Response to the Family Violence Reform Implementation Monitor's call for submissions: Review of family violence information sharing and risk management – June to September 2022

Submission #13 – Organisation – Monash Health

The Family Violence Information Sharing Scheme and Central Information Point

Please reflect on your experience in collecting, requesting, using or disclosing confidential information in the past 3 years when responding to the following questions.

1. Are the legal requirements in the Act sufficiently clear?

In responding to this question, please consider whether you feel the Act is sufficiently clear in relation to the meanings of key terms (such as person of concern, primary person, confidential information and excluded information), the circumstances in which confidential information can be requested or disclosed, record-keeping requirements and any other matter

No

If no, how do you think they could be made clearer?

• The Act could specify the limitations of sharing between state and territory jurisdictions i.e. Victoria only (we assume this is implied unless specified that it can go across jurisdictions). Anecdotally we hear of many users of violence crossing states, and information we hold cannot be utilised by equivalent interstate agencies. For example, we have received three requests from Queensland and one from New South Wales. • In relation to FVISS guidance, it would be helpful to have examples of when to use one legislation over another when multiple Acts are relevant. For example, if Child Protection is requesting information from the health service, how can a professional better determine if this request is released under FVISS or the Children, Youth & Families Act? A factsheet outlining what legislative mechanism could be used may better guide professionals, including existing privacy principles that enable sharing to occur when there is serious /imminent risk present.

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?

Mostly

How could this be improved?

• Our policies, procedures, practice guidance and tools align with the principles. However, we can't guarantee this is being adhered to in practice. Compliance with informal requests is difficult to capture, and much of this work relies on a clinician's professional judgement. There will need to be ongoing communication and education within our health service about FVISS, as well as a broad culture shift given the tensions between privacy and safety. • In weighing up principles related to privacy, agency and risk, we encourage consultation and escalation as appropriate to aide in decision-making. Secondary consultation (internal and external) and escalation processes (internal) have been embedded into our health service's family violence work.

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

Yes

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?

No

Where are the gaps?

Scope should be extended to include private psychologists and private health services and private schools. A portion of the population are missed as this legislation does not apply to them.

4. Have you been able to obtain consolidated and up-to-date information from the Central Information Point (CIP) about perpetrators of family violence to support your organisation to assess and manage risks of family violence?

Unsure

5. Have you observed an increase in the level of information sharing, including:

a) information being disclosed voluntarily?

Yes

Please make any additional comments.

Mental Health services have more confidence requesting information

b) information being disclosed on request?

Yes

Please make any additional comments

• There has been a steady increase (double) in the number of requests our health service has received in 2022 compared to 2021. We disclose information in all requests that meet criteria for sharing. • A broad range of agencies are represented in the requests received. We mostly receive requests from RAE's (i.e., The Orange Door, Victoria Police, Child Protection), however do receive requests from ISE's such as schools and Maternal & Child Health Services.

6. Have you observed an increase in the level of collaboration between organisations to support the delivery of coordinated services?

Yes

Please make any additional comments.

• Especially between schools and mental health services. • FVISS has enabled health services to work more collaboratively, by voluntarily disclosing risk relevant information to assist with safety planning of victim survivors (for example, where the victim survivor was a patient in one health service, and the person using violence was a patient in another). • Collaboration with Housing and Corrections often occurs via RAMP, however we have not received formal FVISS requests from these services. • Discharge to GP care has been aided by the capacity to collaborate and share information under FVISS.

7. Have you experienced any legal barriers or challenges in:

a) collecting, requesting, using or disclosing information?

Yes

If yes, what were the legal barriers or challenges?

• Occasionally requests that don't meet requirements of FVISS are made • Schemes are counterintuitive with health services – priority is patient privacy whereas schemes encourage sharing. This requires a significant culture and practice shift • As also outlined in question 1.

b) collaborating with other organisations to deliver coordinated services?

Yes

If yes, what were the legal barriers or challenges?

Challenges exist with sharing with private psychologists who are not prescribed to the schemes. This can impact on safe discharge/transfer of care.

c) complying with the Act's requirements?

Yes

If yes, what were the legal barriers or challenges?

As outlined in question1, challenges with sharing between state and territory jurisdictions and understanding when to use one legislation over another when multiple Acts are relevant.

8. Are you aware of any instances of the unauthorised use or disclosure of confidential information under the FVISS or CIP provisions?

Yes

Please make any additional comments.

We have received unauthorised requests. One example is a FVISS request from a patient directly, another is from a lawyer in relation to legal proceedings.

Family Violence Risk Assessment and Risk Management Framework

Please reflect on your experience in aligning your organisation's policies, procedures, practice guidance and tools with the MARAM Framework when responding to the following questions.

9. Are the legal requirements under the Act sufficiently clear, including in relation to the meaning of framework organisation and section 191 agency?

Yes

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

Yes

General

11. Have you 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?

No

12. Do the provisions sufficiently provide for the needs and characteristics of diverse communities?

No

If no, please indicate why.

In the guidelines: • specific responses to older people are not embedded. It is assumed this group are included in the response to "adults", however older people have specific needs and risks that are not adequately addressed in the MARAM guides and assessment tools. For example, older people may not experience any 'serious risk factors', but may experience neglect which can place them at risk of harm or death (neglect is not always considered/associated with violence or the other serious risk factors such as controlling behaviour) • we are awaiting further guidance to be released about working with young people who use violence

13. Do you have any other comments about the operation of the provisions, including any suggestions for improvement?

• Responding to a request is time consuming. Additional resourcing is required to respond to FVISS requests and assist with building the capacity of our organisation. This role has been absorbed by existing roles that are stretched and takes away from other equally important work. • Not everyone in our health service is aware of and across the schemes, or have the capacity to participate in this process. Instead, a small team within our health service is implementing the administrative process involved with receiving formal requests, and this team also relies on colleagues/frontline clinicians to assist by checking the system for the information requested and implement their professional judgement when preparing a response. • Responding to requests has a high administrative burden. For example, the average time taken to complete the administration process for each formal information sharing request received is approximately 3 hours. During the 2021-22 financial year, approximately 198 hours were spent responding to information sharing requests/implementing the administrative process, which equates to a little over 5 weeks. This does not take into consideration time spent by others, such as General Managers and clinicians, who help by checking the system for the requested information and prepare the response. • Inconsistent responses from Victoria Police, appears dependant on which unit you interact with. For example, uniformed police provide a different response to Family Violence Unit police, with the latter being more thorough and MARAM aware. • Our health workforce of approximately 22,000 is particularly overwhelmed and depleted in the context of COVID. It is often difficult for clinicians to prioritise responding to requests (for a person in the community, not an inpatient) over their clinical workload. This has also impacted on ability of clinicians to attend/undertake FVISS and MARAM training. • Experienced lack of timely response from the ISS/MARAM helpline. We also contacted the ISS/MARAM helpline seeking clarification on FVISS versus CYFA 2005 requests from Child Protection, and they were unable to provide clear clarification or guidance on which legislation should be used. • We have also seen FVISS used in very proactive and appropriate ways. In relation to Question 4: "If no, what were the barriers or challenges?" • The CIP is not available to our health service