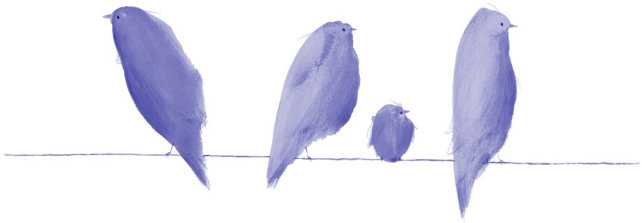

Royal Melbourne Hospital Family Violence Training Framework 2018 – 2021

Family Safety Team, Royal Melbourne Hospital, Melbourne, Australia

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Introduction

Family violence is a significant social and public health problem (1). In 2015 a Royal Commission into Family Violence was established in Victoria, Australia, following a number of family violence deaths that received a high coverage in the media (2). The commission findings were released in 2016. These emphasized the significant physical and psychological harm that is caused by family violence, and that this has wide ranging community impacts. Among the Commission's 227 recommendations a number pertained specifically to improving the response of the healthcare system, with a whole-of-hospital model for responding to family violence recommended for all public hospitals.

In response to this recommendation, the Victorian Government funded a sector wide initiative, the Strengthening Hospital Responses to Family Violence (SHRFV) project, led by the Royal Women's Hospital (RWH) and Bendigo Health (3). The central tenet of this initiative was for public hospitals to significantly improve their clinical response to service users experiencing family violence.

Recommendation 95: The Victorian Government resource public hospitals to implement a whole-of-hospital model for responding to family violence, drawing on evaluated approaches in Victoria and elsewhere [within three to five years].

- Royal Commission into Family Violence

Royal Melbourne Hospital (RMH) received a state government grant as part of the SHRFV project. RMH was formally partnered with Tweddle Child and Family Health Service and Dental Health Services Victoria, and also worked with associated service NorthWestern Mental Health, as part of the project. This document outlines the RMH Family Violence Training Framework, a whole-of-hospital transformation change project designed to implement Recommendation 95 from the Royal Commission. All funded services were encouraged to adapt the SHRFV project model to suit the local environment of their health service. This document outlines the RMH approach. RMH specifically focused on using an evidence based research and evaluation framework with a focus on in-depth training, underpinned by a clinical champions network.

Figure 1: Strengthening Hospital Responses to Family Violence (SHRFV) Approach. SHRFV Toolkit (3)

RMH utilised the five pillars of the SHRFV approach, provided in the SHRFV Toolkit (3), see Figure 1. This was achieved with the following approach:

1) Gain support of hospital management through presentations to the executive and hospital board. Appointment of Director of Nursing and Allied Health as Executive Sponsor for the project.
2) Design comprehensive, but clear, policies and procedures for the management of clinical family violence issues within the health service. Approved policies made available to all on hospital intranet policy platform.
3) Appoint a specialist Family Safety Team within the hospital to lead and manage the transformational change project. Engage allies from key areas across the hospital and form a Steering Committee to oversee governance of the service reforms. Design an evidence-based hospital wide clinical training program tailored to the needs of individual clinical areas. Provide a secondary consultation service in family violence, accessible to all clinicians.
4) Work with internal and external stakeholders to develop strong pathways and links for clinical care for clients. This included internal workflow and clinical pathway frameworks to assist clients experiencing violence, aa well as knowledge of, and relationships with, external organisations to facilitate safe discharge and ongoing support.
5) Implement a comprehensive research program to evaluate baseline knowledge, confidence and screening levels in family violence. Follow-up studies to determine efficacy of training across training streams. Plan work flow audits of family violence screening in electronic medical records to increase knowledge about demographics of clients, care and pathways utilisation.

RMH Training Framework

A baseline RMH clinical staff study was conducted in 2017 (N=534). The results indicated clinicians across the hospital had limited knowledge and confidence working clinically in the area of family violence (4). A focal area of higher knowledge was identified in social work clinicians. However, most staff in other disciplines including, nursing, medical and allied health roles reported a limited readiness to respond to family violence issues (5). Of note, nursing staff in particular rarely reported providing psychological support when patients disclosed experiencing family violence (6). The RMH baseline research also indicated that short-duration training was likely to have limited effect at increasing either knowledge or confidence levels. 7 to 9 hours of training was required for at least 50% of clinicians to rate their family violence knowledge levels as *Moderate* or above (4). Research with patients from the social work and psychology patient cohorts indicated that less than half of the sample had been screened for family violence at the health service (7). A quarter of patients had disclosed family violence concerns to a staff member at the health service and a further 20% had wanted to disclose, but had not felt comfortable to do so.

Thus, the need for a hospital-wide, high quality training program was clear. The Family Safety Team designed and implemented the RMH training program utilising resources from a number of different sources. The training program was dynamic, adapting to changes informed by research and best-practice guidelines, and flexible so that it could be provided when and where training opportunities arose, across multiple wards, departments and professions, within the hospital.
A strong focus for the Family Safety Team training framework was the development and evaluation of a clinical champions program—termed Family Safety Advocates Network. Champions worked throughout the hospital and received 9+ hours of family violence training. A high number of shorter duration sessions were also provided, as per the SHRFV training recommendations (3). Staff were also sent to a number of external training courses/sessions, with leading family violence training providers within the local sector. The types of training provided to staff at RMH, between 2018 and year end 2021, are provided in the text box, below. See page 4 for a graphical representation of the number of attendances at RMH Family Violence staff training sessions by year and training type.

RMH Family Violence Training Types

Training components described below. Training durations varied according to availability. The most common duration for the training session is indicated. *External*—indicates a training session provided by a non-RMH training team.

** Key for figure on page 4: Training Type and Attendances.*

Module 1: A shared understanding— Introduction to sensitive practice, overview of workplace support for all staff, 30 mins (3)

Module 2: A practical application— Review of module 1, Aaplication of sensitive practice, RMH FV policy flowchart with case study, 30 mins (3)

Module 1 & 2: Module 1 & 2 training combined, 60 mins (3)

CRAF: Common Risk Assessment Framework, 6 hours (8) *External*

Fam.Safety Advocate: Family Safety Advocate Training, 9 hours. This training was provided in two different formats:

2018-2019 Family Safety Advocates attended an RMH provided training session (3-hours): Drivers of family violence, module 1 & 2, elder abuse, RMH family violence policies, role of family safety advocates at RMH. They also attended the external CRAF: Common Risk Assessment Framework training (6 hours)

2020-2021 Online interactive pre-learning package (1-hour) plus full day of online training (8-hours). Live and pre-recorded sessions: drivers of family violence, module 1 & 2, elder abuse, intersectional factors, RMH family violence policies, role of family safety advocates, practical application of sensitive enquiry, mandatory reporting, internal & external referral options. Q&A with relevant people in the organisation.

DV Alert: Domestic Violence Response Training, 16 hours (9) *External*

WHIN ID FV: Women's Health in the North—Identifying Family Violence, 4 hours (10) *External*

NIFVS: Resisting Collusion with Male Perpetrators: 6 hours (11) *External held onsite*

Non Clinical: Training provided to non-clinicial staff members, incorporating Module 1, and information on supports and services available at RMH to support staff experiencing family violence, 60 mins

Managers: Training provided to managers incorporating Module 1, RMH family violence policies, information on supports and services available for staff experiencing family violence, how to support staff, as a manager, 60 mins

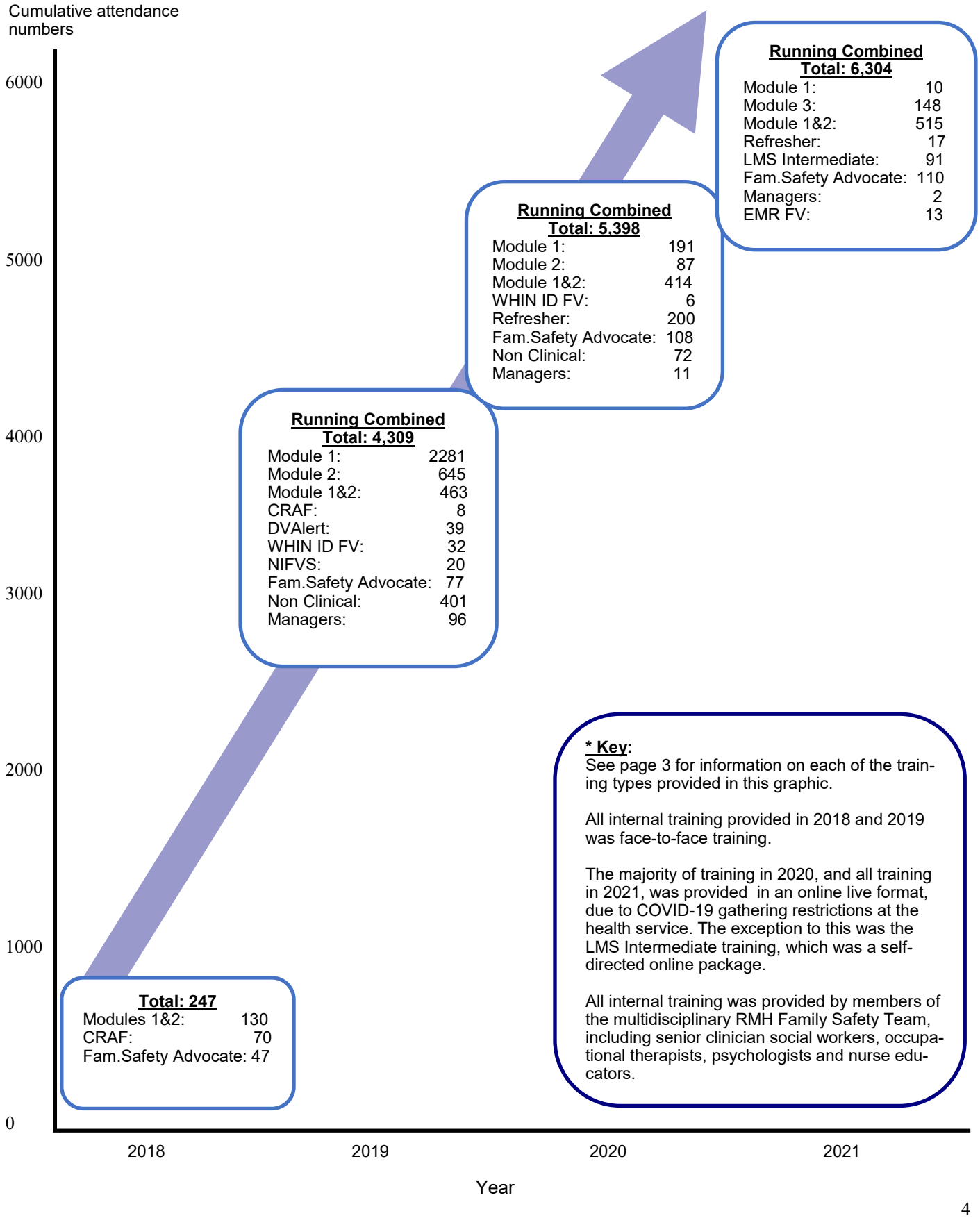
Refresher: Provided to allied health and medical staff after the completion of Module 1&2. Sector and policy updates, sensitive practice recap, 1-hour

Module 3: Provided to Nursing staff, who may have completed Module 1, 2 or both. Recap of modules, scenario vignettes, introduction to Multi-Agency Risk Assessment and Management (MARAM) and Family Violence and Child Information Sharing Schemes (FVISS & CISS), 30 mins

LMS Intermediate: Learning Management Space Intermediate. RWH and Family Safety Victoria. Online didactic package. Intermediate Multiagency Risk Assessment and Management (MARAM). Adult and child victim survivors, applied understanding of MARAM framework, practice guidance and tools, practice skills to support effective engagement, risk identification, assessment and management, advocacy and reflective practice. Social work, family safety and mental health staff. 3 hours (12) *External hosted on internal platform*

EMR FV: Electronic Medical Record Family Violence work flow, patient file alerts, information sharing requests documentation. 1 hour

Training Type and Attendances



Summary

The RMH is a large adult trauma hospital in Melbourne, Victoria, Australia. The 6000+ person workforce includes approximately 4500 clinical staff (3000 nurses, 1000 medical staff and 500 allied health). The Family Violence staff training program commenced at RMH in the second half of 2018. By year end in 2021 there had been a total of 6,304 staff attendances at family violence training, either provided by, or sourced through, the RMH Family Safety Team. This included a total of 342 Family Safety Advocates (Clinical Champions) training attendances. Training was provided to staff across clinical disciplines, including nursing, medical and allied health, and to non-clinical staff (e.g. security, food services, cleaning services, administration and management).

A study was implemented to evaluate the RMH Family Safety Advocate clinical champions model in allied health staff (13). Results indicated significant improvements in family violence knowledge, confidence and screening ratings in staff who completed the program, and that these gains were maintained at 12 to 15 months follow-up as the staff were also supported with an ongoing community of practice (13). A second study has been implemented to evaluate the efficacy of the RMH Family Safety Advocate clinical champions model in nursing staff. Results will soon be submitted for peer review publication. A clinician whole-of-hospital three-year follow-up study was also conducted in late 2020, to reassess areas covered in the 2017 survey (4). This data is also being prepared for peer reviewed publication and will be submitted in coming months. The Family Safety Team have further plans to audit the use of, and pathways generated from, the family violence clinical screening work flow that has been imbedded in the health services new electronic medical record.

The key tenets to training success, as identified by the Family Safety Team at RMH, were recently presented at an Australian domestic violence conference (14). These include:

1) A dedicated and resourced family violence team within the service with skills and expertise in both family violence clinical response and heath service education
2) Inclusion of multi-disciplinary roles within the family violence team to assist with engagement across clinical profession groups
3) Gaining organisational support from hospital leaders to promote and support cultural change in family violence healthcare clinical response
4) Implementation of an in-depth training or clinical champions program so that there are a sub-set of staff with high knowledge levels in the area
5) Provide ongoing support, via secondary consultation, and a community of practice, to support staff conducting this work.

The hospital's executive have recognised the importance of the work commenced by the Family Safety Team at RMH, by providing ongoing funding for the service, beyond the termination of state government grant functioning until June 2022. This will ensure that a dedicated family violence team continues permanently at the service, to build further on the work that has occurred over the last four years, of which the training framework is outlined in this document.

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