

Independent Legislative Review of Family Violence Reforms

The SAFV Centre welcomes the opportunity to provide feedback to the Family Violence Reform Implementation Monitor (FVRIM) on the independent legislative review of family violence reforms.

Mandatory Information

1. Does your submission relate to an individual or an organisation?
 - Individual
 - **Organisation**

2. My organisation deliver(s) services to:
 - Metropolitan area
 - **Regional area – Barwon and Wimmera**
 - Statewide

3. My organisation is prescribed as (choose the ones that apply):
 - **An information sharing entity**
 - **A risk assessment entity**
 - **A framework organisation**
 - **A section 191 agency**
 - None of the above
 - Unsure

4. Your organisation's name: **The Sexual Assault and Family Violence Centre**

5. Contact name (for follow up): **[REDACTED]**

6. Contact phone number: **[REDACTED]**

7. Email address: **[REDACTED]**

8. How would you like your submission to be managed?
 - Publish my submission with both my name and organisation included
 - **Publish my submission with only my organisation included**
 - Publish my submission with only my name included
 - Publish my submission but remove my name and organisation
 - Do not publish my submission

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Submission Overview

This document addresses the official questions put forward by the Family Violence Reform Implementation Monitor (FVRIM) as part of the independent legislative review of family violence reforms (The Review), to assess the effectiveness of the legislative framework for the family violence information sharing scheme (FVISS) and the multi-agency risk assessment and risk management framework (MARAM).

The legislative framework consists of Part 5A and Part 11 of the Family Violence Protection Act (2008) (the Act). Part 5A provides the legal basis for the Family Violence Information Sharing Scheme (FVISS), including the Central Information Point (CIP). Part 11 provides the legal basis for the Family Violence Multi-Agency Risk Assessment and Risk Management (MARAM) Framework.

The information presented in this report, represents consolidated feedback from across The Sexual Assault and Family Violence Centre, including our practitioners co-located within Barwon's Orange Door.

In this submission, individual responses to the review questions have been summarised under the headings of The Family Violence Information Sharing Scheme (FVISS), Central Information Point (CIP), Multi Agency Risk Assessment and Risk Management (MARAM) Framework, Collaboration, and General Feedback.

The SAFV Centre welcomes any follow up questions from the FVRIM with regard to the content or examples provided in this submission.

About The Sexual Assault and Family Violence Centre

Operating across the Barwon, Wimmera and West Melbourne areas of Victoria, The Sexual Assault and Family Violence (SAFV) Centre offers a full suite of services for women, children and young people impacted by family violence and all people impacted by sexual assault. Our services include:

- 24-hour crisis care for victims of recent sexual assault and family violence, including advocacy and access to medical care and justice services.
- Intensive case management and court support for women and children who have or are experiencing family violence.
- Therapeutic counselling and group programs for women, children and young people who have experienced family violence; and adults, children and young people who have experienced sexual assault (including support for non-offending family members and friends).
- Access to high security crisis accommodation for women and their children assessed as being at high risk of further harm.
- Early intervention services for children and young people under the age of 18 years who have engaged in problematic or abusive sexualised behaviours, and young people engaging in family violence behaviours.

Our organisation also delivers professional training and community awareness activities and we participate in a range of prevention activities to promote gender equality and negate violence supportive attitudes and cultures.

We are a trusted, reliable and progressive organisation offering trauma-informed, family violence case management and sexual assault and family violence therapeutic support with expertise that is evidence-based, and grounded in a feminist intersectional approach. We provide empowering, respectful and inclusive services.

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In Geelong, our services exist within the broader context of the Barwon Multi-Disciplinary Centre (MDC); a highly successful co-location model between our organisation, Victoria Police's Sexual Offences and Child Abuse Investigation Team (SOCIT) and Family Violence Investigation Unit, DFFH Child Protection Sexually Abusive Intervention Team and Barwon Health's Community Health Nurses (CHNs). As a key partner, our organisation provides a highly specialised response for people who are impacted by the trauma of sexual assault and family violence within an integrated and seamless environment.

We are also a proud partner of The Orange Door in Barwon together with FSV, Bethany Community Support, Wathaurong Aboriginal Cooperative and Colac Area Health.

The demand for our services continues to grow each year, with our practitioners supporting more than 4,300 women, men, children and young people in 2020-21 across our services. We delivered 1,415 family violence case management support periods to women and children impacted by family violence; more than double our funded target, and a significant increase from the previous 12 months. We also delivered therapeutic support and counselling services to 594 women, children and young people impacted by family violence and 1,354 people impacted by sexual assault, with 86 per cent of our clients being women and girls.

As prescribed under the Family Violence Protection (Information Sharing and Risk Management) Regulations 2018, The SAFV Centre is a framework organisation and section 191 agency, and classified as an information sharing and risk assessment entity. As such, we are required to align policies, procedures, practice guidance and tools with the MARAM Framework.

The SAFV Centre is impacted by provisions in Part 5A and Part 11 of the Act, as general business operations include:

- requesting or disclosing confidential information about people who have experienced or perpetrated family violence for the purposes of establishing, assessing, or managing family violence risks
- working with people who have experienced or perpetrated family violence, including specialist family violence services and generalist services such as health, legal assistance, education, and housing

The Family Violence Information Sharing Scheme (FVISS)

Feedback of practitioners' experience in collecting, requesting, using, and/or disclosing confidential information, highlights that the legal requirements in The Act are sufficiently clear in relation to the meaning of key terms, the circumstances in which confidential information can be requested or disclosed, and record-keeping requirements. However, it is also noted that in practice, outside of The SAFV Centre, there are occasions where other organisations and/or individuals, interpret key terms differently - particularly in relation to excluded information and the releasing of confidential information.

Guidelines issued by the minister are also considered to be clear and support our organisation to reflect necessary principles in our organisation's policies, procedures, practice guidance and tools. We are strong in practice and currently in the process of updating all relevant policy and guidelines to reflect this.

In addition, there is agreement that The Act provides sufficient scope and authority for practitioners to collect, request, use or disclose information that is deemed necessary to effectively establish, assess and manage risk of family violence.

Overall, since the introduction of the FVISS; the process for collecting, requesting, using and/or disclosing information deemed necessary to effectively establish, assess, and manage risks of family

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violence has improved significantly. Prior to the introduction of the FVISS, practitioners relied heavily on relationships developed with other entities/practitioners to facilitate information sharing. There was no consistency in practice, and if a collaborative working relationship had not already been established between professionals it was difficult to request and collect information.

Whilst the roll out of FVISS training across all information sharing entities has improved knowledge and awareness around information sharing, this does not appear to be consistently understood or implemented across all organisations. For example, some organisations do not appear to implement the process well, or fully understand their role/expectations with regard to information sharing, which can often cause delays in collecting critical information and barriers to collaborative practice.

It is also our experience that services outside of the Tier One workforces may not have a solid understanding of The Act and this can also result in delays to the sharing of information. Further training, support and guidance for the Tiers 2-4 workforces is suggested, as often these workforces are looking to Tier One workforces for guidance and support, however Tier One workforces don't have the capacity to provide this in addition to their own practice.

Through our practice, we have identified barriers to information sharing with entities operating within Victoria that are federally or part federally funded, for example - Centrelink, The NDIA, Family Law Court, mental health providers, private services and hospitals, and interstate entities that do not fall under the Family Violence Protection Act 2008 (The Act). In these instances, it can prove difficult to request, collect, or disclose information because these organisations sit outside of the legislation and services are unsure about whether or not to share information because it is not legislated. There is an identified need for further consideration of how the FIVSS scheme and training considers collaborative work between prescribed Information Sharing Entities and Federally funded agencies.

Practitioners also brought attention to the general practice of information sharing, highlighting that agencies all have different information sharing processes and that it often takes unnecessary time locating the appropriate contact within an organisation to deal with the request and then additional time ensuring that their own particular processes are followed. In response to this, practitioners suggested the need for consideration to standardise the process to increase consistency across services and reduce the time required for requesting and receiving relevant information. Practitioners also identified that it would be useful to have additional resources/information guides for clients about information sharing processes.

Central Information Point (CIP)

Within the Orange Door, our team of practitioners use the Central Information Point (CIP) to access information about perpetrators of family violence. When our team first commenced in 2018, the CIP worked well and practitioners were able to obtain consolidated and up-to-date information from the CIP in an efficient and timely manner, to support the assessment and management of risk for women and children experiencing family violence. In some instances, because of having greater access to relevant information, the CIP report identified the need to increase the risk level of women and children, which led to more appropriate supports being put in place. In general, CIP reports were received within 1-2 days of submitting a request.

Practitioners within The Orange Door were able to effectively provide information about perpetrators to other services, to clearly identify risk and allow more thorough and accurate assessments.

At present, our Orange Door practitioners report that CIP requests take on average between 3-4 weeks to be processed, with some requests extending to 8 weeks. By the time the CIP report is received, the information is often no longer useful for informing the victim survivor's assessment of risk or the victim survivor is no longer engaged with The Orange Door. Some of our practitioners have indicated that they

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no longer submit CIP requests, as they know the report will not be received in a timely manner. Rather, they submit information sharing requests directly with the individual agencies, which increases their already high workload.

We also understand that the CIP eligibility criteria has changed over time to now only include requests for high risk cases. This is part of their demand management strategy, where previously they would accept requests for medium to high risk cases and when the Orange Doors were first being rolled out across Victoria, there was an opportunity to request CIP reports for all clients. On occasion, where there had previously been instances where a woman's risk level changed from low to medium or high risk based on the results of the CIP report, this would no longer be occurring under the current system.

Our Orange Door practitioners also need to provide a rationale for their CIP requests, which creates additional work for our already time pressured practitioners and the current CRM system used within the Orange Door does not allow for the rationale for CIP requests to be easily captured.

Feedback highlighted the need for additional resourcing and capacity building with the CIP team to enable more timely responses to CIP requests across all Orange Doors and there was a suggestion to expand access to the CIP to all Specialised Family Violence Services, including those who do not sit within Orange Doors.

Overall, practitioners have observed an increase in the level of information sharing, including information being disclosed voluntarily and on request. Particularly for the Orange Door, where this is an essential part of the role, and information can be shared and obtained in a timely manner to more accurately assess risk.

However, whilst the FVISS is effective with regard to collecting information, the other side to that is the increasingly high volume of requests for information that comes to our Orange Door practitioners from other entities. Responding to these requests requires considerable administrative work and additional workload for our practitioners, team leaders, and managers, who are also concurrently managing significant increases in demand for services. This needs to be considered as part of future funding models to ensure that agencies receiving high volumes of requests for information are adequately resourced and supported to respond effectively and efficiently.

Legal Barriers or Challenges

In general, practitioners reported that they had not experienced any specific legal barriers or challenges in collecting, requesting, using or disclosing information, but did highlight that there was a barrier to access information about perpetrators from private or mental health services, that are not included in the legislation.

Another challenge noted was the difficulties associated with requesting or collecting information from interstate agencies or those that are federally funded, who also sit outside of the legislation.

Instances of the unauthorised use or disclosure of confidential information under the FVISS or CIP Provisions

One of our practitioners noted that they had received a phone call from a person reporting to be a teacher and had requested information about the victim survivor, however it became apparent through our practice that the person wasn't a teacher but a family member of the perpetrator and no information was shared. Despite this example, overall practitioners feel that there are adequate protections in place to avoid the unauthorised use or disclosure of confidential information under the FVISS or CIP provisions. .

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However, we are aware that in some instances, perpetrators are continuing to abuse their victims through the use of information sharing legislation. For example, we are aware of an instance where DFFH Child Protection requested information from our practitioners about MARAM assessments and that information had then been the subject of a subpoena from a perpetrator's lawyer to Child Protection. This can lead to continued abuse by the perpetrator and in this instance, the client disengaged from our services.

Another example relates to an information sharing request to Barwon Health from a SAFV Centre practitioner to obtain information about when a perpetrator was due to be released from hospital to inform safety planning for our client. The Barwon Health team member did not have a good understanding of FVISS and attempted to obtain consent from the perpetrator before releasing this information, hence potentially increasing the risk to our client.

Multi Agency Risk Assessment and Management Framework (MARAM)

Across our organisation, we have observed greater consistency in our approaches to family violence risk identification, assessment, and management as a result of the legislative provisions for the MARAM Framework.

Practitioners have observed that upskilling the workforce in identifying and responding to family violence has also significantly improved the professional judgement of other services. Using the MARAM risk assessment tool as embedded in SHIP at our organisation makes it effective to use as part of our usual practice.

Since the introduction of the MARAM framework, it appears that professionals across a range of services are being more pro-active in considering and identifying family violence risk much earlier, and throughout their practice. Previously, assessing family violence risk appeared to be more reactive or crisis-driven. Some services heavily relied on specialist family violence practitioners to identify, assess and respond to family violence. With the introduction of different levels of risk assessment; from screening and identification, through to brief and intermediate or comprehensive risk assessments, this has assisted with acknowledging that everyone has a role to play in assessing family violence risk.

Working with children to undertake MARAM risk assessments is still a developing space and the new Case Management guidelines are helping to change practice around viewing children in their own right. Time constraints and current case-loads appear to be a barrier to effectively completing MARAM risk assessments for children, particularly where there are multiple children in the one family.

Collaboration

Overall, with the introduction of the FVISS and MARAM Framework, we have observed an increase in the level of collaboration between organisations to support the delivery of coordinated services.

We also see the value of training in fostering collaboration to support the delivery of coordinated services. The SAFV Centre, on behalf of the Barwon Area Integrated Family Violence Committee, delivers the MARAM Collaborative Practice training module to the different workforce tiers across the Barwon area. This training is delivered in collaboration with The SAFV Centre, Bethany Community Support and Victoria Police and positively models how these organisations work together collaboratively.

Practitioners have identified that there has been much more collaboration with schools. For example, being able to connect with schools to request them not to send absentee text messages to perpetrators when clients and children have moved out of the area. Being able to effectively collaborate with the

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schools and provide information as needed has been helpful in increasing their understanding of children/families' current experiences and mean they are able to respond more sensitively. Prior to the FVISS it was not as clear about what could be shared and still required the consent of family. The FVISS means this is no longer a requirement if the information relates to the safety and wellbeing of the child/children. However, practitioners have experienced that the level of collaboration and the effectiveness of sharing information is still based on relationships built with school professionals and not consistent across schools in general.

It was also noted that when family violence is identified, particularly with complex presentations, there are occasions where other services close rather than work in collaboration.

Effects of provisions for particular groups

Feedback from practitioners varied with regard to adverse effects of the provisions for particular groups, such as children and young people, adolescents who use violence in the home, or members of the Aboriginal community.

It was highlighted that some clients can find it triggering and overwhelming to complete a MARAM, and that there have been instances where some clients have been unable to complete the MARAM process.

It is recommended that any evaluation or development of culturally safe approaches to the MARAM Framework seeks guidance from the ACCOs identified as lead organisations providing specialist family violence services for Aboriginal and Torres Strait Islander people in Victoria.

It was also highlighted that a number of the provisions currently do provide for the needs and characteristics of diverse communities (for example, CALD women being able to apply for permanent residency due to family violence), but there are still components missing from the MARAM framework (such as forced marriage, dowry abuse, and recognition of the range of extended family structures within CALD communities).