



# Merri Health

Healthcare that moves with you

Submission from Merri Health

August 2022

## **Review of family violence information sharing and risk management**

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# 1. About Merri Health

Merri Health creates healthy, connected communities through local health services for people at every age and stage of life. We provide services across Victoria and therefore understand the needs of rural as well as metropolitan communities. We support people throughout life, with a range of wraparound services available throughout our network of services. Our approach addresses the medical, social, environmental and economic aspects that affect health, with services spanning across:

- children and families
- young people
- carer support
- management of chronic conditions
- dental
- mental health
- disability services
- health and wellness
- aged care.

We've been the trusted health service of local communities for over 40 years. As a not-for-profit organisation, our focus is on partnering with people, responding to local needs, and strengthening the health of entire communities.

# 2. Merri Health Victims Assistance Program

The Victims Assistance Program is a network of agencies across Victoria that provides services to victims of violent crime against the person. Victims Support Workers aim to assist victims to effectively manage and recover from the effects of crime and tailor services to individual needs.

The Victims Assistance Program is a free service that provides information, practical assistance and referrals to other services. It offers support to access the criminal justice system (for both reported and unreported crimes) and to help victims of violent crime with:

- applying for financial assistance
- emergency home security and managing personal safety
- communicating with police and making a report
- counselling, transport and medical services
- getting ready for court
- preparing a Victim Impact Statement
- getting information about the offender.

Merri Health provides the Victims Assistance Program in the Northern Metropolitan Region (municipalities of Banyule, Darebin, Hume, Moreland, Nillumbik, Whittlesea and Yarra) and Hume Region (municipalities of Alpine, Benalla, Greater Shepparton, Indigo, Mansfield, Mitchell, Moira, Murrindindi, Strathbogie, Towong, Wangaratta and Wodonga) of Victoria.

With this commitment and experience in providing practical and personal supports to victims of violent crime, we are pleased to be able to contribute to the review of family violence information sharing and risk management.

## 3. The Family Violence Information Sharing Scheme

### 3.1 Are the legal requirements in the Act sufficiently clear? If no, how do you think they could be made clearer?

No

The Family Violence Protection Amendment (Information Sharing) Act 2017 and its supporting regulations provide a rationale for requiring entities to share family violence risk information with other entities for the purpose of managing the risk of family violence. While these regulations are plainly regulated for state government funded programs, it becomes less clear as to whether Commonwealth-funded programs that are implemented in Victoria fall under the same legislative requirements. This has caused confusion when trying to request information from Commonwealth-funded programs for the purpose of managing family violence risk, and for organisations such as Merri to provide clear guidance to staff around their obligations based on their program's funding stream.

### 3.2 The act outlines principles, and requires the Minister to issue guidelines, to guide decision-making in relation to the collection, use or disclosure of confidential information.

a) *To what extent are the principles reflected in your organisation's policies, procedures, practice guidance and tools? How could this be improved?*

Fully: The Victims Assistance Program and Integrated Family Services Program at Merri Health were included in the first tranche of services prescribed to the information sharing laws in 2018. This prompted Merri to develop a program procedure and templates for incoming and outgoing information requests, and later on to deliver internal training sessions for all operational leadership in the organisation when all community health services were prescribed to the scheme in 2021.

b) *Do the principles and guidelines support you to make decisions under the Act?*

No: For the Child Information Sharing Scheme, there is still uncertainty about what meets the threshold part 1 for sharing: promoting child wellbeing or safety. The Best Interests Principles in the Child, Youth and Family Act provide a clear definition of keeping children safe by protecting them from harm or neglect, whereas the definition of wellbeing is much broader. This is not assisted by the wording in the Child Information Sharing Scheme Ministerial Guidelines, which acknowledges that perceptions of wellbeing may differ between professionals. This may contribute to the fact that the Child Information Sharing Scheme has not been formally utilised within Merri, with Integrated Family Services Program staff providing

anecdotal evidence that they use existing tools to share information (mandatory reporting of risk to children, recorded consent to seek and share information about children and families) over the new scheme.

**3.3 Does the Act provide sufficient scope and authority for you to collect, request, use or disclose all information you feel is needed to effectively establish, assess, and manage risks of family violence? Where are the gaps?**

*Unsure*

As the sharing schemes are still in their infancy, it is too soon to assess if the legislation covers all sources of information required to establish and manage family violence risk. Certainly, there are gaps where information has been requested from Commonwealth-funded services such as Centrelink and NDIA, as previously mentioned. The Victims Assistance Program at Merri Health has successfully utilised the Family Violence Scheme several times to correctly identify perpetrators who have been misidentified as victim survivors and has likewise shared information with perpetrator services to protect the safety of victim survivors when risk from the perpetrators has increased.

**3.4 Have you observed an increase in the level of information sharing, including:**

*a) information being disclosed voluntarily? If no, what were the barriers or challenges?*

No: When the first tranche of services became prescribed to the Information Sharing Schemes, there was a significant amount of training and support offered by Family Safety Victoria to those services. The Victims Assistance Program has a strong understanding of the scheme and has experienced reciprocal sharing with other first tranche agencies such as family violence services and police. However, uptake of the scheme from other services has been minimal, which appears to be from a lack of understanding and awareness of how information can be shared proactively to manage family violence risk.

*a) information being disclosed on request? Please make any additional comments.*

No: Requests for information from Merri Health have remained constant, except for in the year 2020 where they tripled. This was commensurate with the reported increase in family violence in Victoria during Covid-19 restrictions, when many victim survivors were forced to remain in their homes with perpetrators for longer periods of time.

**3.6 Have you observed an increase in the level of collaboration between organisations to support the delivery of coordinated services? Please make any additional comments.**

*Yes*

Merri works collaboratively with other local agencies to implement and monitor the family violence reforms. This includes contributing to the development of strategic plans as part of local family violence networks and engaging The Orange Doors in our service delivery areas to establish interface agreements for referrals and secondary consultations. The Orange Door Hume Moreland Area has co-located services at Merri and the Victims Assistance Program is co-located at several police stations and the Neighbourhood Justice Centre.

Merri has not experienced any legal barriers or challenges in collecting, requesting, using or disclosing information, collaborating with other organisation to deliver coordinated services or complying with the Act's requirements.

Merri is not aware of any instance of the unauthorised use or disclosure of confidential information under the FVISS or CIP provisions.

## 4. Family Violence Risk Assessment and Risk Management Framework

**4.1 Are the legal requirements under the Act sufficiently clear, including in relation to the meaning of *framework organisation* and *section 191 agency*? If no, how could they be made clearer?**

No

Clearer guidance could be provided for organisations to map responsibilities. The framework is helpful to support individual services and programs in understanding how to respond to family violence but for larger community health organisations with multiple services, many of which are not client-facing, it is a much more difficult task to assess the requirements of each different role. For a large organisation, the time and resources required to map responsibilities and training requirements for staff and update policies, procedures and position descriptions, is well beyond internal capacities and requires the investment of a dedicated worker to oversee MARAM alignment, which is the option Merri is currently exploring.

**4.2 Have you observed greater consistency in organisations' approaches to family violence risk identification, assessment, and management?**

Organisations are at different stages of their journey to MARAM alignment, and there are also differences between programs within organisations. Services prescribed in the first tranche of MARAM alignment, such as the Victims Assistance Program and other specialist family violence services, have the strongest understanding of the MARAM pillars and are most confident in implementing the risk assessment and safety planning tools. The Goulburn Regional Integrated Family Violence Committee undertook a survey of frontline staff from member agencies, in which some responses indicated a lack of confidence in MARAM, and in some cases, a complete lack of awareness of MARAM. This indicates that there is still inconsistency in service approaches to family violence intervention.

## 5. General questions

**5.1 Do you have any other comments about the operation of the provisions, including any suggestions for improvements?**

MARAM provides a framework for best practice with family violence victim survivors through its inclusion of intersectionality, demonstrating how people from diverse communities are impacted in multiple ways through structural inequality. The framework could be supported through more practical training on intersectionality and how this should be considered in family violence responses.

Merri has not observed any 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. The provisions sufficiently provide for the needs and characteristics of diverse communities.

## 6. Further information

We are available and willing to provide additional information.

Please contact Jacqueline Milburn, Manager Victims Assistance program by phone on [REDACTED] or by email at [REDACTED].