Family Violence Monitor

Submission

August 2022

© Copyright Municipal Association of Victoria,2020

The Submission to the Family Violence Monitor has been prepared by the Municipal Association of Victoria (MAV). The MAV is the owner of the copyright in this publication. No part of this publication may be reproduced, stored or transmitted in any form or by any means without the prior permission in writing from the Municipal Association of Victoria.
All requests to reproduce, store or transmit material contained in the publication should be addressed to [redacted], MAV MCH Policy Adviser on [redacted]
The MAV does not guarantee the accuracy of this document's contents if retrieved from sources other than its official websites or directly from a MAV employee.
The MAV can provide this publication in an alternative format upon request, including large print, Braille and audio.

The MAV is the statutory peak body for local government in Victoria. The MAV acknowledges the contribution of local government in preparation of this submission. While this submission aims to broadly reflect the views of local government in Victoria, it does not purport to reflect all the views of individual councils across the state.

Executive Summary

Since the 2016 Royal Commission into Family Violence (Royal Commission), Victorian local government has implemented key policy and system reforms to address and respond to regulatory and other changes based on findings from the Royal Commission. This submission outlines the experience of local government in relation to the effectiveness of the family violence information sharing and risk management legal provisions.

The MAV broadly welcomes the changes. We are hearing from some of our members that these reforms are time consuming in relation to the number of requests for information they are now needing to respond to and the compliance requirements for recording. This is also having a financial impact on local government with no funding provision included enabling universal services to meet the demand of information being requested.

Council MCH services follow up all birth notifications, and hence connect with every family across the state, so continue to play a vital role in providing support for victim survivors. MCH nurses have an intimate relationship with families and are recognised as a key identifier, contact and referral point for families experiencing family violence. Through the MCH service councils have led the rollout of one of the cornerstone pillars for change to the family violence service system in the information sharing reforms - the Multi-Agency Risk Assessment and Management Framework (MARAM), the Family Violence Information Sharing Scheme (FVISS) and the Child Information Sharing Scheme reforms (CISS). Now council's children services are also prescribed, council have an even larger reach and therefore role in assessing and managing the risk associated with family violence and sharing information with other services to maintain children's safety.

MAV Recommendations:

This submission includes recommendations from a local perspective in relation to Information Sharing and the Family Violence Risk Assessment and Risk Management Framework:

MAV Recommendation 1: For the workforces involved with children both the FVISS and CISS need to be considered together

MAV Recommendation 2: Strengthening of proactive information sharing with prescribed universal services working with children zero to six years so that, changes in family circumstances are communicated by Family Violence and Child Protection Services to MCH nurses and early years services, improving support for families and ensuring a safe work environment for all frontline workers.

MAV Recommendation 3: Ensure there is ongoing training and education to address the fact that a lot of the prescribed workforce have a high turnover and are under-resourced

MAV Recommendation 4: A refinement and review of the practical resources for the users with clarification of MARAM, FVISS and CISS

MAV Recommendation 5: Adequate resourcing for providers to implement, embed and sustain this in their practice.

MAV Recommendation 6: More work is required to have the multiple services involved with these families linked up to reduce the duplication of information being requested.

Introduction

The Municipal Association of Victoria (MAV) is the peak representative and advocacy body for Victoria's 79 councils. The MAV was formed in 1879 and the *Municipal Association Act* 1907 appointed the MAV the official voice of local government in Victoria.

Today, the MAV is a driving and influential force behind a strong and strategically positioned local government sector. Our role is to represent and advocate the interests of local government; raise the sector's profile; ensure its long-term security; facilitate effective networks; support councilors; provide policy and strategic advice; and capacity building programs to local government.

Local government plays an integral role in preventing and responding to violence against women and families across the state. This occurs through provision of children and family services, emergency management and other services that present opportunities for prevention activities and as a partner across the services sector. Additionally, local government is in a unique position to influence community change due to its close relationship with its communities.

As a provider of services, it is also a large employer. In rural communities, councils are often one of the largest employers in a municipality.

Further to the 2016 Royal Commission into Family Violence, a recommendation was made to legislate that local government address family violence through its Municipal Health and Wellbeing Plans – in both prevention and response.

Victorian councils are committed to gender equality and to the prevention, early identification, and response to violence against women and children. Councils:

- Provide leadership and/or are partners in the prevention of violence against women in their municipalities.
- Are engaged in the provision of services for the community, including, but not limited to, children and family services, Maternal and Child Health (MCH), Aged Care, Youth services.
- Under legislation, MCH services follow up all birth registrations, and hence connect with every family with children across the state.
- Lead, facilitate or work in partnership with service providers, including the Victoria Police, the Family and Magistrate Courts, with the end-goal of support and improving the safety, health, wellbeing, and outcomes for families.

The MAV's Preventing Violence Against Women Leadership Statement from 2012 commits to providing leadership in preventing violence against women through:

- Advocacy to other levels of government to increase the resources in clarifying, enhancing and implementing legislation and influencing social norms for more equal relationships between men and women;

- Building capacity within this organisation and the sector to understand the prevalence, seriousness and preventable nature of the problem and the roles that local government can play in addressing gender equity and promoting respectful relationships;
- Promoting local government's role, achievements and best practice in preventing violence against women to the sector and other levels of government;
- Championing 'whole of community' approaches to raising awareness and responding to opportunities to promote respectful relationships;
- Supporting local councils in their community leadership roles by facilitating the provision of resources including advice, expertise, networks and policy support.

While councils may not be a direct service provider of family violence services, they are active and instrumental partners in the primary prevention of family violence and violence against women in their communities.

i) To what extent has Part 5A been effective in facilitating the sharing of confidential information for the purposes of establishing, assessing and managing risks of family violence?

Part 5A Information Sharing is now being used extensively in the service sector enabling the MCH and children's services to request and obtain information relating to family violence, supporting their work with families, keeping victims, predominantly mothers and children safe more easily. eg from VicPol & Orange Door/Child First

For the workforce involved with children the CISS needs to be considered with the FVISS ensuring the rights of the adult are not privileged over the child and where children are exposed to or are part of a family violence situation their needs must be considered also. Having the two schemes considered separately for these workforces complicates the processes of requesting and recording.

MAV Recommendation 1: For the workforces involved with children both the FVISS and CISS need to be considered together

ii) To what extent has Part 5A promoted the coordination of services to maximise the safety of people who have experienced family violence, prevent and reduce family violence to the extent possible, and promote the accountability of perpetrators of family violence for their actions?

The MAV believes there is further work to be done in relation to the coordination of services and information sharing to maximise safety.

While councils have reported improvements in some areas there are challenges that need to be addressed. There are still instances when proactive sharing doesn't seem to be occurring with the universal MCH service, and case sharing between family violence programs, child protection and other partners such as drug and alcohol services, mental health services and the Office of Corrections should be occurring.

Issues around information sharing continue to be identified as a problem by councils who provide Maternal Child Health Services, with council Maternal and Child Health nurses learning of violent situations upon arrival at a residence for a home visit. There have been instances when:

- Nurses are made aware the family is under a Family Violence or Child Protection Order upon arriving at the home;
- A father/partner has been released from prison and is now living in the home and the nurse has not been notified;
- There has been a major incident in the family with children removed with the MCH nurse unaware of the change in circumstances.

It is not a good or safe practice for Maternal and Child Health nurses to not receive notification of major incidents/risks prior to attending a home, placing them in situations of increased risk.

Nor is it acceptable for Victoria Police to request council local laws officers attend a property for animal welfare issues without being alerted to the context/risk. Improved service sector information sharing is required to provide a safe work environment for frontline workers.

Many requests received by the MCH service for information are not compliant with the legislation in relation what specific information is requested and for what purpose to enable the relevant information to be provided eg requests being received for the whole of the MCH records for a child/ren with no other information provided. It has been suggested that this may be occurring with a move away from the original intent of clinician to clinician sharing of information to a system approach which is more tick a box information gathering particularly for services when there is a high staff turnover and increased pressure on services in relation to impacts of the COVID 19 pandemic.

In addition to this, multiple requests, about the same family, coming from multiple agencies, all requiring a response is putting more stress on the already under resourced workforce.

MAV Recommendation 2: Strengthening of proactive information sharing with prescribed universal services working with children zero to six years so that changes in family circumstances are communicated by Family Violence and Child Protection Services to MCH nurses and early years services, improving support for families and ensuring a safe work environment for all frontline workers.

MAV Recommendation 3: Ensure there is ongoing training and education to address the fact that a lot of the prescribed workforce have a high turnover and are under resourced

MAV Recommendation 4: A refinement and review of the practical resources for the users with clarification of MARAM, FVISS and CISS

iii) To what extent has Part 5A enabled certain information sharing entities to obtain consolidated and up-to-date information from a central information point for the purposes of establishing, assessing and managing risks of family violence?

iv) To what extent has Part 11 been effective in providing a framework for achieving consistency in family violence risk identification, assessment and management?

As a maturing model this is still to play out for Local Government services prescribed under the legislation

v) Have there been any adverse effects associated with the provisions in Part 5A or Part 11?

The increased use of Part 5A, particularly in relation to requesting information from the universal MCH service has had the consequence of increasing the time required to respond to requests and meet compliance for recording the request and the response.

One local government area reported that for the month of July the MCH leadership team spent 26 hours responding to the written requests for information, this did not include the clinician-to-clinician discussions that resulted from these requests which would align with the original intent of the legislation.

MAV Recommendation 5: Adequate resourcing for providers to implement, embed and sustain this in their practice

MAV Recommendation 6: More work is required to have the multiple services involved with these families linked up to reduce the duplication of information being requested.

vi) Are there any legislative amendments that would improve the operation of Part 5A or Part 11 of the Act?

The legislation is clear therefore, at this point in time it is difficult to assess required changes to the legislation due to the varied stages of implementation for workforces across the service sector.