DOMESTIC VIOLENCE VICTORIA

Submission to the Family Violence Information Sharing Guidelines, Regulations and Regulatory Impact Statement

13 October 2017

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About Domestic Violence Victoria

Domestic Violence Victoria (DV Vic) is the peak body for specialist women and children's family violence services. We support a broad membership of over 80 state-wide and regional family violence agencies across Victoria. Our membership also includes several community health and women's health agencies, some local governments and other community service agencies.

Since our establishment in 2002, DV Vic has been a leader in driving innovative policy to strengthen sectoral and system responses to family violence as well as building workforce capacity and representing the family violence sector at all levels of government. DV Vic provides policy advice and advocacy to the Victorian Government about family violence systems reform, and drives best practice in family violence responses that prioritise women and children's safety and hold perpetrators of violence responsible and accountable for their choice to use violence.

Executive Summary

DV Vic welcomes the opportunity to make a submission on the Family Violence Information Sharing Guidelines (the Guidelines), Regulations and Regulatory Impact Statement (RIS) following the establishment of the *Family Violence Protection Amendment (Information Sharing) Act 2017* (the Act).

DV Vic commends the Victorian Government on implementing all recommendations of the Royal Commission into Family Violence, and its commitment to prioritising information sharing legislation. DV Vic's submission to the Royal Commission highlighted the critical importance of appropriate and timely information sharing for managing risks and the safety of women and children. In our subsequent submissions in response to the initial consultation paper for the regime and the draft legislation, we recommended that the regime enable full and proper assessment of risks posed by the perpetrator and that legislation is reviewed to ensure that information sharing meets best practice standards, is consistent, and conforms to legislated privacy provisions within a family violence risk context. Additionally, to be effective, culture-changing and publicly acceptable, we recommended that the information-sharing functions of the key organisations must necessarily be specific and highly prescribed through the legislation, regulations and protocols that guide its use.

We are pleased that these recommendations were adopted and congratulate the government, and Family Safety Victoria (FSV) for facilitating a robust consultation process with the family violence sector. The family violence information sharing regime will provide a framework to support the sharing of critical risk-pertinent information and reduce concerns and confusion about breaching privacy laws. It will also legitimise the informal information sharing that currently occurs across agencies as part of the risk management process.

The Royal Commission stated that "… the new regime should replace existing privacy protections only to the extent necessary and should also preserve victims' control over sharing their information."[1] Our previous submissions addressed this by advocating for a default position of consent regarding adult and child victims of family violence. A default position of consent is not intended to prevent the

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[1] Volume 1, page 187.

appropriate and timely sharing of information, especially in circumstances of heightened risk, but rather as a framework to ensure that consent is considered in order to support continuous positive engagement with women and children as part of risk management strategies and to mitigate any unforeseen outcomes that could result from information sharing. A default position of consent does not preclude information sharing where it is not safe or reasonable to obtain consent, particularly where there are concerns about serious threats and risks of harm to adults and children. This is part of the everyday, nuanced practice of skilled specialist family violence practitioners.

Our current joint submission to the Child Information Sharing regime states these same key points. Children are able to give consent, refuse consent, give instructions and express views in a wide range of legal and social service contexts.[2] It is appropriate that children's informed consent is sought when children reach an age where they are able to give that consent, for the same reasons that consent from any victim of harm is important. This is also consistent with children's internationally recognised human rights.[3] We have attached this submission so that you are fully informed of our recommendations for this other information sharing regime, particularly, our concerns that it will override the specificity of the well-developed family violence information sharing regime.

Despite our recommendations for a best practice default position of consent, the Act was developed in such a way that women's rights to control their information is essentially inequitable depending on whether or not they have children. This is because the legislation has set up a model where consent is not required from any person where information sharing about children is concerned. While we cannot change the Act at this time, this submission suggests key points to strengthen an overarching ethical framework that defaults to a *position of expressed, informed consent* for adult victim-survivors (without children) and a *position of trust and transparency* where children are concerned to promote positive working partnerships with children and their protective parents/carers where safe and reasonable to do so. We believe that overarching ethical positioning will assist practitioners to apply the Guidelines outlined in the chapters addressing consent. This should be a primary focus of the training that will accompany the regime.

Overall, the Guidelines, Regulations and RIS are clear and instructive. In addition to our recommendations regarding consent, this submission makes suggestions to refine certain chapters, clarify specific issues and provide advice to support the implementation of the information sharing regime going forward. We have endeavored to point out where issues raised are contained in either the Guidelines, the Regulations or the RIS, however, we recommend a copy edit of the three documents to ensure consistency in changes where our recommendations are accepted.

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[2] Australian Association of Social Workers (2015). *Working with Child Clients: consent, confidentiality and child-centred practices*; Commission for Children and Young People (2016). *Empowerment and Participation of Children*.

[3] United Nations (1990). *Convention on the Rights of the Child, Article 12*.

Consent

Working with new frameworks for consent

Despite the challenges in the Act whereby there is now an inequitable consent model for women with children (as described in the Executive Summary), the Guidelines do provide advice about how to work as equitably as possible when making considerations for sharing information about children and their protective parents/carers. We provide some suggestions here that we believe will help strengthen a near-equitable practice and ethical framework for practitioners working with differential consent models. Future training on the information sharing regime should highlight these issues of differential consent models and utilise the suggested default positions described here to support practitioners to implement a near-equitable and ethical practice where family violence matters involve risks to children.

Firstly, we are pleased that the legislation maintains a consent model for women and other adult victim-survivors of family violence (who do not have children in their care). To strengthen guidance in this area we suggest that:

- Chapter 6 provides an overarching ethical framework to advise practitioners to work from a *default position of expressed, informed consent* regarding adult victim-survivors – this framework can be described in the key points at the start of the chapter and related to other key ethical concepts including agency and autonomy;

- the section on 'implied consent' in Chapter 6 is removed from pages 46-47 as it weakens the default position of expressed, informed consent and gives license for practitioners to operate from a lesser implied consent model – we acknowledge that implied consent occurs at times in practice but there is no need for this to be endorsed in the Guidelines; and

- pages 52 to 57 describing 'victim-survivor information' and 'third party information' should be integrated into Chapter 6 to consolidate guidance on a default position of expressed, informed consent – this is also relevant to our recommendation below that perpetrator related information sharing guidance is consolidated into its own chapter.

Secondly, the Guidelines advise that while consent is not required where children are concerned, practitioners should maintain trusting relationships with children and protective parents/carers, and prioritise transparent practices of seeking their views regarding information sharing, as well as notifying them when their information will or has been shared. Essentially, where children are concerned a default position of consent has been replaced by a *default position of trust and transparency*. As such, we recommend that the Guidelines strengthen language around this new trust and transparency ethical practice and use it as an overarching framework for Chapter 8. DV Vic would be able to assist with developing this framework further and we are open to discussing other appropriate ethical principles if trust and transparency do not sufficiently capture the practice expectations.

Appropriate information sharing

Phone-based information sharing and risk management

DV Vic members have suggested more guidance for ISEs about whether it is suitable to share information via telephone or email. There is a general preference for telephone based information sharing (for providing information and making requests) as email can be insecure, intercepted and difficult to verify the legitimacy of the sender. Furthermore, phone based information sharing allows for practitioners to consult with each other on risk management strategies based on women's experiences, preferences and consent (when applicable). This is of course the ultimate purpose of information sharing, that is to manage risk, and phone-based information sharing will enable this in a more efficient and secure manner. We recommend that this advice about phone-based information sharing is considered and strengthened as a preferential information sharing process in the Guidelines.

Strengthening guidance on types of information that can or cannot be shared

Chapters 1 and 5 are perhaps most relevant in the Guidelines for assisting practitioners to determine what types of information can and cannot be shared. Chapter 1 outlines that only risk assessment/management relevant information is to be shared, and Chapter 5 lists the excluded information that should not be shared. While the Figure 4 workflow provided on page 48 (within Chapter 6: Consent) is helpful for bringing these two parts together, we recommend that these chapters are combined to create a chapter focused entirely on *what types of information can be shared and what information is excluded*. It may also be useful to move the Figure 4 workflow into this combined chapter as a quick reference. This will save the practitioner from having to move between these chapters to ascertain their information sharing obligations.

Furthermore, it states on page 13 under Chapter 1 that "[i]nformation that is not relevant to assessing or managing a risk of family violence must not be shared" and that practitioners should seek guidance from the CRAF and use professional judgement in this regard. We submit that a universal professional understanding of what constitutes risk relevant and non-risk relevant information cannot be assumed, especially as there will be a diverse range of prescribed ISEs sharing information about family violence related cases. Guidance in this area is particularly important for those prescribed organisations that are not accustomed to delineating risk relevant information from other types of personal information held by their services. Our experiences working across the RAMP settings in Victoria has revealed that professional judgement on risk relevant information is subjective and informed by differing personal and professional backgrounds, practice frameworks, and organisational expectations. Much work goes into guiding RAMP participants into discerning risk relevant information from other types of personal information held by their organisations. Without more direction in this area, there is the potential that personal information will be shared that is more relevant to general case management and psychosocial support than it is to risk assessment and risk management.

Essentially, non-risk relevant information is also essentially 'excluded' information. Of course, we understand that the specific excluded information items listed in the Guidelines are derived from the legislation; however, we recommend that advice on risk relevant and non-risk relevant information is strengthened in the Guidelines directly (and not just in reference to CRAF, which is under review at

this time). This could be addressed through the suggested combined chapter that sets the parameters for:

- information that can be shared (risk assessment/management relevant with examples)
- information that cannot be shared (not risk relevant, with examples); and
- information that is excluded under the legislation (as stated in the Regulations).

Should this recommendation be accepted, DV Vic could help with developing the content on risk relevant and non-risk relevant information to streamline this suggested combined chapter.

Supporting practitioners to understand excluded information

One of the overarching design principles for the new information sharing regime, as stated in the Royal Commission, is that the "legislation should be clear and succinct, so that it can be effectively applied by front-line workers."[4] For some of the items listed in the excluded information, it will be challenging for practitioners to determine whether the information they hold falls into any of the listed categories. For example, how will a frontline practitioner in a family violence service know that the information that is being requested might prejudice a legal proceeding when in fact many family violence cases are involved in multiple court matters concurrent to ongoing risk assessment and risk management?

While the good faith defence will offer some protections in this regard, we recommend a preventative and pro-active approach to ensure that excluded information is not inadvertently shared resulting in adverse consequences for women and their children. We recommend that guidance on discerning excluded information is strengthened in the Guidelines and that this is also included in the training roll-out. Furthermore, support to determine excluded information could be provided by dedicated implementation roles as suggested later in this submission (see pages Capacity Building and Training).

Prescribed entities

Clarifying risk assessment and protection roles

Prescribing organisations as Information Sharing Entities (ISEs) for interrelated risk assessment and protection purposes will need to be clearly explained to organisations during the implementation phase. This is a new way of describing organisations that practitioners will need to become accustomed to in their everyday practice and it may cause confusion as to why some organisations are described under the Risk Assessment Entity (RAE) category and others are described under the protection entity category.

Certainly, the Guidelines and Regulations describe these categories and their interrelated roles in handling initial and ongoing risk assessment and risk management/protection functions (particularly on pages 33-34); however, these concepts do still come across as somewhat abstract and challenging to decipher. For example, while it is understood in the Guidelines and the Regulations that RAEs have

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[4] Volume 1, page 187.

the role of establishing initial risk and that they are also protection entities, there may be some confusion as to why some of the protection entities are not also RAEs given that they will engage in ongoing assessment of risk (page 33). In this sense, it appears the distinction between these two ISE categories is irrelevant, given that they are all generally involved in risk assessment and risk management/protection.

Adding to the confusion is the fact that the Regulations do not describe the ISEs in the same way as they are described in the Guidelines. In the Regulations, a list of the ISEs are described (Part 2, section 5) and then a subset of that list is differentiated as RAEs (Part 2, section 6); however, there is no separate subset list describing the protection entities and their role. To address this, we recommend that the Regulations and Guidelines are aligned in terms of the descriptions of the ISEs and include a section describing the role of protection entities.

Furthermore, we recommend editing Chapter 3 to present information about the RAEs and protection entities in a clear and simple format. We acknowledge that the table on page 34 attempts to clarify this, however, it may be helpful to also describe which types of prescribed ISEs (i.e. specialist women's family violence services, police, courts, etc.) are situated in these interrelated risk assessment and risk management phases.

It would also be useful if the text in this chapter makes it very clear that all ISEs have responsibilities to continuously assess dynamic risk even if at different phases. The distinctions between RAEs and protection entities should not be a barrier for practitioners to respond to shifting risks of family violence over time. Protection entities, in particular, must understand their role in risk assessment, even when information about the risks of a perpetrator's family violence behaviour are already 'established'. For example, it should be very clear in the Guidelines that a Corrections case worker has a responsibility to continuously review a perpetrator's family violence risk behaviours and act to manage that risk within their remit and in coordinated fashion with the services that support the relevant victim-survivor.

Finally, we recommend that Chapter 3 is moved earlier in the Guidelines (perhaps to Chapter 2 position) so that practitioners understand the importance of the trusted circle and functions of prescribed ISEs from the start.

Clarifying Child Protection as an ISE

In the Regulations, Community-based Child Protection workers who are in the Support and Safety Hubs are the only type of Child Protection worker included in the list of ISEs (Part 2, section 5d). In the Guidelines, however, it does not name Community-based Child Protection specifically; rather, a broader term "nominated child protection representatives" is used. We suggest clarification in these documents to communicate how exactly Child Protection will be included in the first tranche.

Determining organisations to be prescribed in the next tranches

We understand that the Regulations and Guidelines will be updated when the next tranches of prescribed organisations are determined for implementation in mid-2018 and 2020.

As discussed in our previous submissions, we wish to emphasise that going too broad with the inclusion of universal and generalist organisations will create the perception of a regime in which information is shared so widely that women, children and young people are disinclined to disclose

and the public is distrustful of its purpose. This could also result in organisations having access to personal information that is irrelevant to their functions and may leave the regime open to misuse and abuse.

If the information sharing regime becomes too broad and is poorly implemented or is misused, there is a risk that women will avoid seeking support or reporting violence because they fear losing control of their information and having it shared widely across services. This will be particularly concerning to those who experience additional family violence-related risks and marginalisation through structural and systemic barriers, as is especially the case for Aboriginal and Torres Strait Islander women, women from culturally and linguistically diverse backgrounds, women with disabilities, and LGBTQI clients.

DV Vic recommends that FSV consult with our membership, other relevant peak bodies, and especially organisations that represent the systemically marginalised groups named above to determine appropriate inclusions of prescribed organisations for the second and third tranche roll-out phases.

Perpetrators

Create a perpetrator-focused chapter

Consultations with DV Vic member agencies highlighted the numerous ways in which information sharing about perpetrators of family violence will significantly enhance coordinated risk management and safety planning with women and children. This is a critical development for keeping perpetrators accountable and visible across multiple systems and for providing women with the information they need to manage their safety plans. This will also likely produce significant practice shifts by bringing family violence services and other organisations into closer working relationships, in particular with Victoria Police, Corrections, Courts, and Men's Behaviour Change Programs. In this regard, information sharing about perpetrators must be purposeful for coordinating actions that intervene with men who choose to use coercive abuse and violence against their partners, children and other family members.

In the Guidelines, instructions about sharing information about perpetrators are contained primarily in Chapter 7 ('Perpetrator Information' section on pages 50-52) and in Chapter 4 where issues of misidentification of perpetrators/primary aggressors are discussed. To strengthen guidance for handling information about perpetrators (and those wrongly identified as perpetrators) we recommend combining these two parts into a chapter focused entirely on perpetrators. This combined chapter could be followed by the Chapter 11 which discusses the complexities of sharing information about young people who commit family violence (and may also be victim-survivors as well).

Furthermore, we recommend that the difference between an 'alleged' perpetrator and a 'perpetrator' (or perhaps 'confirmed perpetrator'), should be clarified in a specific section within this combined chapter. While it is understood that an 'alleged perpetrator' is defined as a person who is not yet confirmed to be a perpetrator via risk assessment, this information is held primarily in the definitions section and in footnotes. A specific section will assist practitioners to understand the

differences between these two perpetrator categories, how someone transitions from 'alleged' to 'confirmed' perpetrator (noting that this can happen quite rapidly), and the roles of RAEs and protection entities in this process.

Finally, we recommend that the combined chapter on perpetrators emphasise the following points that are perhaps implied in the current Guidelines, but should be more specifically addressed:

1. Women are the *best source of information about perpetrator behaviours*, and should be fully informed about the risks posed by those behaviours and the service/system responses and options available to them to enhance their safety. This relates to our recommendations to provide a strengthened ethical framework regarding expressed, informed consent. It is also critical for ensuring that ISEs, especially those that are not specialist family violence services are prioritising victim-centred, evidence-based risk assessment and not sharing information based on their 'suspicions' or 'concerns'.

2. Information sharing about perpetrators necessitates that ISEs, in particular those that serve a protection function and/or are most likely working with an individual perpetrator, are sharing information to manage risk through *coordinated actions that intervene with perpetrators*. While the Guidelines describe the risk management purpose, we believe that this needs to be further developed with key messages that risk management involves *action* to cease their perpetration of violence and abuse. This key message could be followed up by a reference to the CRAF for further guidance on what types of actions would be suitable in this regard.

Young people committing family violence

As suggested above, we recommend that Chapter 11 regarding information sharing about young people committing family violence should follow from a combined chapter about perpetrators. This will help practitioners understand all dimensions of perpetrator information sharing before delving into the more complex matters pertaining to young people who are alleged or confirmed to be perpetrators of family violence.

Attending to the safety needs of young people

The Royal Commission discussed evidence which shows that young people who use violence in the home are often victims of family violence themselves alongside other co-occurring factors of family disharmony.[5] Chapter 11 addresses this somewhat by advising that information sharing should not stigmatise a young person who is simultaneously perpetrating and victimised by family violence. Feedback during consultations, however, highlighted that this chapter could be strengthened with guidance that practitioners should attend to a young person's victimisation as a means to manage the risks to their safety as well as the safety of those they are perpetrating violence against (e.g. parents, siblings). This will of course also involve specific safety planning strategies with the victim-survivor(s) of the young person's violence. We recommend that this is emphasised in Chapter 1, addressed in the key points and included in the training package.

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[5] Volume 4, page 156.

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Clarifying consent for young people committing family violence

On matters of consent, we noticed an issue regarding young people that should be clarified in the Guidelines. On page 86 under the heading entitled 'What are the consent requirements where a young person is at risk of committing family violence against an adult family member?' it states:

> *Where a young person is at risk of committing family violence against a family member who is an adult, Part 5A permits information to be shared about:*
>
> - *the adult victim survivor with their consent unless there is a serious threat*
> - *the young person who is at risk of committing family violence without consent*
> - *any other relevant third party with their consent unless there is a serious threat.*

Is information sharing permitted here on the basis that the young person being a child or because they are considered a 'perpetrator'? If the former, then the consent model for any person relevant to that young person does not apply (as stated on page 59 of the Guidelines) and therefore the first and third dot point are not relevant. If it is the latter, then it would seem that the consent model for the adult victim and the third party would remain intact. We recommend that this is clarified in the Guidelines and subsequent training to address these complex issues more thoroughly. This may be aided by amending Figure 4 on page 48 of the Guidelines to include a specific workflow in cases where young people are either victim-survivors, perpetrator or both to support practitioners with handling these complex consent and information sharing issues.

Record keeping

Challenges with current client record management systems

During consultations, DV Vic members expressed general support for the record keeping requirements that are now outlined in the Guidelines and Regulations, but have highlighted barriers for implementation particularly regarding the inadequacy of the current client record management systems to document and extract this information in a consistent manner.

Within family violence services, many agencies use either SHIP and/or IRIS, and some agencies use other purpose-built databases that interface with SHIP/IRIS. There are differing capacities within these systems to document the items suggested. For example, in SHIP details about information sharing could be recorded in a case note, however, for the data collection purposes at the two and five-year reviews, it may be difficult to retrieve these details. This is not to say that it is impossible, but will require extensive work to extract information sharing notes from client records.

For all prescribed ISEs there must be a consistent and routine mechanism for recording this information that will be applicable in the different client record management systems utilised by the potential range of prescribed organisations. Record-keeping practices must also not overburden practitioners with multiple recording responsibilities. Some of DV Vic's members suggested that

uniform pro-forma is developed for these record-keeping obligations and utilised by all ISEs for uploading to their current databases (or contained in paper files if applicable) and secured for storage for later data collection. This may make it easier to ensure consistent record keeping across services and handle retrieval of information in the future.

Ideally, however, members have advised their preference for changes to current client information sharing management systems, such as SHIP and IRIS (and others relevant to prescribed ISEs), to allow for specific fields and/or templates within databases so that practitioners and organisations can easily record information sharing details and meet the requirements of the Guidelines and Regulations.

Related to this, pages 33 to 34 of the RIS describes the up-front and ongoing costs to ISEs associated with staff training, updating policies, procedures, and systems including electronic databases and other record-keeping systems to ensure that they are aligned with the expectations of the new regime. While it is stated in the RIS that "costly policy redesigns or system rebuilds will not be necessary in most cases" (page 33), it is unclear if government will be bearing these costs while supporting ISEs to implement these changes or if it is expected that ISEs will bear these costs themselves. We do not believe it should necessarily be assumed that such changes within organisations would not be costly, and recommend that the RIS clarify this issue and communicate whether ISEs will be funded to meet these expectations.

Correcting misidentification of perpetrators in records

Another important issue for record-keeping is ensuring that corrections are made regarding the misidentification of victim-survivors as perpetrators. Chapter 4 advises that misidentification should be corrected, however, further guidance on this is absent from Chapter 12 on record-keeping. We recommend that guidance is added to Chapter 12 (perhaps under the heading 'What information needs to be recorded' on page 88), to advise that ISEs must make a record of the correction at the source of the error (e.g. in police, courts or child protection systems) and wherever it is known that such information is held in other files (e.g. in Hubs and in services client record management systems). This correction must be visible on the file and not buried within case notes. This will assist practitioners to stay vigilant about misidentification issues and ensure that clients receive appropriate support and advocacy pertaining to these circumstances where misidentification information has been shared amongst ISEs.

Capacity-building and Training

Capacity-building resources

Consultation with DV Vic members has particularly highlighted the importance of capacity-building in family violence responses for the prescribed ISEs in the roll-out of the new information sharing regime. Members have made the following suggestions for capacity building support starting from first tranche implementation and ongoing to support best practice across all ISEs going forward:

- Updating practice guidance materials to include information about and refer to the regime (for example, this will be a key feature of the revised DV Vic Code of Practice to be developed in 2018).

- Establishing online training modules and web-based interactive assessment tools to support practitioners to test whether they are appropriately following information sharing requirements (for example, this could build on Figure 1 and Figure 4 in the Guidelines and/or Appendices A and B, to set up an interactive tool)

- Creating an information sharing community of practice on The Lookout website. http://www.thelookout.org.au/community/practice

- Developing simplified, shortened versions of the key areas of the Guidelines in plain language and targeted at the different types of ISE workforces (e.g. family violence, health, youth, homelessness, etc.)

Training

Throughout this submission we have highlighted numerous inclusions for future training on the information sharing regime and look forward to working with training content developers and FSV to ensure that training is effective for practitioners and organisations.

As discussed in previous submissions, bringing non-specialist or generalist/universal organisations into the family violence information sharing regime will enhance the capacity of the family violence system to support women and children's safety and hold perpetrators to account. However, increased access to personal information necessitates a significantly greater knowledge and understanding of the nature, dynamics and impact of family violence. DV Vic recommends that the development and implementation of family violence training for broader prescribed ISEs should be delivered by experts from the family violence sector, precede the roll-out of the information sharing regime and continue to be delivered as mandatory, regulated and ongoing training.

Related to the above, it is very sensible that the first tranche of ISEs are selected because of their criticality in family violence responses, family violence literacy, and rule-based operational practice. We support this approach as discussed in our previous submissions. However, an area of concern is the rapid onboarding of the second tranche of yet to be confirmed ISEs by mid-2018. This means that a range of ISEs with large workforces could be prescribed into the information sharing regime without having completed prerequisite CRAF or future MARAM training.

This will place pressure on family violence services to ensure that victim-centred, risk assessment processes have taken place during information sharing requests and will likely also require that family violence services explain information sharing processes to other agencies when they are making their own requests. It may very well be that the implementation plan designed by FSV will address these concerns about sequencing CRAF/MARAM training before second tranche roll-out, however, we recommend that this plan is communicated and accessible to the family violence sector and other prescribed ISE stakeholders as soon as possible so that they know what to expect.

Organisational change approach

To address some of the concerns regarding training and timelines, we recommend that an organisational change approach is embedded into the Guidelines and/or implementation planning.

Firstly, it would be helpful if the Guidelines were clear about expectations for CEOs, managers and team supervisors overseeing staff implementing the regime. While training is important,

implementing a new information sharing regime is a cultural change process that requires leadership and a systemic approach to create reform within organisations. We understand that this will be addressed in training programs being designed for regime implementation, however, to support this we recommend that expectations for organisational change targeted at those with managerial responsibilities are outlined clearly at the start of the Guidelines (perhaps in the Introduction or in the chapter related to prescribed ISEs).

Secondly, it has been suggested in consultations that government should resource dedicated regime implementation roles for at least a two-year period at either the state-wide or regional level. These roles can support organisational change by assisting managers to transition their policies, procedures, practices, and record keeping arrangements in line with the new regime (and for MARAM as well). These roles could also be utilised by organisations and practitioners for consultation on applying the regime in practice and working through challenges and ethical dilemmas in cases where practitioners are uncertain about their information sharing duties (e.g. understanding excluded information as discussed on page 5).

DV Vic welcomes the opportunity to discuss these organisational change ideas further with FSV and advise on the potential development of implementation supports.

Review

We are pleased that the regime will be reviewed at two and five-year intervals to ensure that it has been implemented effectively and achieving its intended outcomes to improve the safety of women and children and keep perpetrators in view as well as accountable.

Developing review methodology

Furthermore, on page 40 of the RIS it states that the research methodology for the reviews will be determined in partnership between FSV and the contracted reviewers. We believe that DV Vic and other peaks relevant to the ISEs should be consulted during this methodology selection process to ensure that it is an appropriate fit for engaging the participation of member agencies as well as clients who should also have input into these reviews. DV Vic looks forward to meeting with the reviewer as they develop their evaluation plan, methodology, and data collection tools and processes.

Inclusions in the review

DV Vic members have suggested that feedback processes are designed so that issues that arise during implementation are iteratively informing the reviews. This could potentially be part of the duties carried out by the suggested dedicated implementation roles or ongoing feedback could be provided to the reviewer directly.

Furthermore, DV Vic members have suggested the following items for inclusion in the review and we recommend that these are considered for the evaluation plan. These are:

- whether the regime has had a positive, negative or benign impact on risk-aversion to information sharing in family violence contexts;

- any resistance to implement the regime within professional groups and/or ISEs;

- decreased engagement and/or deterrence from services because of concerns about the confidentiality of information;

- unintended risks to safety resulting from sharing information, particularly where this has occurred without consent (or 'seeking views' where children are concerned);

- ramifications related to the misidentification of perpetrators, including the impacts of sharing information about victim-survivors who are misidentified and whether guidance in the regime appropriately supported practitioners to correct and address issues related to this type of information;

- interaction of the family violence information sharing regime with the proposed child information sharing regime, including any issues arising from the broader purpose of the child information sharing regime (should it remain broad when drafted into the Bill) and any benefits and consequences of these two regimes operating simultaneously;

- complaints received about the regime to the Office of the Victorian Information Commissioner and the Heath Complaints Commissioner; and

- the resources ISEs have put into transitioning to the information sharing regime (for example, this could include reviewing estimations in the RIS such as the implementation costings to ISEs (pages 33-34) and the time allocations described in 'Appendix A – Mapping of information sharing activity'.

For further discussion on this submission, please contact:

Alison Macdonald, Policy Manager
alisonmacdonald@dvvic.org
(03) 9921 0821

Erin Davis, Policy Advisor
erindavis@dvvic.org.au
(03) 9921 0820