16	14th March 2012	Southern	Specialist	12
17	15th March 2012	North-West	Risk Assessment	16
18	20th March 2012	Loddon Mallee	Risk Assessment	20
19	21st March 2012	Loddon Mallee	Specialist	14
20	28th March 2012	Eastern	Specialist	13
21	29th March 2012	Eastern	Risk Assessment	15
22	24th April 2012	Eastern	Risk Assessment	20
23	26th April 2012	North-West	Risk Assessment	21
24	27th June 2012	Open metro	Risk Assessment	27
25	29th May 2012	Eastern	Risk Assessment	21
26	30th May 2012	Hume	Risk Assessment	19
27	4th April 2012	Southern	Risk Assessment	22
28	17th April 2012	Open metro	Specialist	21
29	1st May 2012	Barwon South West	Risk Assessment	11
30	2nd May 2012	Barwon South West	Specialist	16
31	10th May 2012	Southern	Risk Assessment	17
32	16th May 2012	Southern	Specialist	20
33	22nd May 2012	Eastern	Risk Assessment	16
34	23rd May 2012	Open metro	Risk Assessment	24
35	24th May 2012	North-West	Specialist	12
36	5th June 2012	Open metro	Specialist	12
37	6th June 2012	Southern	Risk Assessment	26
38	13th June 2012	Grampians	Risk Assessment	15
39	14th June 2012	Grampians	Specialist	20
40	15th June 2012	Cairnmillar (eastern)	Risk Assessment	29
41	20th June 2012	North-West	Specialist	16
42	21st June 2012	North-West	Risk Assessment	23
43	28th June 2012	Open metro	Specialist	18
			TOTAL	807

** May and November participants were sent an online participant survey, as identified in the Evaluation Methodology section below.*

Evaluation Methodology

Data is being collated and analysed by both the TC and on behalf of the Office of Women's Policy in DHS by an independent contractor, utilising enrolment and attendance information from a training database, pre and post training self-assessment questionnaires, formal feedback from key stakeholders and an online participant survey sent to two samples of participants several months following training participation (as highlighted above in Table 1).

The training implementation and delivery are being monitored and evaluated in relation to the requirements outlined in the contract with the TC with regards to administration and scheduling, selection and attendance, delivery and materials, and participant learning and engagement.

This evaluation project monitors and analyses coverage and reach, as well as participant learning and transfer of knowledge into their professional practices using a post-participation online survey.

This methodology is consistent with the methodology used to evaluate the initial 2008-2009 CRAF training program and therefore allows for longer-term analysis and the ability to compare outcomes against previous training. This includes the use of the same data collection processes, surveys, and questionnaires. The methodology, findings and recommendations for the first CRAF training program are detailed in the *Evaluation Report of the Statewide Training Program (December 2009)* available online at:
http://www.dhs.vic.gov.au/about-the-department/documents-and-resources/reports-publications/evaluation-of-the-family-violence-risk-assessment-training-rollout-2008-09

The online participant survey was sent to all participants who attended the eight training sessions in November 2011 and the seven training sessions in May 2012. As per the training schedules, six of these training sessions were specialist training sessions and nine RA training sessions, eight training sessions were metropolitan based, six regional and one targeted training to Corrections Victoria. This survey captures responses of participants several months *after* the training had been undertaken in order to assess actual changes to practice.

The surveys were identical to that sent out in previous training programs (see Attachment 1) and had a 33 per cent response rate from the 197 participants who provided emails for the survey to be sent out. Of the participants who responded to the survey 66 per cent were from RA training sessions, 27 per cent were from Specialist training sessions and six per cent were unsure of which training session type they had attended. This constitutes a 64 per cent response rate from the RA training session participants who were sent the survey and a 36 per cent response rate from the Specialist training session participants. The overall response rate is slightly below the 40 per cent average response rate in the 2008-2009 training program evaluation, this data is not available disaggregated by training session type response rates.

Effectiveness

Evidence of the program's progress toward its stated objectives and expected outcomes, including the alignment between the program, its output (as outlined in Budget Paper Number 3), departmental objectives and government priorities will be addressed as much as possible in the final phase one report.

Attendance

This section provides an overview of expressions of interest in training, training attendance and feedback rates.

As shown in Table 2, 43 training sessions have been delivered from 1 November 2011 – 30 June 2012, reaching 807 participants. Of these 26 have been Risk Assessment (RA) training sessions, 17 have been specialist training sessions, 13 have been regional delivery and 30 metropolitan delivery. One sector specific RA training session was delivered to 19 Corrections Victoria staff a priority area that was identified for this training round.

Table 2: Training Delivery Overview November 2011 – June 2012

Training Type	Number of	Number of	Number of	Number

	sessions	participants	Regional sessions	of Metro sessions
Risk Assessment training	26	504	8	17
Specialist training	17	284	5	12
Sector Specific	1 RA training session	19	0	1
Total	43	807	13	30

As shown in Table 3, overall there was solid training attendance. The direct service provision and crisis response role of many organisations in the sector are expected to result in late cancellations and 'no shows' beyond what would commonly occur in training provision. For this reason, solid training attendance is considered to be above 70 per cent attendance of the confirmed participants.

In addition, as found in the 2008-09 training program, many factors can affect training selection and attendance such as availability of appropriate participants, distance of travel required to attend training, and the demands of working in direct service provision where there is often no backfilling arrangement.

For the RA training sessions, this is potentially the case the RA 2 training and the Southern Metro RA 16 training sessions. The Eastern Metro RA 11, RA 13, and RA 17 training sessions were the week before Easter, the day before ANZAC Day and a Friday respectively – all of which could have affected attendance. For the Specialist training sessions, this is potentially the case for the Loddon-Mallee Bendigo Sp 8 and North-West Metro Footscray Sp 17 training sessions.

Table 3: Training Session attendance figures for November 2011 – June 2012

Session	Region	Location	RA Training Date	Initial EOIs	Confirmed	Attended
RA 1	Grampians	Ballarat	9/11/2011	13	13	15
RA 2	Hume	Wangaratta	15/11/2011	29	27	20
RA 3	Hume	Benalla	16/11/2011	14	12	11
RA 4	Southern Metro	Dandenong	23/11/2011	34	28	26
RA 5	North West Metro	Preston	6/12/2011	50	26	27
RA 6	North/West Metro	Preston	21/02/2012	28	25	23
RA 7	Southern Metro	Dandenong	6/03/2012	22	22	18
RA 8	Gippsland	Traralgon	7/03/2012	33	25	20
RA 9	North/West Metro	Yarraville	15/03/2012	20	20	14
RA 10	Loddon/Mallee	Bendigo	20/03/2012	28	25	17
RA 11	Eastern Metro	Box Hill	29/03/2012	23	22	15
RA 12	Southern Metro	Moorabbin	4/04/2012	34	25	21
RA 13	Eastern Metro	Ringwood	24/04/2012	29	26	18
RA 14	North/West Metro	Preston	26/04/2012	55	28	22
RA 15	Barwon S/W	Camperdown	1/05/2012	15	15	11
RA 16	Southern Metro	Hastings	10/05/2012	33	25	17
RA 17	Eastern Metro	Box Hill	22/05/2012	31	25	16
RA 18	Open Metro	Parkville	23/05/2012	50	27	22
RA 19	Eastern Metro	Ringwood	29/05/2012	34	26	22
RA 20	Hume	Shepparton	30/05/2012	23	23	22
RA 21	Southern Metro	Hastings	6/06/2012	35	29	26
RA 22	Grampians	Beaufort	13/06/2012	18	18	15
RA 23	Cairnmillar (Metro)	Camberwell	15/06/2012	25	25	30
RA 24	North/West Metro	Footscray	21/06/2012	27	25	23

RA 25	Open Metro	Parkville	27/06/2012	31	25	27
		RA Training	**Total**	**734**	**587**	**498**
Session	**Region**	**Location**	**Specialist Training Date**	**Initial EOIs**	**Confirmed**	**Attended**
Sp 1	Grampians	Beaufort	10/11/2011	23	22	22
Sp 2	Southern Metro	Dandenong	24/11/2011	22	17	16
Sp 3	Open Metro	Box Hill	30/11/2011	29	23	22
Sp 4	North West Metro	Melbourne	7/12/2011	38	25	22
Sp 5	North/West Metro	Parkville	23/02/2012	10	10	11
Sp 6	Gippsland	Traralgon	8/03/2012	18	18	16
Sp 7	Southern Metro	Dandenong	14/03/2012	12	12	12
Sp 8	Loddon/Mallee	Bendigo	21/03/2012	27	27	12
Sp 9	Eastern Metro	Box Hill	28/03/2012	15	15	12
Sp 10	Open Metro	Parkville	17/04/2012	21	21	18
Sp 11	Barwon S/W	Camperdown	2/05/2012	20	20	17
Sp 12	Southern Metro	Moorabbin	16/05/2012	29	21	20
Sp 13	North West Metro	Parkville	24/05/2012	17	17	12
Sp 14	Eastern Metro	Box Hill	5/06/2012	17	17	12
Sp 15	Grampians	Beaufort	14/06/2012	19	19	20
Sp 16	North/West Metro	Footscray	20/06/2012	23	22	16
Sp 17	Open Metro (Police focus)	Parkville	28/06/2012	27	27	18
		Specialist Training	**TOTAL**	**367**	**333**	**278**

** Note these do not include the sector specific training*

As shown in Table 4, training was well received as demonstrated by the positive feedback from participants collected immediately after their training in the table below. Positive feedback included an appreciation of the trainers, the subject matter and the training delivery. Suggestions for changes to the training included a few criticisms of the training, but mostly included suggestions on training delivery such as omitting role playing, increasing the length of the training and making the training more comprehensive. There is no noticeable difference between comments between RA training participants and Specialist Training participants as responses are similar. Responses from RA training participants slightly higher and so representative of the proportion of training sessions run.

Table 4: Participant training feedback directly after training 2011-2012

Other comments	
Type	**Total responses**
Positive comments	143
Suggestions for changes in training	117
Total responses	260

Sector Coverage and Reach

This section shows coverage and reach of participants working with specific demographic cohorts, participants working in specific industries, and specific information on coverage and reach of prioritised sectors for training.

It was identified following the 2008-09 CRAF training program, that data collected should include which sector/s participants were predominantly working with. The specific categories were: CALD, Indigenous, aged care and youth. This data is represented above in Table 5.

The RA training sessions showed the percentage of participants working with specific communities to be approximately 32 per cent Indigenous and 38 per cent CALD sector, 21 per cent in aged care and 59 per cent in youth. Regional differences reflected demographic data. One example is that almost 45 per cent CALD in North West Metro and just over 3 per cent in Loddon-Mallee.

The specialist training sessions showed approximately 43 per cent coverage of CALD and 43 per cent children/youth, over 45 per cent Indigenous and 30 per cent aged care averages across regions.

Table 5: Participants Working with Specific Population Cohorts

Region for RA training session	**# EOI Forms**	**Indigenous**	**CALD**	**Aged**	**Children/Youth**
Gippsland	33	57.6%	21.2%	24.2%	90.9%
Loddon/Mallee	29	44.8%	3.4%	17.2%	44.8%
North West Metro	261	24.5%	44.8%	17.2%	52.9%
Barwon S/W	17	11.8%	11.8%	5.9%	76.5%
Eastern Metro	104	42.3%	47.1%	28.8%	58.7%
Grampians	35	34.3%	34.3%	17.1%	71.4%
Hume	56	42.3%	28.6%	30.4%	57.1%
Southern Metro	183	27.9%	35.5%	18.6%	56.3%

OVERALL	703	32.4%	38.0%	20.8%	59.2%
Region for Specialist training session	**# EOI Forms**	**Indigenous**	**CALD**	**Aged**	**Children/Youth**
Gippsland	18	61.1%	22.2%	27.8%	38.9%
Loddon Mallee	27	48.1%	40.7%	40.7%	59.3%
North West Metro	115	47.8%	45.2%	29.6%	38.3%
Southern Metro	77	48.1%	65.0%	44.2%	62.3%
Barwon S/W	21	42.9%	28.6%	19.0%	47.6%
Eastern/ Open Metro	56	53.4%	48.2%	23.2%	51.8%
Grampians	42	28.6%	16.7%	16.7%	47.7%
Hume	7	71.4%	71.4%	42.9%	85.7%
OVERALL	**363**	**45.5%**	**43.3%**	**30.6%**	**43.3%**

As shown in Table 6, of the training sessions run between November 2011 and June 2012, the TC report suggests trends across sectors represent the services most in demand by the demographic populations represented for both RA and specialist training sessions. Of sectors represented in the training sessions, approximately six per cent of participants work in disability and ten per cent and under in primary health care and education. Between 13 and 15 per cent work in the drugs and alcohol sector, and between 17 and 28 per cent in mental health and counselling and mediation, while an average of 25% work across housing and accommodation services.

The 2011-12 training targeted coverage in the following sectors: the health sector, specifically primary health (for example nurses, allied health practitioners, psychiatrists, community health centre staff and acute care providers); practitioners working in the alcohol and other drug (AOD) area and mental health staff; the legal sector in law and justice services, including community corrections officers and prison officers. This occurred through additional promotional activities aimed at target groups and the provision of training sessions specifically for Victoria Police and a Department of Justice (DoJ) funded training program for Community Corrections Officers.

Table 6: Sector coverage by industry

Region for RA training session	# EOI Forms	Disability	Primary Health	Drugs & Alcohol	Mental Health	Education	Counselling/ Mediation	Housing / Accom
Gippsland	33	12.1%	12.1%	33.3%	33.3%	21.2%	39.4%	30.3%
Loddon Mallee	29	20.7%	17.2%	17.2%	31.0%	10.3%	20.7%	20.7%
North West Metro	211	6.6%	19.9%	14.2%	29.9%	12.3%	17.5%	9.0%
Barwon S/W	17	5.9%	11.8%	5.9%	5.9%	0.0%	11.8%	17.6%
Eastern Metro	104	2.9%	5.8%	17.3%	51.9%	1.9%	15.4%	16.3%
Grampians	35	2.9%	8.6%	2.9%	5.7%	25.7%	11.4%	40.0%
Hume	56	3.0%	1.1%	8.9%	10.7%	4.2%	11.4%	61.6%

Northern Metro	167	6.6%	23.4%	16.2%	29.3%	13.8%	18.6%	9.6%
Southern Metro	168	4.8%	3.0%	20.2%	21.4%	9.5%	14.3%	29.8%
OVERALL	**703**	**6.0%**	**10.5%**	**15.2%**	**28.3%**	**10.2%**	**17.7%**	**24.9%**
Region for Specialist training session	**# EOI Forms**	**Disability**	**Primary Health**	**Drugs & Alcohol**	**Mental Health**	**Educatio n**	**Counselling/ Mediation**	**Housin g / Accom**
Gippsland	18	11.1%	11.1%	16.7%	11.1%	11.1%	44.4%	27.8%
Loddon Mallee	27	18.5%	11.1%	22.2%	33.3%	18.5%	33.3%	18.5%
North West Metro	115	1.7%	7.8%	12.2%	20.9%	8.7%	28.7%	24.3%
Southern Metro	77	9.1%	7.8%	16.9%	15.6%	2.6%	20.7%	23.4%
Barwon S/W	21	9.5%	14.3%	9.5%	14.3%	9.5%	23.8%	28.6%
Eastern Metro	56	5.4%	8.9%	7.1%	10.7%	10.7%	16.1%	37.5%
Grampians	52	1.6%	8.7%	10.9%	14.7%	8.6%	8.7%	29.7%
Hume	7	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
OVERALL	**363**	**6.1%**	**8.0%**	**12.9%**	**17.4%**	**8.5%**	**23.4%**	**27.5%**

As indicated in Table 7, there was comparatively good coverage of the sectors that were prioritised for training through consultation, research, and sector demand. Consistent support from other government partners (e.g. Corrections Victoria and Victoria Police) made a significant difference to the engagement and participation of a number of these sectors.

The data shows a seven per cent of participants were from the primary health sector, over a four per cent increase from the previous training program[1]. There was a small increase in AOD attendance and triple the number of mental health practitioners from the previous training program at four per cent participant rate. Training in law and justice services accounts for over 19 per cent of training participants. Attendance from the education sector rose by over 25 per cent and attendance from counselling and mediation staff remained at relatively the same levels at 11 per cent.

Table 7: Sector Coverage by Industry November 2011 to June 2012

Sectors and Services	EOI received 2011/12 number of those providing data	EOI received 2011/12 %	% Participants 2008-09 Training Program
Child FIRST & Family Services	123	16.3	24.0
Women Family Violence Specific Services	38	5.0	18.0
Unknown	11	1.5	14.0
Counselling & Mediation	86	11.4	11.0
Housing/ Homelessness Services	43	5.7	11.0
Disability Services	1	0.1	6.0
Indigenous Services	10	1.3	4.0

[1] Another project will target General Practitioners (GPs) as they have different requirements.

Other category	94	12.5	4.0
* Corrections	38	5.0	n/a
* VSA	6	0.8	n/a
*VicPol	80	10.6	n/a
*women specific services excluding health	15	2.0	n/a
* Neighbourhood Justice Centre	28	3.7	
Children Protection	5	0.7	4.0
Men's Services	14	1.9	3.0
Sexual Assault Services	10	1.3	3.0
CALD sector (excluding Family Violence Specific Services)	5	0.7	3.0
Education	35	4.6	3.0
Primary Health Care Services	56	7.4	3.0
Mental Health	23	3.1	1.0
Alcohol & Other Drugs	10	1.3	1.0
Legal Services & Lawyers	24	3.2	1.0
MCHN	0	0.0	1.0
Totals	755	100.0	100.0

Changes to practice

This section shows intended changes to practice that participants report directly after training, and actual changes to practice from a sample of training participants several months after their training. There is no noticeable difference between comments between RA training participants and Specialist Training participants as responses are similar. Responses from RA training participants slightly higher and so representative of the proportion of training sessions run.

Table 8: Intended Changes to Practice 2011-2012

Changes to Practice	
Type	**Total responses**
More than one change	29
1. Improvements in referrals, information sharing and networking	65
2. Increased knowledge of other services	13
3. Increased ability and/or improvements in practise for undertaking Risk Assessment	188
4. Increased ability and/or improvements in practise for undertaking Risk Management	15
5. Increased ability and/or improvements in practise for undertaking safety planning	69
6. Generalised improvement – *includes*	150
7. No improvement	4
8. Other	15
9. Increased confidence asking family violence related questions	76
10. Better understanding of clients/better client relationship skills/increased ability to relate to clients	43
11. Intent to share resources/ knowledge / provide training with colleagues, and intent to modify service/ original practice	36
Total responses	703

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 as shown in Table 8.

The most common themes in these changes to practice are exemplified with the examples of comments received below:

- "Greater awareness of referral pathways will improve my risk management planning."
- "Use the Aide memoire"
- "Documentation of a safety plan –confidence in completing and knowing this is best practice"
- "This training will keep me to build awareness and to recommend training for others"
- "Confidence in raising issues and dealing with them"
- "Learnt some more appreciate ways to speak with women about their experiences"
- "Be a resource for colleagues who may not be aware of information and ways of working with clients that present who are in family violence situations"

These results further demonstrate that the training has been effective in increasing participant understanding of risk assessment, risk management, safety planning, questioning and overall competence in addressing family violence.

Table 9: Reported Actual Changes to Practices from all Survey Respondents

What changes to 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.

Answer Options	Sample Survey 2011-2012 Response Percent	Response Count	Survey 2008-9 Response Percent
Incorporation of CRAF into intake, assessment or case management documents	24.7%	39	35.1%
Incorporation of CRAF into staff professional development, training or induction processes	19.0%	30	34.5%
Incorporation of CRAF into services or organisational guidelines or policies	12.0%	19	20.3%
Elements of CRAF are used for data collection or monitoring processes	10.1%	16	15.8%
Development of formal links or agreements with other services in relation to information sharing	2.5%	4	13.0%
Development of formal links or agreements with other services in relation to referrals	3.2%	5	14.5%
Implementation of activities or processes targeted at population groups associated with increased risk or vulnerability (eg women with disabilities, children, CALD or Indigneous women)	11.4%	18	14.0%
Not aware of any changes	38.0%	60	33.2%
Other (please specify)		5	4.9%
	answered question	**128**	
	skipped question	**30**	

Table 9 shows actual changes to practice reported for the November 2011 and May 2012 training samples as collected.

The survey also demonstrated significant changes to practice as a result of the training and family violence reforms in terms of risk assessment, risk management, safety planning, questioning and overall competence in addressing family violence as seen in the table.

Table 10: Reported Uses of the Framework

Type of change	Sample 2011-12	Sample 2008-9
Participants using framework materials since their training	60%	55%
Participants asking questions about family violence	92%	72%
Participants incorporating risk assessment into their work	90%	68%
Participants doing safety plans	72%	84%
Participants referring clients to other services	77%	74%
Participants sharing information and making referrals to other services	61%	47%
Participants reported changes to practice that had occurred at a systems or organisational level as shown above	62%	67%

** Percentages of participants who answered the question as always, often and sometimes*

The survey also showed significant improvements when compared to previous training programs suggesting it is becoming more integrated as an important and relevant issue:

- 60 per cent of participants had used the Framework materials since their training, showing a steady increase of use over time;
- 92 per cent were asking questions about family violence, showing an increase since 2008-9 which may demonstrate it is becoming more routine to ask about;
- 90 per cent were incorporating risk assessment into their work, higher than 2008-9;
- 72 per cent were doing safety plans showing a decrease of 12% since 2008-9;
- 77 per cent were referring clients to other services, an increase over time suggesting referral pathways are becoming more clear;
- 61 per cent were sharing information and making referrals to other services, higher than 2008-9; and
- 62 per cent reported changes to practice that had occurred at a systems or organisational level, slightly lower than the 2008-9 training program

Feedback from the TC, participants 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.

Conclusion

The CRAF training program has been successful in achieving its intended aims of engaging specialist as well as mainstream services. It also indicates broad success in engaging with the targeted sectors and increasing enrolments in the training. Data analysis also indicated the training has been effective in gauging the practice of participants who had undertaken the training.

A potential issue raised by the data concerns the decline in safety planning. This may warrant further investigation. However, overall evidence suggests that the 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.

The data supports the conclusion that to date the overarching aims of the training program as a key mechanism to implement the framework have been achieved. The training program was effective, and being centrally managed by the TC worked well. Partnerships between sectors and regions allowed for effective promotion and feedback the roles of the Family Violence Regional Integration Coordinators' in the scheduling, promotion and enrolment process will be assessed on completion of the training rollout.

The reporting and monitoring process by the TC and the whole of government governance structure was effective and allowed for timely identification of issues and direction from stakeholders and partners. This supported a process of continuous improvement by the TC and others involved in the rollout.

In terms of future training, participant feedback shows a demand for increased training, however the TC reported a gradual shift in participation as training for the specialist family violence sector has reached the bulk of workers in the sector. The demand for therefore is primarily for RA training sessions the TC reports that increasingly Health workers and particularly mental health workers in both program categories are attending in considerable numbers.