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Family Safety Victoria

Review of the Family Violence Information Sharing Legislative Scheme

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Final Report

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GROUP OF EIGHT AUSTRALIA

Contents

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1 Abbreviations

ACCO	Aboriginal Community Controlled Organisations
ACT	Australian Capital Territory
AFM	Affected Family Member
ANROWS	Australia's National Research Organisation for Women's Safety
AOD	Alcohol and Other Drugs
CALD	Culturally and Linguistically Diverse
CIP	Central Information Point
CISS	Child Information Sharing Scheme
COAG	Council of Australian Governments
CRAF	Common Risk Assessment Framework
CRM	Client Relationship Management
CVRC	Corrections Victoria Research Committee
DET	Department of Education and Training
DHHS	Department of Health and Human Services
DJCS	Department of Justice and Community Safety
DVRCV	Domestic Violence Resource Centre Victoria
EI	Expert Interview
FG	Focus Group
FOI	Freedom of Information

FSV	Family Safety Victoria
FVISS	Family Violence Information Sharing Scheme
HS	Homelessness Service
ISE	Information Sharing Entity
ISTA	Information Sharing Training Approach
LGBTIQ	Lesbian, gay, bisexual, trans, intersex and/or queer
MARAM	Multi-Agency Risk Assessment and Management
MBCP	Men's Behaviour Change Program
MGFVPC	Monash Gender and Family Violence Prevention Centre
MUHREC	Monash University Human Research Ethics Committee
RAE	Risk Assessment Entity
RAMP	Risk Assessment and Management Panel
RCFV	Royal Commission into Family Violence
SWFVS	Specialist Women's Family Violence Services
SMFVS	Specialist Men's Family Violence Services
TAS	Tasmania
UK	United Kingdom
VPS	Victorian Public Service

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Note on language

The preamble to the Family Violence Protection Act 2008 [Vic] states that 'while anyone can be a victim or perpetrator of family violence, family violence is predominantly committed by men against women, children and other vulnerable persons'. Consistent with this, the Royal Commission into Family Violence (RCFV) notes that 'the significant majority of perpetrators are men and the significant majority of victims are women and their children' (2016 Summary and Recommendations: 7). While recognising that men may also be victim/survivors of family violence, consistent with the gendered nature of family violence, we employ gendered language throughout the Report.

The Review included women who had experienced family violence as participants. Throughout the Report, we refer to those who have experienced family violence as victim/survivors. Our intention is to recognise women's experiences of family violence and the harms caused and their work to secure their own safety and that of their children.

4 Executive Summary

The Victorian Family Violence Information Sharing Scheme (FVISS - the Scheme) was established under Part 5A of the Family Violence Protection Act 2008 as part of the Royal Commission into Family Violence (State of Victoria 2016) reforms. The Scheme aims to:

- better identify, assess and manage the risks to adult and child victim/survivor safety, preventing and reducing the risk of harm; and
- better keep perpetrators in view and enhance perpetrator accountability

The Scheme commenced on February 26, 2018. It was rolled out to Initial Tranche and Phase One organisations, in February and September 2018 respectively. Organisations prescribed to share under the Scheme are known as Information Sharing Entities (ISE). Phase Two is due to commence in the first half of 2021. To date approximately 38,000 workers have been prescribed under the Scheme. In Phase Two approximately 370,000 additional workers are due to be prescribed.

An independent Review of the FVISS is legislatively mandated to ensure that it meets its aims and avoids adverse outcomes. The recommendations and insights of this Review aim to improve the operation of the Scheme generally and the Scheme's implementation in Phase Two organisations in particular.

The Review was guided by seven questions.

Has the Scheme been implemented effectively to date?
Has the Scheme been implemented as intended to date?
Has the implementation of the Scheme had any adverse organisational impacts?
What were the key barriers and enablers for implementation?
Has the Scheme resulted in increased levels of relevant information sharing between prescribed agencies?
Has the Scheme led to improved outcomes for victim/survivors and increased the extent to which perpetrators are in view?
Has the Scheme had any adverse impacts?

The Review research involved a multi methods approach including empirical research, document review, training observation and a comprehensive literature review. Quantitative data was gathered through two surveys and from lead agencies. Focus groups and interviews were the main source of qualitative data. There were more than one thousand participants in the Review over two data collection periods. Two hundred stakeholders were interviewed or took part in focus groups and 792 people responded to the survey. Participants included women who had experienced family violence, Initial Tranche and Phase One practitioners and managers and family violence experts.

The following approach has been taken to analysing the data.

1. The data from all sources is integrated and triangulated.
2. Quotes are used extensively throughout and have been drawn from the second period of data collection, with the exception of quotes from victim/survivor participants.

3. Where there are contradictory or diverse perspectives and experiences these are noted.
4. There is attention paid to continuities, changes and trends.
5. Data is de-identified.
6. Case studies and examples are used, where appropriate, throughout.
7. Victim/survivors' 'voices' are considered central and are included separately at the beginning of the findings section.
8. The views of Aboriginal organisations are set out separately in order to acknowledge the continuing legacy of colonialism and the particular issues this raises in relation to the Scheme.

Findings and recommendations

Impacts and outcomes of the Scheme for women who have experienced family violence

Twenty-six women who had experienced family violence and interacted with services participated in the Review. Most recognised the value of information sharing in facilitating referrals, accurately assessing their risk, reducing the number of times they had to tell their stories, and in facilitating a helpful response to their reports of family violence. However, family violence information for these women was also their security. They were worried about the misinterpretation or misuse of information, and the lack of information shared about perpetrators. The women were concerned about the approaches of Child Protection to information sharing, as they felt blamed for the difficulties of their post-separation lives. There was fear amongst mothers that the disclosure of family violence combined with information sharing could expose them to negative judgements and potentially the loss of their children.

Recommendation 1
Privacy policy updates related to family violence information sharing are in development or have been developed by all relevant sectors in the Initial Tranche and Phase One. Phase Two sectors and organisations should update privacy policies to address family violence information sharing prior to prescription. Organisations should be encouraged to communicate these policies to victim/survivors to ensure they are informed about relevant privacy protections.

Impacts and outcomes of the Scheme for Aboriginal people

Aboriginal organisations had very specific concerns about the FVISS based on the historical and ongoing experience of state intervention in Aboriginal lives, especially child removal. It is recognised that structural disadvantage experienced by Aboriginal people contributes to the over representation of Aboriginal children and families in notifications to Child Protection and consequent outcomes. There have been a number of initiatives legislated in the *Children, Youth and Families Act 2005* to enhance outcomes, including the implementation of the Aboriginal Child Placement Principle (s.13) and provisions for Aboriginal agencies to take full responsibility for Aboriginal children on protection orders (s.18). Yet, there was still wide spread concern that the FVISS in combination with the Child Information Sharing Scheme (CISS) could lead to an increase in the involvement of Child Protection in Aboriginal mothers' lives. Some participants valued the opportunity the Scheme for greater shared attention to children's risk and more collaborative relationships between child and family welfare agencies and specialist family violence services. Most were concerned the Scheme raised the risk that women experiencing family violence would avoid or disengage from services to maintain their privacy, autonomy and, critically, to avoid Child Protection involvement. The Scheme, and family violence reforms generally, have had significant resource implications for Aboriginal organisations dealing with family violence. Family Safety Victoria has put in

place strategies to facilitate the inclusion of Aboriginal perspectives on the reforms. Despite some additional resourcing and consultation with Aboriginal organisations, there was a view that cultural safety and competence was not being sufficiently embedded in mainstream services and that Aboriginal perspectives and knowledges were not being sufficiently incorporated into information sharing training.

Recommendation 2
Monitoring of the interaction and impacts of the FVISS and the CISS on Aboriginal people, especially mothers experiencing family violence, should be undertaken centrally to produce robust specific datasets of these interactions and outcomes. The development of these datasets is critical to ensure any adverse effects on First Nations peoples and communities are addressed.

Recommendation 3
The strategies that Family Safety Victoria has put in place to ensure that Aboriginal perspectives are included in the FVISS and MARAM (Multi-Agency Risk Assessment and Management) reforms, including sector grants, working groups, the Dhelk Dja partnership forum, regional coordinators and Aboriginal Practice Leaders at Orange Door sites, should continue to be funded and resourced.

Recommendation 4
In order to ensure best practice support for Aboriginal people experiencing family violence, increased funding should be provided to Aboriginal Community Controlled Organisations (ACCO) to address existing and emerging service needs associated with family violence reforms generally and the Family Violence Information Sharing Scheme in particular.

Recommendation 5
ACCO need more resources to contribute to the development and delivery of training on Family Violence Information Sharing so all training builds cultural safety and competence across all mainstream services in order to better support good outcomes for Aboriginal women and children experiencing family violence.

Recommendation 6
In order to ensure that Aboriginal people receive culturally safe and appropriate services when they disclose family violence the continuing shortage of Aboriginal workers in the family violence sector should be addressed urgently.

Recommendation 7
In consultation with Aboriginal organisations, Family Safety Victoria should ensure that there is an annual forum or other opportunity where key stakeholders consider any adverse impacts of the Scheme on Aboriginal people. This forum or other opportunity should specifically consider the impacts of the Scheme on mothering and any issues related to Child Protection.

1. Has the Scheme been implemented effectively to date?

These findings relate specifically to the central support that has been provided mainly but not exclusively by FSV. It includes training, Ministerial Guidelines, an Enquiry Line, sector grants and Practice Guidance. There is solid evidence that the Scheme's implementation has been broadly effective. There are lessons for effective implementation that can be used to improve implementation to Phase Two. The effectiveness of training has been variable, due to the interlinked issues of availability and accessibility, timing and sequencing, quality and communication. The sector grants have been a critical component of effective implementation and will be important to assist the ongoing process of implementation in each phase of the rollout and to support the extra organisational activity produced by the Scheme. The Enquiry Line provides an important support mechanism and should be continued and expanded in anticipation of

Phase Two. The Ministerial Guidelines provide a firm foundation for the Scheme's policy framework. The Practice Guidance now available to organisations is extensive and will assist Phase Two implementation.

Recommendation 8

Timing and sequencing issues must be addressed before the prescription of Phase Two organisations in order to allow for the development of quality training content, including quality accompanying materials. Adjustments from piloted training need to be made prior to prescription. Training timelines will need to take into account the limited number of family violence expert trainers.

Recommendation 9

Those engaged to deliver training should be both expert trainers and experts in family violence. A distinct training pipeline for expert family violence trainers will need to be established to serve the training needs of Phase Two.

Recommendation 10

In order to be effective, cross sector training needs to be more oriented towards experiential learning based on best practice adult education strategies, such as case studies and practice specific exercises.

Recommendation 11

All training and training materials need to emphasise the circumstances in which it is appropriate to use either the FVISS or the CISS and that both schemes have the same consent requirements. In particular the Ministerial Guidelines on this issue should be highlighted and practical exercises and case studies should be developed focused on this aspect.

Recommendation 12

In the prescription of Phase Two organisations, Family Safety Victoria and other relevant departments should communicate the training strategy, plan, content and timing clearly and well in advance of the scheduled training.

Recommendation 13

Consideration should be given to extending the operating hours of the telephone aspect of the Enquiry Line to business hours. Where there is the need for expert legal advice, an appropriate referral to obtain such advice should be provided to the enquiring organisation, where that organisation does not otherwise have ready access to such advice. The Enquiry Line should be fully resourced for at least two years after the prescription of Phase Two organisations.

Recommendation 14

The on-line list of ISEs should be completed and made available to all ISEs prior to the prescription of Phase Two.

Recommendation 15

The sector grants need to be continued for the Initial Tranche and Phase One organisations until at least June 2023 to continue the process of embedding the Scheme. These grants will be critical for Phase Two. The level of these grants should recognise the scale of the organisational work and cultural change required, particularly for organisations that have not previously been directly engaged in family violence work.

2. Has the Scheme been implemented as intended to date?

Some elements of the Scheme have been implemented as intended, while others have not. The major divergence between initial plans for implementation and the actual implementation relate to the substantial delay in the delivery of critical components of the MARAM (Multi Agency Risk Assessment and Management). The prescription of the Initial Tranche and Phase One were both slightly delayed. The original timelines were ambitious, and these slight delays are not considered a major issue. The CISS was implemented in September 2018 and aligned with the FVISS. The implementation of the CISS in conjunction with the FVISS was not initially contemplated. The dual implementation has made the implementation of FVISS more complex and time consuming. In the Initial Tranche, training was provided to less workers prior to prescription than originally contemplated and no training was available to Phase One workers prior to prescription. By the end of 2019 the majority of Phase One workers had not received training in the FVISS or MARAM.

The physical distancing requirements of COVID-19 may impact on training of Phase Two workers. These impacts cannot be predicted with any certainty at time of writing. The recommendations with regard to Phase Two training should be read taking into account the uncertain impact of COVID-19.

Recommendation 16
Timing and sequencing for Phase Two needs to ensure the training of a sufficient number of Phase Two workers prior to prescription.

Recommendation 17
Consideration should be given to how the perpetrator aspect of risk assessment will be incorporated into Phase Two training. The sequencing and timing of the implementation of Phase Two, particularly in relation to the perpetrator aspects of MARAM, and the rationale for this, should be communicated clearly to key stakeholders.

3. Has the implementation of the Scheme had any adverse organisational impacts?

The benefits of the Scheme were widely understood to be significant. However, the Scheme has created additional workload for organisations. Although most participants highlighted an additional workload to implement the Scheme, each organisation had different views on the extent of ongoing additional work it was creating. The early implementation stages created extra work related to attending training, creating new policies and procedures and in many cases, tailoring templates to suit specific workplaces or sectors. For many organisations, there is ongoing additional workload, depending on the volume of requests being made and received and the extent to which this exceeded previous sharing practices. Overall however, participants felt the additional workload was worth the benefit of receiving more thorough and accurate information for family violence risk assessments and management. For non-specialist organisations in particular, the heightened awareness of and training about family violence that has accompanied the introduction of the Scheme has provided the impetus for some staff in those organisations to disclose, often for the first time, their own historical or ongoing experiences of family violence. These disclosures, which may be made in the workplace, highlight the need for such organisations to have policies in place that address staff related family violence issues.

Recommendation 18
Prior to the implementation of Phase Two, resources and policies should be in place in all prescribed and all soon to be prescribed organisations to support workers who disclose family violence.

4. What were the key barriers and enablers for implementation?

The key barrier for the rollout of the Scheme was the timing and/or sequencing of interdependent elements such as MARAM and training especially for those in Phase One organisations that have not historically been required to respond to or understand family violence risk. This barrier was consistently identified in each period of data collection. Other barriers include diverse and incompatible IT systems and platforms, and organisational cultures, such as the AOD sector, which have historically placed a high priority on client confidentiality. While Child Protection Practice advice was updated in September 2018 to address obligations under the Scheme, issues were consistently identified with Child Protection which is perceived as not readily sharing family violence risk relevant information, while continuing to seek high levels of victim/survivor information.

Key enablers are the ongoing strong support for the Scheme and its aims. This support is demonstrated through ongoing goodwill and commitment to work around any implementation barriers and engage in the work required to effectively operationalise the Scheme. The Scheme has provided an environment for greater interagency cooperation which has been widely embraced as a key enabler of information sharing. Another key enabler was the policy and protocol development work of lead agencies such as Victoria Police, the Magistrates' Court of Victoria (MCV) and the Children's Court of Victoria (CCV) and Corrections Victoria which have worked collaboratively to set up systems to effectively share perpetrator information. The advisors in the AOD and mental health agencies have been significant enablers of the Scheme. These positions play an important role in embedding information sharing practice and leading the necessary cultural change in Phase One organisations that have not previously dealt with family violence as part of their professional practice. Programs such as the Strengthening Hospitals Response to Family Violence Initiative have done some of the groundwork in preparing Phase Two for implementation of the Scheme. The developing maturity of family violence information sharing processes, less concern about workloads and potential adverse consequences, and growing experiences of 'good outcomes' has resulted in the overcoming of some barriers to the Scheme, which were identified during the earlier stages of implementation.

Recommendation 19
In the lead up to Phase Two, a thorough audit of existing schemes promoting family violence literacy in Phase Two organisations should be undertaken. Careful consideration should be given to extending existing government initiatives such as the Strengthening Hospitals Response to Family Violence Initiative so they remain in place as Phase Two organisations are prescribed and in the process of embedding the Scheme.

5. Has the Scheme resulted in increased levels of relevant information sharing between prescribed agencies?

The Scheme has resulted in an increase in both the quantity and risk-relevance of family violence information sharing, which has in turn led to enhanced understanding of the responsibilities and benefits of information sharing. There is good evidence of an increase in the sharing of perpetrator information.

Broad-based support for the Scheme combined with the increase in the quantity of information sharing has worked to decrease fear of legal consequences and bolster pro-sharing attitudes. Workers have seen the benefits of the operation of the Scheme to effective and enhanced risk assessment in individual cases as a consequence of access to additional information and this has, in turn, enhanced sector understanding of the responsibility to share risk relevant information. While some workers continued to rely on pre-scheme processes for sharing, there was negligible evidence of inappropriate sharing.

6. Has the Scheme led to improved outcomes for victim/survivors and increased the extent to which perpetrators are in view?

The Scheme has produced positive outcomes particularly around the increased sharing of perpetrator information. One aspect supporting the extent to which perpetrators are kept in view is the further integration of men's specialist family violence services, such as Men's Behaviour Change Programs (MBCPs) into family violence risk assessment and management. There is some evidence that some victim/survivors are experiencing improved outcomes, but there are also concerns expressed by family violence specialists and other agencies about Child Protection's focus on victim/survivor information and low levels of family violence risk relevant information sharing with family violence services in order to support the safety of women and children. The RCFV (2016) urged the strengthening of Child Protection practitioners' understanding of family violence risk. In response to RCFV recommendations, '*Tilting the Practice'* family violence training was rolled out to Child Protection practitioners in 2018 to encourage working supportively with mothers and focusing more on perpetrator behaviour. Yet, according to the evidence gathered in the Review, Child Protection did not always appear to fully recognise or effectively respond to family violence risk. This data suggests that work needs to continue to embed cultural change.

Recommendation 20

Case studies which demonstrate positive outcomes of the Scheme should be used to illustrate the value of family violence information sharing in meeting its aims of enhancing women and children's safety and keeping perpetrators in view. These case studies will be useful for enhancing practitioner understanding of the responsibilities of information sharing and the benefits of risk relevant sharing.

Recommendation 21

Prior to Phase Two specific practice guidance on and templates for family violence data security standards should be developed by FSV for training and implementation. These practice guidance and template materials should support the development of data security standards for family violence information and information sharing, in line with pre-existing privacy obligations. These materials should form part of the induction of Phase Two organisations into the FVISS. Training materials for Phase Two organisations should stress that data security standards must be transparent to victim/survivors.

7. Has the Scheme had any adverse impacts?

The adverse impacts of the Scheme include concerns about the potential for women victim/survivors as well as perpetrators to disengage from support services. There are concerns that as part of the Mental Health Tribunal processes, the sharing of perpetrator information under the Scheme may be disclosed with a perpetrator applicant and that this could potentially impact on the safety of victim/survivors. There were also concerns about data security. The concerns were in many cases, based on hypothetical

scenarios. There was a concern that these adverse impacts would be heightened for particular communities, including Aboriginal and LGBTIQ communities.

Recommendation 22

The Victorian Government should work with the Mental Health Tribunal to ensure that victim/survivor safety is prioritised as part of its processes and to avoid the risks of any adverse consequences arising from the Scheme. In particular it should communicate with the Mental Health Tribunal about the family violence risks associated with disclosing to perpetrator/applicants any part of their file which indicates that family violence risk information has been shared without their knowledge under the Scheme.

5 Introduction and context

The Family Violence Information Sharing Scheme (FVISS - the Scheme) was established under Part 5A of the Family Violence Protection Act 2008. The Scheme commenced on 26 February 2018. The establishment of the Scheme was a key recommendation of the Royal Commission into Family Violence (State of Victoria 2016; Recommendation 5). The Royal Commission into Family Violence (RCFV) considered sharing information about family violence risk a critical to reform:

> Sharing information about risk within and between organisations is crucial to keep victims safe. It is necessary for assessing risk to a victim's safety, preventing or reducing the risk of further harm, and keeping perpetrators 'in view' and accountable.

The Scheme aims to better protect victim/survivors and enhance perpetrator accountability by facilitating, regularising and increasing the sharing of information about family violence risk across specialist family violence services and all other organisations and services that come into contact with victim/survivors or perpetrators. The Royal Commission was particularly focused on the increased sharing of information about perpetrators. Organisations working directly with those experiencing family violence were authorised to share information where risk was assessed as 'serious and imminent' under the *Privacy and Data Protection Act 2014* and the *Health Records Act 2001*. However, much of the shared information about family violence risk was information obtained from and about victim/survivors, usually with their consent. Perpetrator information was often less extensive and was less often shared. At times, existing information about perpetrators was not shared because it was often considered unsafe to ask them to consent to share and the prevailing view was that their information could not be shared without consent except in exceptional circumstances. The Scheme has addressed barriers to sharing family violence risk information from and about perpetrators and created an obligation for proactive sharing of perpetrator information for a much wider group of organisations. An independent Review of the FVISS is legislatively mandated to ensure that it meets its aims and avoids or minimises any adverse or unintended consequences. The Scheme has been rolled out to an Initial Tranche (February 2018) and Phase One (September 2018) of Information Sharing Entities (ISE). There is a sub category of ISEs that are Risk Assessment Entities (RAE). These entities can request, collect and use information for a family violence assessment purpose, to establish and assess risk at the outset. The findings of this Review and consequent recommendations aim to ensure the optimal operation of the Scheme as it is extended to Phase Two in the first half of 2021 to include a much wider pool of universal services.

5.1 Family Violence Information Sharing reform background

It is well established that appropriate and timely sharing of information is critical in assessing, responding to and managing the risks of family violence. In Victoria and nationally, family violence has received unprecedented attention. This attention has arisen from and contributed to greater awareness of the enormous costs of family violence for individuals, families, the community and to the economy. There is a growing body of research on the prevalence and impact of family violence. Intimate partner violence by men against women is the most common type of family violence and the evidence base about this type of violence is well established. There is growing evidence and awareness about a range of different forms of family violence, including elder abuse and adolescent family violence. In addition, there is increasing knowledge about the distinctive impacts and manifestations of family violence in and on different communities, such as people living with disability, women from Culturally and Linguistically Diverse (CALD)

communities and the LGTBIQ community. While family violence, as the most common type of violence against women, is driven by gender inequality other types of discrimination and oppression such as ableism, ageism, heteronormativity, and precarious immigration status often intersect with gender inequality, in ways that compound and intensify the risk and impacts of family violence. The continuing history of colonial relations of power mean that First Nations people, and First Nations women and children in particular, are disproportionally affected by family violence and often encounter barriers to accessing services. It is estimated that violence against women costs Australia $21.7 billion a year, of which $12.6 billion is related to violence by a partner (PriceWaterhouseCoopers 2015). Family violence has significant negative effects on women's mental health (Franzway et al. 2015). It is the leading cause of homelessness amongst women, contributing to a cycle of unemployment and poverty (State of Victoria (Department of Premier and Cabinet) 2016). Family violence is a recurrent factor in Child Protection notifications (State of Victoria (Department of Premier and Cabinet 2016). Exposure to family violence can cause significant harm to children, which can begin during pregnancy and progress through all stages of child development (State of Victoria 2016b). Each week in Australia at least one woman is killed by a man, typically an intimate partner (Cussen, Tracy & Bryant 2015). Each year, 40 percent of all homicides in Victoria occur between parties in an intimate or familial relationship (State of Victoria 2016a). Australia wide intimate partner violence contributes to more death, disability and illness in women aged 18 to 44 than any other preventable risk factor (VicHealth 2004; Webster 2016). Family violence is a major social, criminal justice, human rights, economic and public health issue.

With unprecedented state and national attention directed to ameliorating the impacts of family violence, numerous Australian enquiries have recommended the introduction of legislation to improve family violence information sharing with the aim of enhancing victim/survivor safety and perpetrator accountability. These recommendations have resulted in most Australian jurisdictions adopting family violence information sharing legislation (Jones 2016, p. 20). While there had previously been information sharing between agencies about family violence risk, the legal basis for sharing such information was not always clear and concerns about client privacy were often prioritised over victim/survivor safety. Legislative family violence information sharing schemes provide an authorising environment for sharing family violence risk related information and signal a major change in the priority given to victim/survivor safety.

In Victoria, the RCFV (State of Victoria 2016) and the Coronial Inquest into the killing of eleven- year-old Luke Batty by his father (Coroners Court of Victoria 2015) recommended the introduction of a family violence information sharing scheme. Another key reform linked to the introduction of the FVISS is the review and redevelopment of the Common Family Violence Risk Assessment Framework (CRAF). Family Safety Victoria (FSV) is responsible for the implementation of the FVISS and the redeveloped CRAF, now renamed the Multi-Agency Risk Assessment and Risk Management (MARAM). The Child Information Sharing Scheme (CISS) intersects substantially with the FVISS. Understanding the nature and dynamics of family violence and family violence risk is critical to the effective operation of the FVISS. In turn, family violence risk assessment and management cannot be effectively carried out without adequate knowledge of family violence risk (Family Safety Victoria 2019).

The FVISS has been implemented as part of wide ranging reform to the family violence prevention and response policy landscape. Other critical reforms, in addition to the MARAM and CISS, currently being implemented in Victoria include Roadmap for Reform: strong families, safe children; Free from violence – Victoria's prevention strategy; initiatives as part of Building from Strength: 10-year industry plan for family

violence prevention and response; and the extension of the Specialist Family Violence Courts model. This program of reform is a once in a generation opportunity to make progress towards eliminating family violence and creating a society free from violence. The RCFV made 227 recommendations, all of which the Andrews' Labor government is committed to implementing. The Victorian government has invested $2.7 billion to achieve the reforms and a number of new family violence governance arrangements have been implemented including the creation of a Ministerial portfolio for the prevention of family violence, and the establishment of two dedicated entities focused on family violence prevention, Family Safety Victoria and Respect Victoria. The FVISS and the MARAM are critical centrepieces of the reforms. The RCFV set out an ambitious five-year time frame for the implementation of all of its recommendations. The aims of transformative policy change involving a wide range of workforces and government departments is complex and has required significant and sustained commitment from all involved.

The FVISS received Royal Assent on 13 June 2017 and commenced operation on 26 February 2018. The FVISS has two aims:

- to better identify, assess and manage the risks to adult and child victim/survivors' safety, preventing and reducing the risk of harm; and
- to better keep perpetrators in view and enhance perpetrator accountability

A phased approach has been taken to the implementation of the FVISS. This approach has comprised three distinct stages; Initial Tranche, Phase One, commenced in early and late 2018 respectively and Phase Two, to commence in the first half of 2021. This approach has been taken to ensure workforce readiness and sector capacity to meets the aims of the Scheme with a critical focus on minimising the risk of adverse or unintended consequences. The Initial Tranche was limited to entities with a level of 'criticality, family violence literacy and ability to operate in a regulatory environment' (Family Safety Victoria 2017b, p. 3). The relatively small number of Initial Tranche entities are the most well-informed about family violence, its gendered dynamics, family violence risk, and the principles underpinning family violence information sharing. Initial Tranche entities were considered to be in the best position to implement and absorb the initial FVISS implementation (c. 5,000 workers) and were prescribed on 26 February 2018. Phase One (c. 38,000 workers) commenced on 27 September 2018. Phase One includes organisations and services that hosted Initial Tranche entities, and whose core business is not family violence risk assessment and response but that spend a significant proportion of their time responding to victim/survivors or perpetrators, as well as non-family violence specific support or intervention agencies. Phase Two entities (with c. 370,000 workers) are due to be prescribed in the first half of 2021. Phase Two includes universal services and first responders, such as health, education and social services, that are often early contact points for victim/survivors (Family Safety Victoria 2019, pp. 15-6). Research indicates most victim/survivors do not report family violence to police or seek assistance from specialist family violence services (Australian Bureau of Statistics 2017). In these cases, Phase Two organisations and services may be an early or sole point of contact for victim/survivors.

See Table 1 below for a summary of each of the three stages of implementation of the FVISS. For a full list of entities prescribed in each stage see Appendix One.

Table 1: Stages of FVISS Implementation

	Initial Tranche	Phase One	Phase Two
Date Prescribed	26 February 2018	27 September 2018	First half of 2021
Type of Entities	Specialist family violence services and other organisations with high level of family violence risk literacy.	Entities whose core business is not directly related to family violence, but which spend a significant proportion of their time responding to victim/survivors or perpetrators.	Universal services and first responders, such as health, education and social services, that are often contact points for victim/survivors.
Number of workers	c. 5,000	c.33,000	c. 370,000
Rationale	These workforces best placed to absorb and begin the implementation process.	Typically providing services to client group that are understood to include significant proportion of victim/survivors or perpetrators.	Victim/survivors often do not seek out specialist services so these services may often provide opportunities for intervention that would not otherwise occur.
Pre-existing family violence risk management knowledge	Some 30% used CRAF*	Very limited	Very limited

**Family Violence Reform Implementation Monitor (2020)*

A key stakeholder in the FVISS Review is FSV which is responsible for the FVISS reform and its Review. The Information Sharing/MARAM Working Group, convened by FSV, including representatives from FSV, DHHS, DET, Victoria Police, the Magistrates' and Children's Courts and Department of Premier and Cabinet, assisted to guide the development of this project providing feedback on the Project and Evaluation Plan developed by Monash, the Baseline Report, the Interim Report, the Updated Evaluation Framework and this Final Report.

Early in the Review process a document for managing independence was jointly developed and agreed by FSV and the Review team. Those managing and assisting the Review at FSV proactively provided a large amount of relevant documentation to assist the Review process. They promptly and fully responded to requests for further information, provided pathways for accessing key stakeholders, assisted with distribution of information about the Review to relevant individuals and organisations, and arranged for the Review team to be briefed about a range of intersecting reforms or components of the FVISS including MARAM, CISS, Orange Door and CIP. Regular face-to-face meetings were held where issues were discussed and clarified and Review related challenges were identified and addressed. An Interim Report

on the implementation of the FVISS to the Initial Tranche was provided to FSV in June 2018. The Interim Report included a number of recommendations. The Review team presented to FSV on the findings for this Final Report in February 2020. The presentation provided an opportunity for discussion and clarification of issues prior to the finalisation of the Report. Annexure One provides a record of FVS, DHHS and DET feedback on this Report and the Monash response. Annexure Two provides information about conflict of interest.

Those services and organisations that were prescribed as ISEs in the Initial Tranche and Phase One are key stakeholders in the FVISS, along with FSV and other government departments. Practitioners and managers from these ISEs have been engaged as participants in the Review through the surveys, focus groups and/or interviews. In addition, a number of family violence experts have been interviewed. A host of submissions made to FSV by stakeholders as part of the consultation process at various stages of the FVISS implementation have also been considered in the Review (see Appendix Nine for a full list of submissions reviewed). Finally, victim/survivors are critical stakeholders and a total of 26 women took part in focus groups and interviews.

5.2 Family Violence Information Sharing Review framework

The FVISS legislation includes a mandated independent Review after two years of operation. The Review considers both the process of implementation and outcomes. As set out in the limitations section 6.5, however, for various reasons the outcomes of the reform are difficult to identify with a high degree of confidence at this point in time.

Though a number of family violence information sharing schemes have been introduced in Australian and internationally, few have been systematically evaluated (State of Victoria 2016: 158; see Appendix Three for a list of these schemes and relevant evaluations). Government-funded evaluations and recent academic literature on family violence information sharing primarily focus on the broader mechanisms of multiagency coordination and collaboration, rather than information sharing specifically (see the Literature Review, section 7). The Review of the FVISS provides a unique opportunity to assess the effectiveness of a legislative family violence information sharing scheme. Existing research, mainly based on reviews and evaluations of child information sharing schemes, consistently concludes that the enabling effect of legislation on information sharing alone is limited and that messaging about information sharing, practice guidance, training, operational and organisational issues are more significant as barriers and enablers of information sharing than legislation or policy.

Review purpose

This two year Review is designed to evaluate the implementation and outcomes of the Scheme to ensure that it is being implemented effectively and adverse or unintended consequences are limited and/or addressed. In particular it is designed to inform the process of implementation to Phase Two organisations and services. The Initial Tranche and Phase One implementation involved c. 408,000 workers in total. Phase Two includes c. 370,000 workers. Phase Two workers will typically have considerably lower levels of family violence risk literacy than the Initial Tranche and many Phase One workers. The large number of people who will be authorised to share family violence risk relevant information in the next phase of FVISS implementation, combined with the relatively low level of family violence risk literacy amongst these workers may increase the risks of adverse or unintended consequences. While these risks cannot be eliminated, they can be mitigated by capturing and diligently applying the learnings from this two year

Review of the implementation and outcomes of the Scheme in its earlier stages. As pointed out by the (former) Family Violence Reform Implementation Monitor there is significant risk inherent in family violence reform activity generally and family violence information sharing in particular (Family Violence Reform Implementation Monitor 2019). The Review of the FVISS is critical in assisting to ensure that the FVISS meets its primary aim of improving the safety of victim/survivors and enhancing perpetrator accountability and mitigating any risks to victim/survivors arising from the FVISS.

This Review Report, based on the reflections, insights and experiences of practitioners, managers, experts and victim/survivors, supplemented by review of relevant documents, training observations, sharing data from lead agencies and a comprehensive literature review, is designed to maximise the effectiveness of the FVISS. The Report, including key findings, recommendations and discussion, is offered with a view to building upon the substantial achievements in the rollout in Initial Tranche and Phase One organisations as the Scheme is extended to a larger number of practitioners employed in more universal non-specialist entities and services in 2021.

Key review questions

The Review was guided by seven key questions related to implementation and outcomes of the FVISS. These questions were set out in FSV's Request for Quote for the Review of the FVISS in 2017. The key questions were considered by the Review team to be succinct, clear, pertinent and comprehensive and remained unchanged during the Review. These key questions, sub-questions, and topics are set out below. Some of the sub-questions and topics were adjusted during the Review to reflect emerging issues.

Table 2: FVISS Review Questions

1. Has the Scheme been implemented effectively to date? Consider: Effectiveness of training, guidelines, sector grants, Enquiry Line, extent that legislative requirements have been embedded in practice guides and procedures of ISEs.
2. Has the Scheme been implemented as intended to date? Consider: Whether elements have been delivered on time, to the necessary work forces and parts of work forces.
3. Has the implementation of the Scheme had any adverse organisational impacts? Consider: Any adverse impacts on workforces in ISEs, e.g. increased workload (additional time taken each time information is shared and/or greater volume of information sharing) and changes in ways of working with clients.
4. What were the key barriers and enablers for implementation? Consider: What are the key lessons to inform further roll out of the Scheme, including: • Has the process of training staff in how to effectively share information under the Scheme been manageable and what have been the costs of this? • Have existing systems (including IT) been sufficient to facilitate the retrieval, storing and recording of information under the Scheme, or has it been necessary to invest in new/upgraded system and, if so, at what cost? • What level of upfront effort has been required to update policies, procedures and practices in order to effectively and appropriately share information under the Scheme?

- Are the roles and responsibilities of those responsible for leading the implementation of the FVISS clear?

Plus: have initial barriers identified through the Review been addressed?

5. Has the Scheme resulted in increased levels of relevant information sharing between prescribed agencies?

Consider: Has the Scheme resulted in the following results for service workers in ISEs:

- Increased pro-sharing attitudes and culture?
- Increased understanding of information sharing responsibilities and benefits?
- Decreased fear of legal consequences of sharing?
- Increased quality, accuracy and thoroughness in the assessment and management of risk?
- Any impacts on previous inappropriate informal information sharing?

Plus: have these factors led to an increase in relevant information being shared (i.e. information that has informed risk assessment or risk management)?

6. Has the Scheme led to improved outcomes for victim/survivors and increased the extent to which perpetrators are in view?

Consider: Has information sharing increased the extent to which perpetrators are in view? Has information sharing improved victim/survivor's experience of services (e.g. avoiding re-telling of story, obtaining risk relevant information about perpetrators)? How has the scheme impacted on adolescents as victim/survivors and perpetrators of family violence? Is there evidence to show that information sharing under the Scheme has decreased the risk or incidence of family violence?

7. Has the Scheme had any adverse impacts?

Consider: Has there been any decreased engagement in services by victim/survivors or perpetrators, increased risk or incidents of family violence, increased privacy breaches, other adverse impacts? Has misidentification of the primary perpetrator been an issue? What has been the impact on victim/survivors or perpetrators from diverse communities? What has been the impact on Aboriginal people including Aboriginal women? Has sharing of information without consent (as permitted by the law when assessing and managing risks for children) led to a decrease in victim/survivor engagement with the service system? Has there been an increase in sharing of information that is irrelevant or inappropriate? Are any changes to the legislation or other aspects of the Scheme necessary to address adverse impacts or otherwise improve the scheme?

The table below provides an overview of the evaluation framework

Table 3: Evaluation Framework

Key evaluation question	Indicator	Measure	Data source
1. Has the Scheme been implemented effectively to date?	Participants' perceptions regarding effective implementation generally and, particularly in relation to sub-question elements.	Question to participants as per key question 1 and sub-questions.	Focus groups with ISEs services providers, managers and experts. Interviews with ISEs service providers, managers and experts.
	Survey One and Two enabled measures of behaviour, attitudes, and relevant information regarding information sharing processes and systems pre-implementation of ISS for Initial Tranche and Phase One workforces and post-implementation.	Relevant questions in Survey One and Two.	Survey One and Two.
	Analysis in relation to the Review questions.	Relevant document content.	Any documents relating to sub-elements of the question.
2. Has the Scheme been implemented as intended to date?	The material gaps between the plans and actions.	Reconciliation of implementation plans against implementation actions.	FSV implementation plans.
	Participants' perceptions regarding awareness of the FVISS and its implementation relevant to overall delivery.	Question to participants as per key question 2 and sub-questions.	Focus groups with ISEs service providers, managers and experts. Interviews with ISEs services providers, managers and experts.
		Relevant questions in Survey One and Two.	Survey One and Two.
3. Has the implementation of the Scheme had any adverse organisational impacts?	Upward trends in the number of complaints. Upward trends in the number of substantiated/ upheld complaints. Considerations related to the seriousness of complaints and any particular impacts on groups considered particularly vulnerable.	Number and nature of complaints to ISEs and Privacy Commissioners.	Complaints to Privacy Commissioners and ISEs.

	Participants' perceptions regarding impacts of the scheme generally and, particularly in relation to sub-question elements.	Question to participants as per key question 3 and sub-questions.	Focus groups with ISEs services providers, managers and experts. Interviews with ISEs services providers, managers and experts.
		Relevant questions in Survey Two.	Survey One Two.
4. What were the key barriers and enablers for implementation?	Participants' perceptions regarding information sharing practice and experience, and attitudes to information sharing, noting that key barriers and enablers for implementation identified in the Interim Report were timing; communication; legal, policy and practice frameworks; and existing systems and data security.	Question to participants as per key question 4 and sub-questions.	Focus groups with ISEs services providers, managers and experts. Interviews with ISEs services providers, managers and experts.
		Relevant questions in Survey Two.	Survey Two.
5. Has the Scheme resulted in increased levels of relevant information sharing between prescribed agencies?	Participants' perceptions regarding information sharing practice and experience including information requesting and, particularly in relation to sub-question elements.	Question to participants as per key question 5 and sub-questions.	Focus groups with ISEs services providers, managers and experts. Interviews with ISEs services providers, managers and experts.
	Survey Two will measure the experience of Initial Tranche and Phase One workforces after the Phase One roll out, to capture the impact the scheme has had on information sharing, changes to risk assessment and risk management as a consequence of ISS implementation and the adequacy of training to prepare workers for ISS. This data will be compared to findings from Survey One.	Relevant questions in Survey One and Two.	Survey One and Two.

6. Has the Scheme led to improved outcomes for victim/survivors and increased the extent to which perpetrators are in view?	Participants' perceptions regarding improved outcomes for victim/survivors and the extent to which perpetrators are in view, and particularly in relation to sub-question elements.	Question to participants as per key question 6 and sub-questions.	Focus groups with ISEs services providers, managers and experts. Interviews with ISEs services providers, managers and experts.
		Relevant questions in Survey Two.	Survey Two.
	Perceptions of victim/survivors and perpetrators particularly in relation to the relevant sub-questions.	Question to participants as per key question 6 and sub-questions.	Interviews and focus groups with victim/survivors and perpetrators.
7. Has the Scheme had any adverse impacts?	Participants' perceptions regarding information sharing practice and experience generally and, particularly in relation to sub-question elements.	Question to participants as per key question 7 and sub-questions.	Focus groups with ISEs services providers, managers and experts. Interviews with ISEs services providers, managers and experts.
		Relevant questions in Survey Two.	Survey Two.
	Perceptions of victim/survivors and perpetrators particularly in relation to the relevant sub-questions.	Question to participants as per key question 7 and sub-questions.	Interviews and focus groups with victim/survivors and perpetrators.

Scope

This two-year Review focuses primarily on the first twenty-two months of the implementation of the FVISS. The Review formally commenced in October 2017. The Scheme commenced in February 2018. The temporal scope of the Review in terms of data collection from key stakeholders was November 2017 to December 2019. The Review's primary stakeholder groups in terms of data collection are practitioners and managers in the Initial Tranche and Phase One organisations and services, family violence experts and victim/survivors. Data collection from these key stakeholders commenced with a survey prior to the implementation of the Scheme to the Initial Tranche and Phase One in order to construct a working baseline from which to measure the impacts of the establishment and operation of the FVISS. There were two periods of Interviews and focus groups after the implementation of the Scheme to the Initial Tranche and the Phase One. Data gathering with stakeholders was completed in December 2019. The collection and review of relevant documents continued through the whole period of the Review. The literature review was initially undertaken in April 2018 and was updated over the duration of the Review (see section 6.4 on timings below for further information on the timings related to key Review tasks). The MARAM, CISS, and the Orange Door reforms are closely related to the FVISS. In addition, the Central Information Point (CIP) is an important component of the FVISS. The CIP allows the MCV and CCV, Victoria Police, Corrections and the Department of Health and Human Services (DHHS) to consolidate and share critical information about perpetrators of family violence, when requested from within an Orange Door or Berry

Street, providing a single comprehensive report to frontline family violence specialists. The impact of these reforms on the FVISS, or as part of it, are referred to throughout the Report as relevant to the specific Review questions. However, the MARAM, Orange Door, CISS and CIP reforms have been or are subject to separate reviews and are not a primary focus of this Review.

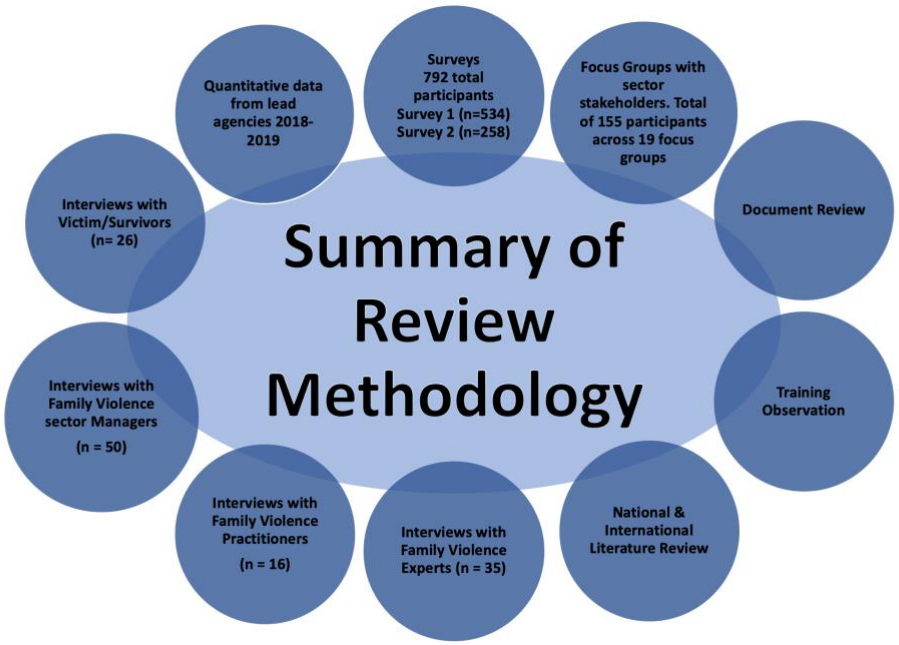
6 Design, method and data

The research was guided by the seven key questions related to the implementation and outcomes of the FVISS. The research involved a multi methods approach including qualitative and quantitative methods, document review, training observation and a comprehensive literature review.

6.1 Review design, method and approach

The research designed included surveys, interviews, focus groups, document review, training observations, quantitative data from lead agencies, and a comprehensive national and international literature review. The diagram below captures the Review method.

Figure 1: Summary of FVISS Review Methodology



Surveys were the primary quantitative method with two surveys used for this Review. While the surveys were both quantitative (multiple choice and scale responses) and qualitative (open-ended questions), the large number of quantitative questions means the survey focuses primarily on breadth over depth by capturing a large number of responses with limited capacity for detail. The surveys were designed to gain a broad understanding of practitioners' experiences, attitudes and practices in relation to family violence information sharing and to enable some insight into shifts over time, post-implementation, regarding attitudes and practice.

In lieu of any existing and accessible Client Relationship Management (CRM) records which capture the history of family violence information sharing practice, a survey was considered the most appropriate method to collect baseline data. The items in the baseline survey, Survey One, were pre-FVISS measures of formal and informal information sharing practices and perceptions about information sharing in the Initial Tranche and Phase One workforces. Survey Two was undertaken with the Initial Tranche and Phase One approximately 12-18 months after implementation in order to capture the impact of the FVISS.

Survey One questions were mapped to align with the Review questions that focus on the impact of the initial implementation of the FVISS. Outcomes and impacts of the implementation of the FVISS on information sharing were measured through Survey Two that provided data about changes benchmarked against the baseline established in Survey One. The survey design across Survey One and Two was a panel design, where we sought to analyse individual responses at two points in time, to more accurately measure change in practice and attitudes. However, the attrition rate between surveys was too high and the panel sample was not large enough to produce robust panel data. Therefore, the Report relies on broad trend data to review change between Survey One and Two regarding attitudes and practice.

Survey One included 83 questions and Survey Two included 95 questions. Both surveys comprised multiple choice, Likert-scale responses (i.e. questions with graded response options) and open-ended questions, which represent the surveys' qualitative element. The surveys were conducted using Qualtrics. Survey One was piloted with 13 Victorian family violence practitioners and reviewed by Family Safety Victoria (FSV). Based on the feedback minor modifications to the survey were made prior to its release. Survey Two was reviewed by FSV. This data complements and captures broad attitudes and experiences, that align with the more detailed interviews and focus group discussions.

Quantitative data on the volume of post-scheme information sharing was requested and received from lead organisations; Victoria Police, DHHS, the Department of Justice and Community Safety, MCV and CCV. These organisations were asked how many requests for information they had received and made under the Scheme and details about which organisations were requesting information and which organisations they were sharing information with. Further details were also requested such as whether the information related to victim/survivors, perpetrators, children or others was requested and how many requests were denied. A month by month breakdown of the data was requested. There is a lack of of legislative obligation to record the volume of information sharing or details about such sharing under the Scheme. As a result of this, the data supplied by each of the lead organisations varied in content and format.

The qualitative part of the Review methodology (interviews and focus groups) was designed to capture in depth and detail the experienced and impact of the FVISS, to illuminate and explore key issues in the Review's Interim and Final Reports. Qualitative research methods were used to understand the experiences, attitudes and practices of family violence information sharing. The qualitative methods involved interviews and focus groups that sought the perceptions, experiences and opinions of participants. These were undertaken in two periods; after implementation of the Scheme to the Initial Tranche and after implementation to Phase One. Qualitative research methods produce robust, rich and detailed data that is not readily available via quantitative instruments: they encourage disclosure and reflection amongst participants. The primary skills involved are attentive listening and facilitation of discussion that is simultaneously focused and open. Focus groups allow for the gathering of sufficient relevant information while openness ensures space for unanticipated opinions or information to be captured. A feature of qualitative research is that participants and interviewers or focus group facilitators jointly shape the discussion that takes place. In a process of reform such as the FVISS that is built on the existing expertise of practitioners and the knowledge and expert insights of those who have experienced family violence, such methods are particularly valuable.

Interviews and focus groups were based on semi-structured questions developed from the key Review questions (see Appendix Four). These questions were refined slightly after early focus groups and interviews. Semi-structured questions act as a guide to discussion rather than a firm schedule. In some cases, the interviewer/facilitator will ask each question on the interview schedule; at other times the

interviewee or participant/s with a good understanding or strong opinions of the topic area, will cover all relevant issues with little prompting. In addition, participants may provide information they consider is relevant, even if it does not align directly with key questions identified by the interviewer/facilitator. In qualitative research, such additions are viewed as important data as they reveal the ways in which issues are understood by participants and can illuminate or point to 'unintended consequences' that may occur in practice.

Notes were taken of pertinent issues in focus groups and interviews with practitioners and experts and shared between Review team members. Trend data from the focus groups and interviews was used to aid discussion in future focus groups and interviews and as a way of focusing questions or seeking further data where relevant. Where focus groups were convened with specific organisations or sectors, discussion concentrated on those aspects most relevant to the knowledge and practise base of those participants (see Appendix Five for a list of focus groups). Where people were unable to attend a focus group they were invited to participate in a phone interview. Two Review team members typically attended each of the focus groups.

Participation by victim/survivors: This process was carefully managed to ensure appropriate and adequate recognition of participant needs. These participants are critical to the Review and the Report. Women were recruited through support services (family violence and disability services) and so had received the support of these services prior to their participation. Women were provided with vouchers to support their participation and in recognition of the provision of their expertise. The focus of the interviews was on women's experiences of service responses, particularly as pertinent to the sharing of family violence information. The participants were not required to discuss their experiences of family violence. The interviewers have expertise in relation to the impact of family violence and the nature of the service and response systems. The victim/survivor participants had significant experience of having information gathered and/or shared as they interacted with various services. The victim/survivor participants had control over the timing and location of their engagement with the Review. Most were interviewed or attended focus groups at specialist family violence services, locations where they felt comfortable. Others elected to participate by phone in order to better ensure their contributions were confidential.

A wide range of relevant documents and data including training content, training participation and feedback, Enquiry Line data, stakeholder submissions, FSV plans, reports to FSV about the implementation of the FVISS and other relevant reforms, and relevant Regulatory Impact Statements, were reviewed. A comprehensive literature review was also undertaken to understand the international and national context in which family violence schemes have been implemented and to take into account the learnings of reviews of these schemes in other contexts.

The advantages of the multi methods design are that it allows for breadth (surveys and other quantitative data), depth (interviews and focus groups) and context (literature review). The documents, depending on category, provided context, quantitative data, or the views of stakeholders. The range of data sources allows for robust triangulation whereby the themes present in one data set can be matched, confirmed or contrasted with those from other sources.

6.2 Participants, data sources and analysis

Participants

There were more than one thousand participants in the Review over the two data collection periods. Two hundred stakeholders were interviewed or took part in focus groups and 792 people responded to the survey. Those who participated in focus groups or responded to the surveys included workers and managers in the Initial Tranche and Phase One organisations, family violence experts and victim/survivors. Family violence experts included family violence trainers, academics, those working in peak organisations, policy leaders, managers, family violence advisors and judicial officers.

Recruitment for the surveys, interviews and focus groups was facilitated through multiple pathways

These pathways included the Monash Gender and Family Violence Prevention Centre (MGFVPC) and FSV website, FSV newsletters, the MGFVPC monthly e-Digest, emails to all relevant peak bodies and government departments. Where FVISS training participants provided permission for their details to be shared for the purposes of recruitment to the Review these potential participants were emailed directly with an invitation to take part in the Review. Each survey was distributed through the same pathways via a survey link along with information about the survey and invitations to participate in the survey and share it with other practitioners if appropriate.

The participation of geographically diverse stakeholders was considered important. Four focus groups were held in regional or remote areas, including Shepparton, Sale, Bairnsdale and Geelong.

Victim/survivors were recruited through specialist family violence services. This process was designed to assist in ensuring that they were safe and adequately supported throughout their participation. Prioritising victim/survivor safety is the primary logic for the reform under Review. Such consideration is an integral part of an ethical approach to engaging with victim/survivor participants. Victim/survivors were provided with a $50 Coles voucher as recognition for their sharing of expertise and experiences.

All potential participants were offered the opportunity to participate by telephone or via email if attending a focus group or interview was not convenient or possible.

The Review did not aim for a representative sample; that is representation that mirrors proportionally the number of each category of ISE organisation. However, it did seek a wide range of views, thereby reflecting the diversity of organisational types included in the FVISS. Where participation by a particular category of ISE in the Initial Tranche or Phase One was not readily forthcoming efforts were made to recruit participations from these categories. Such efforts included direct contact with potential participants where details were publicly available, and, where appropriate, contact with a peak body, relevant government department, or particular ISEs.

Recruiting participants in the second period of data collection proved more challenging than in the first. Recruiting workers for focus groups and managers for interviews required more sustained effort and the participant numbers in Survey Two (258) were substantially less than for Survey One (534). One explanation for this may be ‘research fatigue’. Family violence practitioners and managers are being recruited to participate in multiple reviews, while services are facing increased demand and while implementing multiple reforms.

Initially it was intended that perpetrators of family violence would be included as participants in the Review. We anticipated that access to known perpetrators of family violence would be facilitated through Men's Behaviour Change Programs (MBCP). However, despite best attempts and the willingness of men's services to engage with the review, recruitment proved challenging. We note that No To Violence, the peak organisation for MBCP, was willing to assist with recruitment. In addition, the Review team have a number of established relationships with individual MBCP and these were contacted directly with requests to facilitate access to potential participants. However, sustained attempts to recruit perpetrators were unsuccessful. The barriers to recruitment included:

- the workloads of MBCP: many have substantial waiting lists. As a result of these pressures, a number of MBCP felt unable to commit to facilitating perpetrator involvement in the Review
- a not unreasonable perception that the open style of questioning involved in the Review interviews might undermine MBCP' non-collusive approach, which focuses on providing a clear message about perpetrator accountability and the choice to use violence. Men's services expressed a preference for engagement with the Review to be instructive for any men involved however, the Review questions were designed to illicit frank opinions, so questions needed to be open rather that suggestive of a 'correct' answer
- a belief that perpetrator participation in the Review should be supported with incentives such as gift vouchers, similar to victim/survivor participation. This proposition was not considered consistent with an ethical approach to research

For these reasons, the Review did not include perpetrators as participants, though it did include experts and practitioners involved in men's services and MBCP. We note that internationally there is only limited engagement with identified perpetrators in family violence related research, particularly in the case of program evaluations and legislative reviews.

Survey

The survey component of the research involved two surveys: distributed over three waves, Initial Tranche and Phase One (Survey One), and post rollout of FVISS (Survey Two).

Across Survey One and Survey Two the participation rate dropped, from 543 for Survey One, to 258 for Survey Two. These numbers reflect completed surveys (defined as at least 75% of questions answered). Issues pertaining to participation rates and the longitudinal panel are detailed under Limitations. The data from Survey One and Two were analysed in Stata and Qualtrics primarily for trend analysis, comparing attitudes and differences in practice and issues related to training, with additional analysis of the qualitative, open-ended responses.

Interviews and Focus groups

All the data gathered from participants in interviews and focus groups (other than victim/survivors, where they requested it) was audiotaped and transcribed using professional secure transcribers. Themes for analysis were developed based on the confluence, strength and frequency of the content of participant responses to questions, relevance to the research questions, and salience of the issues relevant to the research literature. These themes and sub themes or nodes were used to organise the transcripts of the focus group and interviews using nVivo software. Every piece of qualitative data (interview transcripts, focus group transcripts, and field notes where relevant) was 'coded' according to these themes. NVivo software allows for the capture of all data related to a specific theme and produces integrated reports:

each of these reports are then analysed to produce key findings. NVivo coding means the weight of evidence under each theme can be clearly identified and drawn out, as every mention of a topic/issue is collated. This process allows researchers to draw firm and robust conclusions from rich and detailed qualitative data. The selected quotes in the Review reflect the weight of evidence under each of the themes, except where contradiction or diversity of view is specifically indicated.

Throughout the Report, we identify specific quotes according to category and indicate whether Expert Interview, Manager Interview, or Focus Group. The interview data from victim/survivors was transcribed and coded separately. Pseudonyms are used in the section on victim/survivors (section 8.1): descriptions attached to victim/survivor quotes are generic and any identifying details such as location or specific services have been altered or redacted to maximise security and privacy.

The table below provides details of Review participants.

Table 4: FVISS Review Participation

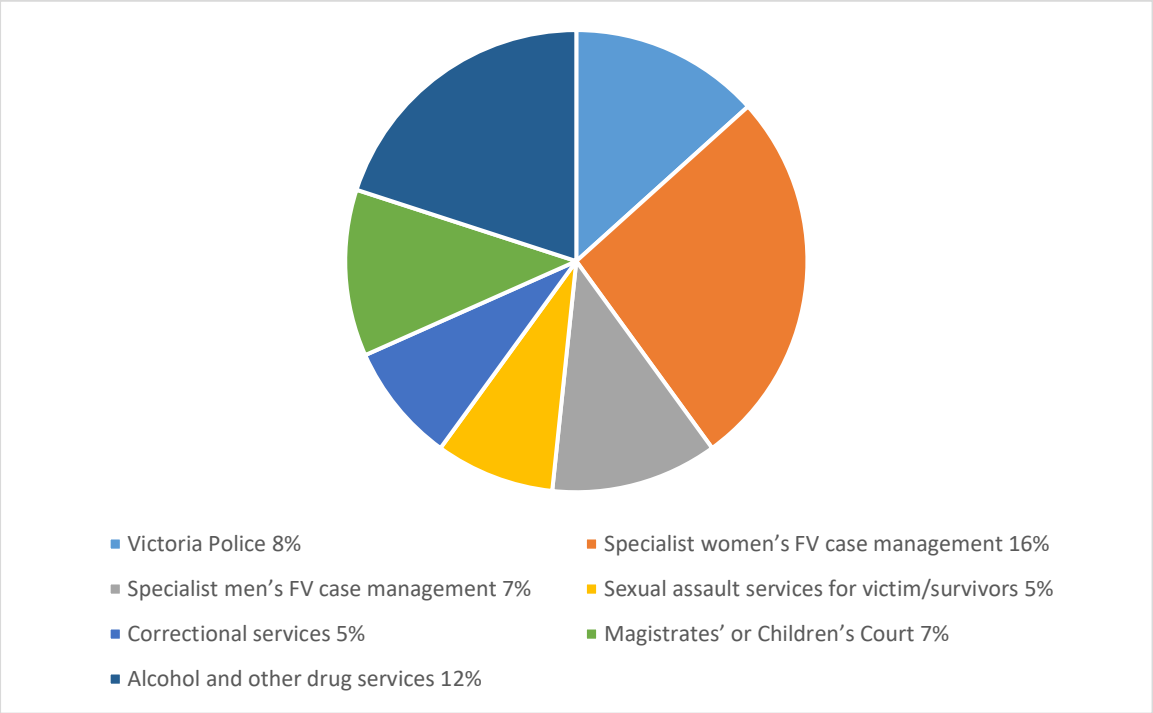
Research Method	Category of Participant	Number of Participants
Surveys	Workers in relevant services and organisations	Survey One 534* (378 Initial Tranche and 156 Phase One) Survey Two 258* **Total number of survey completions: 792**
Interviews	Service Providers Managers Experts	16 interview participants (Initial Tranche) 20 interview participants (Initial Tranche) and 30 participants (Phase One) 14 interview participants (Initial Tranche) and 21 interview participants (Phase One) **Total participants: 101**
Focus groups	ISE workers	11 focus groups, 95 participants (Initial Tranche) 8 focus groups, 60 participants (Phase One) **Total participants: 155**
Focus groups and interviews with victim/survivors	Victim/survivors	8 interview participants and 2 focus groups, 10 participants (Initial Tranche) 18 participants total Initial Tranche 1 interview participant and 2 focus groups, 7 participants 8 participants total (Phase One)

		Total participants: 26
TOTAL		**1074 participants**

** The survey figures indicate the number of participants who completed the survey. Completed in this context means that more than 75% of the survey was completed.*

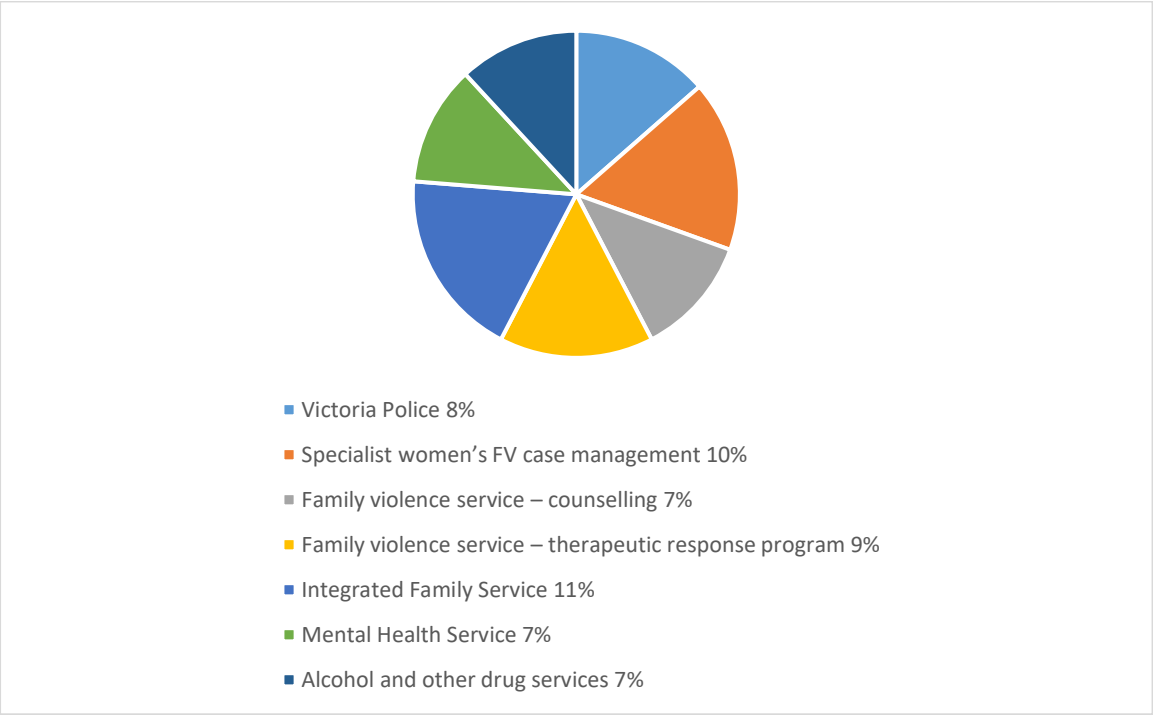
The charts below indicate the workplace of participants in Survey One and Survey Two

*Figure 2: Percentage of respondents by workplace (Survey one)**



* Individuals from more than 25 organisations participated in Survey One, the chart reflects the most frequently represented workplaces. The full list of organisations can be found in Appendix Six.

*Figure 3: Percentage of respondents by workplace (Survey two)**



* Individuals from more than 20 organisations participated in Survey Two, the chart reflects the most frequently represented workplaces. The full list of organisations can be found in Appendix Six.

Table 5: Survey One and Two Survey Respondents

Answer	SURVEY ONE (2017)		SURVEY TWO (2019)	
	Number	% of survey respondents*	Number	% of survey respondents*
Victoria Police	41	7.55	8	8
DHHS	7	1.29	2	0.78
Specialist women's FV case management	88	16.2	25	9.69
Specialist men's FV case management	36	6.63	10	3.88
Health Care Worker	23	4.24	5	1.94
Child FIRST	23	4.24	0	0.00
Child Protection	7	1.29	4	1.55
Sexual assault services for victim/survivors	26	4.79	3	1.16

Victims Assistance Program	4	0.74	3	1.16
Correctional services	28	5.16	0	0.00
Refuge	7	1.29	2	0.78
Offender rehabilitation and reintegration services and programs	4	0.74	5	1.94
Prisoner services or programs provider	1	0.18	0	0.00
Magistrates' or Children's Court	36	6.63	4	1.55
Victim Support Agency	5	0.92	5	1.94
Risk assessment and management panel (RAMP)	15	2.76	3	1.16
Alcohol and other drug services	67	12.34	17	6.59
Family violence service – counselling	5	0.92	17	6.59
Family violence service – therapeutic response program	16	2.95	24	9.30
Homelessness services – access point, outreach or accommodation services	4	0.74	3	1.13
Integrated Family Service	9	1.66	29	11.24
Maternal and Child Health Service	18	3.31	16	6.20
Mental Health Service	12	2.21	18	6.89
Youth Justice	6	0.91	0	0.00
Out of home care service	5	0.92	0	0.00
Other	46	8.47	35	13.57
Total	543	100.00	258	100.00

Relevant documents were collected throughout the course of the Review. These documents were typically supplied proactively by FSV, provided by ISEs and peak bodies or identified as available through various means, such as the FSV website or stakeholder engagement. The documents were read and analysed to

provide context and relevant information and as a means of triangulating the data gathered from participants. A full list of the documents consulted is provided in Appendix Two.

6.3 Ethical Assessment

Ethics approval was required and granted by Monash University Human Research Ethics Committee (MUHREC), Victoria Police Research Coordinating Committee, the Justice Human Research Ethics Committee as well as through a letter of support from Corrections Victoria supporting participation of their workforce in the research. In addition, approval was required from the Department of Education and Training. In line with the ethical approval all participants received and explanatory statement and signed a consent form prior to interview or focus groups. Ethics require that participant identities remain confidential. As a result, no potentially identifying information is included in this Report. Engagement with victim/survivors required high risk ethics approval. Such approval dictates careful attention to the needs of victim/survivors. Ethics approval and ethical engagement with these participants means that the interviewee is required to have a high level of demonstrated integrity, skill and expertise in conducting this type of interview. While the topic - family violence information sharing - is set out in the explanatory statement and restated by the interviewer, beyond the initial introduction and explanation the shape and content of the interview is primarily determined by the victim/survivor. In such interviews, the interviewer does not push for additional detail or information but is guided by the interviewee as to what she is comfortable in discussing/sharing.

6.4 Timelines

The Review took place from October 2017 to May 2020 when this Report was finalised.

The Table below sets out the overall timeline of the review, outlining the blocks of time spent on each component – planning, ethics approval, data collection, analysis and reporting.

Table 6: Evaluation Timeline

Activity	Description	Time frame
Establishment Phase	Contract negotiated signed. Kick off meeting.	October/November 2017
Project Plan and Evaluation Framework developed and finalised.	Developed by Monash and amended on the basis of feedback from FSV	October/November 2017
Document Review		Throughout the duration of the Review.
Literature Review	Review relevant international and national academic and policy literature	April 2018 and ongoing for the duration of the Review

Ethical approval process	**Initial Tranche** Low Risk MUHREC approval for survey (plus interviews and focus groups with stakeholders and experts) High-risk MUHREC approval for interviews and focus groups with victim/survivors and perpetrators Victoria Police Research Coordination Committee approval to include its workforce in Review research Corrections Support to include its workforces in Review research JHREC approval to include its workforces in Review Research **Phase One** CVRC support to include additional workforces in Review Youth Justice support to include its workforce in the Review Department of Education and Training support to include its workforces in the Review JHREC ethics amendment for Phase One workforces	October 2017/January 2018 April/June 2018
Surveys	**Initial Tranche** Baseline survey (Survey One) distributed prior to the commencement of the FVISS. **Phase One** Baseline survey (Survey One) distributed prior to the commencement of FVISS to these organisations and services. **Initial Tranche and Phase One** Survey two includes a number of the same questions to Survey One for purposes of comparison. Additional questions focused on the FVISS.	Survey One 30 November 2017/26 February 2018. Survey One 16 August / 26 October 2018 Survey Two 29 July 2019 /Tuesday 1 October 2019

Analysis of Initial Tranche survey and delivery of Baseline report	Baseline Report drafted and finalised with FSV feedback.	March/April 2018
Interviews with experts and managers.	**First period of** data collection (Initial Tranche) 14 experts 20 managers 16 Service Providers **Second period** of data collection (Phase one) 21 experts 30 managers	**Experts** November 2017/May 2018 **Managers** January/March 2018 **Service Providers** Interviews February/April 2018 **Experts** April/December 2019 **Managers** August/December 2019
Focus Groups with ISE workers	**First period** of data collection (Initial Tranche) 11 focus groups conducted with 95 participants. **Second period** of data collection (Phase One) 8 focus groups conducted with 60 participants	April/May 2018 August/October 2019
Training Observation	Review team members (x2) observe Information Sharing Scheme Manager training Review team members (x2) observe two day FSV/DET MARAM/FVISS/CISS training	May 2018 December 2018
Analysis of training evaluation forms data	Quantitative and qualitative analysis of data from Initial Tranche training participants' evaluations of FVISS training (delivered between 15 January to 28 February 2018)	May 2018
Analysis and report drafting	Analysis of Survey One and drafting and finalising Baseline Report Analysis of first period of data collection, documents, drafting and finalising of Interim Report	March/ April 2018 May/June 2018 September/October 2018

	Drafting and finalising Updated Evaluation framework Drafting Survey Two Analysis of second period of data collection, all surveys and documents and drafting and completion of Final Report	September 2019 December 2019/ May 2020
Victim/survivor interviews and Focus Groups	**First period** of data collection (Initial Tranche) 8 interview participants; 2 focus groups conducted with 10 participants 18 participants total Initial Tranche **Second period** of data collection (Phase One) 1 interview participant; 2 focus groups conducted with 7 participants 8 participants total second phase **26 victim/survivor participants total**	May/November 2018 November 2019

6.5 Limitations

All research methods have limitations. One limitation is that those who participated in the Review may be generally more engaged with family violence reforms and more supportive of the reforms than those who chose not to participate. It is clear from the Report that those who participated were committed to information sharing principles, critically engaged and willing to provide suggestions for improvement of the implementation of the Scheme and reflect on any unintended or adverse consequences.

The Review was designed to consider the implementation of the FVISS and its outcomes. The outcomes of the FVISS, including outcomes in terms of the goals of the Scheme, have been challenging to capture or quantify. First, the Scheme is still a relatively new one, so processes are still being put in place and direct validated outcomes are difficult to discern. Second, multiple reforms are taking place simultaneously so it is difficult to isolate the benefits of any one reform on victim/survivor safety (see, for example, Regulatory Impact Statement 2020: 11). This whole of government reform means participants often made reference to matters that are not directly relevant to this Review or to the work or activity of FSV. Where data emerged that was linked to the implementation of the FVISS, i.e. such as incorrect assumptions about the implications or extent of an aspect of the FVISS, it has been included as it is germane to Review questions of effectiveness and intention. Third, participants in the Review typically did not know with any degree of certainty what impact sharing family violence risk information had on victim/survivor safety in any particular case. Finally, on an aggregate, systems wide level there is no single measure, or composite of measures that can be used to confidently track any trends in victim/survivor safety or perpetrator accountability. Throughout the Report, however, we have used examples, case studies and pertinent stakeholder feedback reflecting on outcomes wherever possible.

The use of a baseline survey with the Initial Tranche and Phase One was designed to capture change overtime. There are significant limitations to the degree the survey was able to achieve this. The baseline survey included a 'panel' component where respondents identified themselves as willing to take part in a subsequent survey. This approach potentially allowed for the matching of responses to individuals over

time in ways that would allow direct comparison of responses. However, there were too few matching responses in Survey Two to allow for this, i.e. not enough people who identified themselves in Survey One as willing to take part in Survey Two actually took part in the Survey Two. In addition, Survey Two had significantly fewer respondents than Survey One and the spread of respondents was different. These factors limit the interpretation of change as statistically significant. It is likely a more robust measure of change in practice could take place across a longer period, as sharing practice will be more fully embedded.

The use of focus group methods where many voices speak means direct attribution of quotes to any particular participant is not possible. This limitation however is also a safeguard of participant confidentiality. Of the practitioners included in the Initial Tranche and Phase One, only a proportion participated in the research, although agreed participation targets were met. While there was a broad spectrum of Initial Tranche and Phase One ISE categories included in the data collection they were not a 'representative sample' of the Initial Tranche or Phase One ISE categories. This means that the proportion of participants from each category of ISE included in the research does not match the proportion of workers from each ISE category. This is a common research limitation. Regardless, the stakeholder engagement, including victim/survivors, mixed methods approach including the analysis of a wide range of relevant documents and the literature review provides a robust foundation for the analysis and recommendations.

6.6 Approach to Representing and Reporting the Data

We have taken the following approach to the data in the Report:

- The sources of data, surveys, focus groups, and interviews are integrated in the examination of each theme and question. Each different source of data has been triangulated to validate or strengthen a theme or finding.
- Consistent with the above where quotes are used in the findings sections they are used to reflect key data findings.
- Where, as is often the case, contradictory or diverse perspectives and experiences are evident this is made clear in order to capture the nuance of opinion. Some participant misunderstandings are included and noted as they provide important insights on the efficacy of implementation and on communication processes.
- The Report uses quotes exclusively from the second period of data collection, with the exception of the women's voices.
- Throughout the Report there is attention to the temporal aspects of implementation, so that we contrast the themes and issues from the first period of data collection to the second period to identify continuities and discontinuities in these between the earlier and latter stages of implementation.
- In line with an ethical approach to research we have not identified stakeholders beyond broad generic categories and have removed any identifying information from quotes and in the discussion.
- Case studies and examples from relevant datasets are used wherever appropriate to exemplify themes and to reflect on outcomes.

- The experiences and perspectives of victim/survivors are considered critical to the Review. To reflect this these are located at the beginning of the findings section.
- The position of First Nations people in relation to the collection of government data is unique. The continuing history of colonisation and colonial relations of power make it difficult for First Nations voices to be heard. We have attempted to amplify these voices by providing them directly after the victim/survivors' perspectives, which also include First Nations women.

7 Literature Review

There is a large and well documented body of research on the need for appropriate and timely sharing of information between agencies and family violence providers to support effective family violence risk assessment and response (Attorney-General's Department (Cth), Australian Institute of Judicial Administration Incorporated & University of Queensland 2019; Breckenridge et al. 2015; Domestic Violence Prevention Council (DVPC) 2016; Doyle 2015; Glanfield 2016; Justice and Community Safety Directorate (ACT) 2016; Steel, Blakeborough & Nicholas 2011). Numerous Australian inquiries into domestic and family violence, often resulting from high profile homicides, have recommended that specific legislation be introduced or amended to improve information sharing arrangements between relevant entities (Adams & Lee-Jones 2016; Commonwealth of Australia 2016; Coroners Court of Victoria 2015; Domestic Violence Prevention Council (DVPC) 2016; Glanfield 2016; NSW Legislative Council 2012; Parliament of Western Australia 2012; Special Taskforce on Domestic and Family Violence in Queensland 2015; State of Victoria 2016a). These recommendations have resulted in many Australian jurisdictions adopting family violence information sharing legislation including, most recently, Victoria's introduction of Part 5A of the Family Violence Protection Act 2008 (Vic) (Jones 2016). Legislation currently operating in Australia (as of February 2020 when the final literature review research was undertaken) and relevant international jurisdictions is summarised in Appendix Three and includes specific family violence information sharing schemes (family violence ISSs) or provisions about family violence in similar child safety information sharing schemes (child safety ISSs).

This scoping review draws together findings from work on information sharing in the context of family violence from the past 10 years to identify key barriers and enablers to the effective implementation of family violence ISSs. It begins by explaining the search strategy employed to identify relevant literature followed by a brief overview of current Australian and international ISSs and subsequent evaluations of those schemes' implementation. It goes on to summarise the barriers and enablers to information sharing identified in recent research literature, which are reported under three themes: legal, technological and organisational. Other factors that may be particularly relevant for the implementation of Part 5A of the Family Violence Protection Act 2008 (Vic), such as reporting on information sharing and defining prescribed entities in legislation, are outlined.

7.1 Literature Review Methodology

A search was undertaken using a range of databases including Scopus, Informit, Criminal Justice Abstracts and Google Scholar. The search strategy involved multiple keyword searches using the terms "information shar*', "shar* information", "family violence", "domestic violence", "domestic abuse" and "intimate partner violence". The search was limited by language (English) and date (2011–2020). Studies were included if they addressed family violence information sharing schemes or reported on family violence - specific provisions in child safety information sharing schemes. Papers were excluded if they centred on distinct information sharing schemes, such as Domestic Violence Disclosure Schemes or the National Protection Order Scheme, as these schemes are targeted at disclosing specific information in limited contexts rather than multi-agency collaboration more broadly. The search was widened by a snowball approach based on reviewing citations within key articles (Keeley et al., 2015) to identify further articles of relevance that may not be listed in databases. Studies known to the research team, but which did not emerge from the initial searches, were also included. Individual searches of government websites were

also conducted to identify specific legislative approaches and evaluations of similar information sharing schemes in Australia and internationally.

7.2 Current Legislation and Evaluations of Information Sharing Schemes

Although Victoria is not the first Australian jurisdiction to introduce a specific family violence ISS (see Appendix Three), recent empirical literature and comprehensive evaluations specifically reviewing the barriers and enablers of ISSs in general are limited (Keeley et al. 2015; State of Victoria 2016a). As Keeley et al. (2015, p. 16) stated: 'research has explored a range of barriers and enablers to collaboration, but less attention has been paid to inter-organisational information exchange as a specific issue'.

7.3 Australian Legislative Landscape

As of January 2020, the following states and territories currently have legislative provisions enabling family violence risk information sharing: Victoria (2017), QLD (2016), NSW (2014), Tasmania (since approximately 2004), ACT (since 1992, and 2005), NT (since 2019) and WA (Restraining Orders Act 1997). South Australia relies on non-legislative protocols developed by the SA Ombudsman. Internationally, the United Kingdom, and British Columbia rely on specific exceptions in their privacy acts to allow disclosure where family violence is present. In New Zealand and the United States, information sharing is enabled by specific provisions in their respective family violence/violence against women legislation.

Legislative provisions enabling information sharing to protect children's safety and wellbeing where there are concerns about family violence currently exist in: ACT (2016), WA (2011, amended to include family violence provisions in 2016), NSW (2009), Tasmania (approx. 2004 and 2009), QLD (since 2004) and Victoria (2019).

7.4 Evaluations of Australian Information Sharing Schemes

In the past five years, relevant family violence and child safety ISSs in NSW, Tasmania and Western Australia have been subject of reviews or evaluations (see Appendix Three). The South Australian Ombudsman also reviewed their non-legislative information sharing Guidelines in 2012 (Ombudsman SA 2013).

However, as noted above, government-funded evaluations and recent academic literature in this space largely focus on the broader mechanisms of multiagency coordination and collaboration, rather than information sharing specifically (Keeley et al. 2015). For example, Tasmania's 2014 review of the Safe at Home program only briefly summarised the enabling effect of section 37 of the Family Violence Act 2004 on information sharing while BOCSAR's 2017 evaluation of NSW's Safer Pathway Program noted information sharing should be the subject of future reviews (Department of Justice (Tas) 2015; Trimboli 2017). Academic literature also tends to focus on information sharing arrangements for specific, limited types of information, such as the National Protection Order Scheme or Domestic Violence Disclosure Schemes (Taylor et al. 2017).

Evaluations of Australian child safety ISSs are more common and include similar themes to family violence schemes (Cassells et al. 2014; Keeley et al. 2015; Parliament of Western Australia 2012). The most recent comprehensive reviews of inter-organisation information sharing in Australia include Cassells et al. (2014) and Keeley et al.'s (2015) evaluations of the NSW child information sharing provisions contained in

Chapter 16A of the Children and Young Persons (Care and Protection) Act 1998 (Chapter 16A). Those evaluations have informed subsequent Australian State and Territory government reviews, including the Victorian Royal Commission into Family Violence (State of Victoria 2016a) and consequently provided a foundation for identifying many of the key barriers and enablers to information sharing covered in this literature review.

7.5 Barriers and Enablers to Information Sharing Schemes

Although there are limited empirical studies into the effectiveness of information sharing schemes specifically, the existing evidence base identifies three categories of barriers and enablers for effective information sharing: political and legal, technological/operational and organisational (Gil-Garcia & Sayogo 2016; Keeley et al. 2015; Yang & Maxwell 2011). These were recognised in the RCFV's justification for introducing a legislative information sharing scheme in Victoria, which focused on:

> The fact that legislation and policy governing information sharing are complex, confusing and restrictive [;] the lack of an information-sharing culture and leadership[;] [and] reliance on outdated IT systems, which impedes information sharing (State of Victoria 2016a, p. 170; 2016c).

These findings have been replicated in other Australian government family violence inquiries, including the COAG Advisory Panel on Reducing Violence against Women and their Children, which heard similar evidence that agencies and service providers were inhibited from collaborating in their responses to domestic and family violence by cultural, financial, human resource, policy and legal barriers (Commonwealth of Australia 2016). Conversely, the 2016 Australian Capital Territory Glanfield Inquiry concluded:

> It appears that clear legislative authority to share information, coupled with training and practical mechanisms requiring or supporting this, can result in better information sharing between agencies which facilitates better outcomes for vulnerable families (Glanfield 2016, p. 92).

However, key literature concludes that these three themes vary in significance, with organisational factors being more significant in inhibiting and enabling information sharing than technological factors such as IT systems or legislative frameworks (Adams & Lee-Jones 2016; Keeley et al. 2015). As such, it is frequently emphasised that information sharing is one aspect of multi-agency collaboration that assists responses to family violence (Healey, Humphreys & Wilcox 2013), and although addressing the barriers and enablers outlined below may improve the effectiveness of information sharing schemes, collaboration itself:

> Is a developing process that is challenging and time-consuming, and that successful collaboration is based on a need to work together to improve services, so that the benefits outweigh the difficulties (Keeley et al. 2015, p. 18).

Ultimately, as the Victorian Behavioural Insights Unit concluded, 'information sharing is not an end in itself' (Behavioural Insights Unit (Vic) 2017, p. 5).

7.6 Balancing Privacy and Safety

A common undercurrent of existing research and literature on information sharing schemes in the context of family violence is the need to balance concerns about client privacy and confidentiality with the protection of clients from potential risks (Adams & Lee-Jones 2017; Justice and Community Safety Directorate (ACT) 2016; Keeley et al. 2015; Parliament of Western Australia 2012; Special Taskforce on Domestic and Family Violence in Queensland 2015). Addressing concerns about privacy and confidentiality are critical in the context of family violence as a lack of confidence in how information is shared can result in victim/survivors' reluctance to report family violence or seek support including by 'destroying relationships of trust between a service provider and a client, leading to disengagement of a client, and becoming a barrier to victim/survivors' willingness to seek help' (Special Taskforce on Domestic and Family Violence in Queensland 2015, p. 231; State of Victoria 2016a). Interprofessional differences on this key issue shape stakeholders' views on whether information sharing schemes should require consent from clients, which can then underpin the key factors inhibiting effective information sharing, such as administrative delays because of the perceived need to seek consent (HM Inspectorate of Probation et al. 2017), different professional cultures, and technological concerns about securing data. The need for proportionality in decision-making about the sharing and protection of information is emphasised in existing research literature and given significant weight in legislative drafting (Home Office (UK) 2014; Keeley et al. 2015; State of Victoria 2016a; Victorian Government 2017). Even where consent is not required by legislation, seeking consent where possible is still recognised as best practice, as this facilitates trust between the client and information sharer (Keeley et al. 2015; NSW Legislative Council 2012; Special Taskforce on Domestic and Family Violence in Queensland 2015). As such, the tensions in balancing privacy and safety are a persistent theme throughout the literature in relation to effectively implementing information sharing arrangements.

7.7 Political and Legal Factors

Barriers

Legislation and policy can inhibit information sharing, either by directly prohibiting disclosure of personal information or through complex and confusing regulatory frameworks (Keeley et al. 2015; DVPC 2016). According to Adams and Lee-Jones (2017, p. 1351), 'the legal framework for decision making can become a problem if it does not find, or does not clearly articulate, the appropriate balance between competing rights'. In their study into sharing information relating to child sexual abuse, they found that legislation and policy has tended to emphasise the protection of personal information about children and their families, leading to over-caution by workers and 'sometimes tragic outcomes' (Adams & Lee-Jones 2017, p. 1355).

A review of the Australian Capital Territory Family Violence Intervention Program in 2012 similarly concluded: 'information sharing is hampered by lack of interagency protocols and a legislative base to ensure that information is adequately provided and protected' (Cussen et al. 2012). Internationally, New Zealand's Ministry of Justice found that although its Privacy Act allows the disclosure of personal information where there is a serious threat to life, such a high threshold can create perceptions that disclosure of personal information for family violence risk assessment purposes is very limited (Ministry of Justice (NZ) 2015). Similarly, in NSW the Legislative Council expressed concern about:

> The evidence from many other participants that present information sharing provisions are significantly impairing services' ability to work together, and ultimately, are impairing positive outcomes for clients, not least their safety (NSW Legislative Council 2012, p. 81).

Recognition of these legislative barriers underpinned the introduction of Part 5A of the Family Violence Protection Act 2008 (Vic), as illustrated in the Bill's Second Reading Speech:

> Current laws are complicated, confusing and restrictive for those who work with victims and perpetrators. … This bill squarely addresses this gap. … The regime provides a clear authority for organisations responding to family violence to share relevant information as needed for family violence risk assessment and management, cutting through current complexity (Victorian Government 2017, p. 2118).

This justification reflected the RCFV's findings that a legislative scheme was preferable because it would provide a single, clear authority for organisations and workforces to confidently share information and would be cheaper than developing alternatives such as a code of practice (State of Victoria 2016a).

These findings from recent government inquiries and academic literature highlight that lack of legislative or regulatory authority can impede information sharing and, as Peterson and Schroeder (2017, footnote 621) emphasised in relation to Canada's legislation: 'the limitation brings home the need for governments to consult subject matter experts in connection with the detailed wording of statutes.'

Notably, confusion about the regulatory authority for sharing information is more likely to inhibit information sharing than legislation itself, and broader restrictive policy factors identified include the prioritisation of certain programs, institutional and professional politics, privatisation and competitiveness (Adams & Lee-Jones 2016; Keeley et al. 2015). In sum, while literature and key Australian government reports suggest introducing information sharing schemes reduces the hesitation of agencies to exchange information, key studies establish that '[m]ost barriers occurred in the interpretation of the legal and policy constraints rather than in the actual legal or policy provisions' (Keeley et al. 2015, p. 3).

Enablers

Other work suggests that legislation and policy can enable information sharing where it provides a clear authority for appropriate disclosure, particularly where disclosures are mandated rather than permitted and the legislation explicitly defines when information can be shared (Adams & Lee-Jones 2016; Yang & Maxwell 2011). The enabling impact of legislation is reflected in the number of recommendations from Australian inquiries and reviews into family violence responses that legislative schemes need to be introduced, and in the subsequent implementation of those schemes by most State and Territory governments (see Appendix Three). For example, in recommending specific legislation be introduced in relation to family violence, a 2012 Western Australian review of the Children and Community Services Act 2004 (WA) concluded:

> Specific legislation which enables relevant information to be shared in good faith, and which provides corresponding protections from liability for doing so, would provide the sector with greater certainty and confidence in responding to family and domestic violence (Parliament of Western Australia 2012, p. 12).

Similarly, Keeley et al.'s (2015, p. 8) evaluation of the NSW child information sharing scheme noted 'the introduction of specific legislative authority has clearly been helpful in the ongoing development of a

culture of appropriate information sharing' and s 37 of the Family Violence Act 2004 (Tas) has been identified as a key enabler for interagency information sharing in Tasmania (Cassells et al. 2014; Department of Justice (Tas) 2015). These findings are reflective of earlier work by Yang and Maxwell which showed that 'legal and policy regulations can facilitate relationship building, risk reduction, and trust development in inter-organizational information sharing projects when specific guidance such as how to utilize information is proposed' (2011, p. 170). Legislative and policy frameworks can also enhance the public's trust in the government's handling of information by creating standards for protecting and storing data (Gil-Garcia & Sayogo 2016; Yang & Maxwell 2011), which is critical in the family violence context, noting ongoing concerns about confidentiality and privacy.

However, existing literature notes that the enabling effect of legislation is limited (Adams & Lee-Jones 2016; Taylor et al. 2015). For example, Cassells et al. (2014) found that the messaging around the implementation of Chapter 16A in NSW was more effective in encouraging information sharing to protect children than the actual legislation. They found that:

> Although the provisions of Chapter 16A of the Children and Young Persons (Care and Protection) Act 1998 that enable information sharing are highly valued, there were issues reported in implementation and the continuing challenges around information sharing (Cassells et al. 2014, p. 55).

In relation to sharing information about domestic violence protection orders, Taylor et al. (2015) concluded that protocols and memoranda of understanding are not enough; the workforce needs to have sufficient knowledge about sharing information. Keeley and colleagues found this knowledge lacking in relation to proactive child safety information sharing in NSW:

> Notwithstanding that such proactivity is permitted by Chapter 16A, the research team was unable to identify any statement of policy within the policy documents examined that actively encourages workers to proactively share wherever appropriate (2015, p. 31).

Some international literature goes further, concluding that 'rational bureaucratic lines of thinking' that focus on reducing 'human variability' are not adequate to address barriers to information sharing, because information sharing is a complex exercise that cannot be 'perfected' (Thompson 2013, pp. 190, 7). For example, Gil-Garcia and Sayogo's national survey of criminal justice and public health government managers in the United States found that:

> Political and policy factors in the form of regulations or formal agreements about the initiative, existing legislation that made the initiative possible, and legislators supporting the initiative are not found to be statistically significant for the success of inter-organizational information sharing initiatives (2016, p. 579).

In sum, legal and policy factors enabling information sharing are recognised as important, but limited in relevant literature, and these conclusions have resulted in recognition by some international governments such as the UK Home Office, that adequate guidance is important to supplement legislation (Home Office (UK) 2014).

7.8 Technological (or Operational) Factors

Barriers

Technology and IT systems have been cited as a hindrance to effective information sharing in both Australian and UK evaluations of multi-agency collaborations (Home Office (UK) 2013; Keeley et al. 2015; State of Victoria 2016a). In particular, the RCFV found that: 'almost all submissions and witnesses who gave evidence about IT in the context of family violence acknowledged that the current arrangements present major barriers to information sharing' (State of Victoria 2016a, p. 176). In New Zealand, a recent consultation regarding Approved Information Sharing Agreements between agencies found:

> The feedback from agencies was overwhelmingly that the barriers to information sharing were operational. These included issues such as a lack of interoperability between IT systems, security concerns, cost, and differing priorities between agencies (Privacy Commissioner (NZ) 2017, p. 4).

The types of technological issues identified by literature include incompatible databases or multiple IT systems, difficulties storing and accessing databases, inability for automation, difficulties tracking individuals whose information has been shared and those who are sharing or accessing that information, and difficulties identifying which agencies may hold information (Behavioural Insights Unit (Vic) 2017; Home Office (UK) 2013; Keeley et al. 2015; State of Victoria 2016a). These issues extend to processes of collection (HM Inspectorate of Probation et al. 2017); integration of existing systems (Yang & Maxwell 2011); security and storage (Home Office (UK) 2013; Stanley & Humphreys 2014); and recordkeeping (HM Inspectorate of Probation et al. 2017).

Previous research and literature underscore the importance of adequate security for recording and storing information in the context of family violence because unsecured information can put victim/survivors at risk and undermine the confidence of victim/survivors in reporting family violence and sharing their personal information (Adams & Lee-Jones 2016; Stanley & Humphreys 2014; Taylor et al. 2015). For example, in the Australian Capital Territory:

> The Death Review found that within some agencies, poor record keeping is also contributing to the inability to share information accurately and in a timely manner. The ACT Government acknowledges the importance of accurate and timely record keeping and record management. The Government also acknowledges that this is particularly important in relation to family violence as it affects an agency's ability to share accurate information and manage risks facing victims of family violence (ACT Government 2016, p. 10).

Further, Drinkwater and colleagues (2017) study on documentation of family violence in electronic patient records in the UK found that clinician's concerns about security of records resulted in clinicians using ad hoc workarounds, such as emailing colleagues to communicate sensitive information, rather than using the electronic patient record. Although this study related only to electronic hospital records, it highlighted the ways in which technology can create concerns about privacy for victim/survivors of family violence more generally, particularly where there is a risk of perpetrators accessing that information (Drinkwater et al. 2017).

Enablers

To ensure information systems and technology enable effective information sharing, recent evaluations highlight the need for technology to be relevant and up to date and reflect the needs of the users accessing

the information, including, for example, providing space for contextual information (ACT Government 2016; Behavioural Insights Unit (Vic) 2017; Keeley et al. 2015). Staff also need to be trained to use IT and data systems, including records management (Keeley et al. 2015).

Shared databases or other ways to systemise tools for collecting information are frequently cited as key enablers for information sharing in different contexts (Doyle 2015; Home Office (UK) 2014; Taylor et al. 2015). This reflects findings that consistent recording and communication of information assists 'all referral agencies and the multi-agency team to convey clear and sufficient information about cases' (Home Office (UK) 2014, p. 11) and minimise duplication of services (Taylor et al. 2015)

Literature consistently notes however that technological factors are not usually defining enablers (or barriers) for information sharing in practice. In evaluating Chapter 16A, Keeley et al. ultimately concluded 'The study found that in no case did technology create a fundamental barrier to information sharing (or conversely provide a solution to problems around information sharing)' (Keeley et al. 2015, pp. 7-8). Similarly, in reviewing multi-agency collaborations in the UK, the Home Office concluded that cultural and organisational barriers were more important, and therefore 'simply using a shared tool would not overcome these barriers' (Home Office (UK) 2014, p. 11).

7.9 Organisational factors

Organisational factors are frequently cited as the most significant barriers and enablers for effective information sharing. These factors are not consistently categorised in the literature. However the RCFV summarised the following key organisational barriers and enablers based on Keeley et al.'s identification of these factors in the following extracted table (State of Victoria 2016a, p. 175).

Table 7.3 Organisational barriers to and enablers of information sharing

Enablers	Barriers
Agreement on aims and agendas between organisations	Differing aims, values, agendas and goals
Senior leadership actively promoting organisational coordination and information sharing	Lack of clarity about decision-making authority within agencies for information sharing
Workforce development that includes training in when to share information, that redresses barriers and concerns, and that develops shared understanding of basic assumptions, expectations, terms and concepts	Lack of clear policies or protocols for sharing information with others
Efforts to develop the trust and knowledge of other organisations	Mistrust between organisational groups or organisations
Adequate protections for personal data, leading to increased trust	Lack of knowledge and understanding about the interventions provided by other agencies (and thus with whom information should be shared)
Staff having a clear understanding of the benefits of information sharing	Perceptions that information sharing is difficult and time-consuming because of unfamiliarity with legislation and protocols for information exchange
Organisational structures where responsibilities for information exchange are clear and where there are structured links with other organisations	Organisational self-interest, resulting in an aversion to information sharing

Source: Based on Michael Keeley et al, 'Opportunities for Information Sharing: Case Studies' (Social Policy Research Centre, 2015).

Noting this table, and Keeley and colleagues' (2015) concise summary of these barriers and enablers in their evaluation, the following section of this literature review limits itself to a brief overview of the most

substantive organisational factors discussed in recent literature. Some of these overlap with, or can be addressed by, related legal and policy, and technological factors identified above.

Barriers

Much of the research on information sharing in the family violence context shows that ambiguity about what, how and when information is shared and how risk is appraised inhibits the effectiveness of such schemes (Cleaver et al. 2019; Cornford 2019). Cornford (2019) attributes this confusion to competing institutional logics that frame information sharing as either a (socio-technical) design problem, an (information) governance problem or as a (organisational) culture change problem. Each of these institutional lenses hold often conflicting positions about legitimate decision-makers in organisations as well as how they frame and define the problem and solution of information sharing (Cornford 2019). The ways in which these different institutional logics create tensions and ambiguity with regard to effective information sharing are discussed in detail below.

Different professional cultures and values

In relation to child safety information sharing in NSW, Keeley et al. concluded that 'the two main reasons for the lack of information sharing were: risk-averse organisations [and] organisational or professional cultures which did not value holistic interventions' (Keeley et al. 2015, p. 7). Similarly, Adams and Lee-Jones found that although effective information sharing relies on the confidence of staff in exercising judgement (and therefore mentoring, training and other confidence-building exercises enable information sharing), 'these endeavours may be inhibited, to significant but varying degrees, by deep, and possibly unresolvable, differences in the aims and values of some agencies' (2016, p. 18). Taylor et al. (2017) conclude this is because the functioning of integrated systems relies on trust and shared standards and values, while, according to Adams and Lee-Jones (2016), earlier literature has found that legislation does not necessarily result in increased communication; rather agencies also need to agree on the objectives and policy basis for sharing information.

In particular, as noted earlier in this literature review, 'sharing of information can be problematic for professionals whose ethical conduct is driven by their professional bodies' high expectations of maintaining client confidentiality'(Keeley et al. 2015; Taylor et al. 2015, p. 14). This may mean, for example, social care professionals are more likely to share information than health professionals due to different focuses on the family/community rather than the individual and consequently health professionals may prefer to share information with other health professionals (Adams & Lee-Jones 2016; Home Office (UK) 2013; Keeley et al. 2015). There may also be cultural barriers between public and private sector bodies (Adams & Lee-Jones 2016). As such, recent key literature indicates that legislation or policy on its own will not achieve effective information sharing where cultural barriers exist (Adams & Lee-Jones 2016; Price-Robertson 2012).

Mistrust

Related to different professional cultures and values is the impact of mistrust between agencies on their willingness to share information. Keeley et al. summarised earlier findings on mistrust between bodies that handle personal information, that 'factors including professional cultures which question the professionalism of others, competition between agencies, a history of problematic collaboration, and personal or professional animosity between individual managers in different organisations' undermine information sharing (2015, p. 18; see also Price-Robertson 2012). Similar findings have been made in the

UK while the Victorian Behavioural Insights Unit recently identified a number of organisational factors such as workers' approaches to empowering victim/survivors, use of different risk-assessments, and trust and understanding of different entities' roles as significant factors to consider in implementing information sharing arrangements in the context of family violence (Adams & Lee-Jones 2016; Behavioural Insights Unit (Vic) 2017).

Unclear policies or misunderstandings of authority within organisations

In relation to child safety information, both Keeley et al. (2015) and Adams and Lee-Jones (2016) found that workers tend to be risk-averse where the policies or guidance for sharing information are unclear. Although this confusion overlaps with some of the legal and policy factors discussed earlier, it is also an important organisational factor, as Keeley et al. found in relation to child safety information sharing in NSW:

> The level of awareness amongst the workforce of Chapter 16A was high. However, … there are gaps between perceptions and actual legislative and policy constraints, in particular regarding agencies proactively sharing information. … Many workers reported not knowing who to ask for advice about when information should be shared and the process for exchanging information (2015, p. 4).

Similarly, following a Cabinet Directive in New Zealand in 2016 inviting agencies to identify information sharing barriers related to Approved Information Sharing Agreements, the New Zealand Privacy Commissioner noted: 'It has become evident that many of the perceived barriers to information sharing are based in misunderstanding or uncertainty of the law', highlighting the need for 'clear legal guidance' (Privacy Commissioner (NZ) 2017, p. 5). This confusion can arise from lack of clarity about decision-making responsibilities and may also be a result of lack of knowledge about the roles of other organisations, which directly inhibits the ability of appropriate organisations to identify each other (Keeley et al. 2015).

Different processes between organisations

As the Victorian Behavioural Insights Units notes, currently in Victoria 'each organisation providing services to victim/survivors and perpetrators uses a different knowledge management system' (Behavioural Insights Unit (Vic) 2017, p. 73). Stanley and Humphreys (2014) have likewise commented on the fact that risk assessment data collected by police compared to specialist women's family violence organisations differed dramatically. This difference may reflect victim/survivors' levels of comfort disclosing personal information to different entities. However, citing similar findings by Lips et al. (2011), Keeley et al. (2015) argue that recordkeeping may differ significantly between agencies and therefore different processes around information sharing can undermine the effectiveness of sharing information.

Even with specific legislation under Chapter 16A permitting information sharing in NSW, Keeley et al. (2015) noticed differences between agencies who interpreted the provisions strictly, and therefore implemented formal processes for requesting information, and agencies that were more collaborative in their approaches. Different processes and information needs can consequently make organisations more reluctant to share their information (Keeley et al. 2015).

Enablers

There is a growing body of work on barriers and enablers to effective interagency collaboration in the context of family violence (Herbet & Bromfield 2017; Joseph et al. 2019; Macvean, Humphreys & Healey

2018; O'Leary et al. 2018; Savic et al. 2017; Zijlstra et al. 2018). Much of the research literature indicates that cultivating positive interagency relationships is a necessary pre-cursor to effective interagency work (Savic et al. 2017). For example, workers in family and sexual violence sectors reported in an Australian workforce survey that having time to build interagency relationships and including interagency collaboration into service agreements would help them collaborate more effectively (Cortis et al. 2018).

A key enabler of integrated responses to family violence is the development of a shared understanding of the problem the collaboration aims to address (Laing, Heward-Belle & Toivonen 2018; Macvean, Humphreys & Healey 2018; O'Leary et al. 2018). Previous research and literature show that information sharing is hampered by diverse interprofessional discourses on family violence and the lack of a strong and shared problem definition (Laing, Heward-Belle & Toivonen 2018). Similarly, work by Savic and colleagues (2017) showed that developing a shared professional language improves referral and information sharing processes. These findings echo earlier work on interagency collaboration which highlights the difference between interagency and multi-agency approaches noting that:

> The danger with multi-agency and multi-professional approaches is that practitioners work in parallel but in isolation. There is, therefore, a risk that a shared purpose and explicit partnership will not be clarified and vulnerable people may slip through the net (Sully 2008, p. 11).

Trust and management of mistrust

According to Keeley et al., research prior to 2012 'consistently identifies shared understandings and trust, or at least management of mistrust, as among the most important determinants of whether staff from different organisations are prepared to share information' (Keeley et al. 2015, pp. 17, 87; see also Lips et al. 2011). This is because trust allows for more collaboration and tacit information sharing, and 'eases the need for control' by each agency (Lips et al. 2011, p. 256). For example, the Victorian Behavioural Insights Unit (2017, p. 39) observed workers in their study 'were more willing to share information with other services if they knew the person requesting the information', which indicates the value of creating inter-organisational relationships (see also Home Office (UK) 2014). Consequently, building trust is recognised as a key enabler of information sharing but may only be able to be built over time (Keeley et al. 2015). Reflecting the underlying tensions between appropriate information sharing and confidentiality, technological factors such as data security can also enhance trust between organisations, and therefore facilitate information sharing (Keeley et al. 2015). Co-location (discussed further below) has also been identified by some limited UK reports as effective mechanisms for building trust (Home Office (UK) 2013, 2014).

Creating cultures of information sharing

In order to create shared understandings between organisations, recent Australian work indicates that mixed training sessions and providing feedback are effective ways to encourage organisations' relationships because they enable workers to recognise how their approaches and uses of information may vary (Behavioural Insights Unit (Vic) 2017; Glanfield 2016). Internationally, the UK Home Office found in relation to multi-agency collaborations that:

> Some commented that bringing practitioners together improved standards, because of the scrutiny between professional responses that followed. In some cases, this was felt to have fostered greater confidence to share information (Home Office (UK) 2014, p. 9).

In reviewing the implementation of its non-legislative information sharing arrangements, the South Australian Ombudsman concluded:

> The size or budget of the organisation appeared not to significantly determine successful implementation. Rather, successful implementation depended more on leadership and commitment to implement the ISG, culture and systems for quality improvement, and capacity to manage competing demands (2013, p. 4).

Some intra-organisational strategies have been identified in the literature to assist in building these cultures. In relation to protection orders, Taylor et al. (2015, p. 45) concluded that 'an institutional culture of cooperation and engagement with associated services in enforcement is necessary for effective responses.' Summarising previous literature, Keeley et al. (2015) argue that organisational structures linking agencies and collaborative cultures fostered by organisational leaders are also important. These factors enable information sharing because understanding how information is used by other organisations appears to encourage workers' willingness to share information (Stanley & Humphreys 2014).

Other factors that have been identified to support collaborative cultures include:

- improving different organisations' understandings of how and when information will be used by other organisations, and standardising the scope of consent that different organisations seek (Adams & Lee-Jones 2016; Behavioural Insights Unit (Vic) 2017)
- knowing each other's schedules to improve the timeliness of sharing information (Behavioural Insights Unit (Vic) 2017); and
- implementing protocols and memoranda of understanding (HM Inspectorate of Probation et al. 2017; Taylor et al. 2015)

Workforce training

The need for training and support to understand legislative schemes is frequently identified as a key factor in building organisational cultures and workforce confidence to share information appropriately under relevant legislation (ACT Government 2016; Family Safety Victoria 2017a; Glanfield 2016; Keeley et al. 2015; Taylor et al. 2017). For example, in reviewing the implementation of its non-legislative information sharing guidelines the South Australian Ombudsman concluded:

> Implementation progress reports and consultation with those applying the ISG indicate that organisations with a sound staff induction and training culture are able to develop organisational procedures and complete staff induction without significant investment or difficulty. A key positive influence on implementation is strong direction and support from leadership and the commitment and energy of (in most cases) one individual to drive the initiative. Staff induction is a challenge in some larger and more diverse organisations (2013, p. 3).

The case study by Keeley et al. similarly concluded that:

> The legislative support provided through the provisions of Chapter 16A was seen as a significant enabler for information exchange, especially as this was accompanied by a high-profile rollout and significant investment in training (2015, p. 3).

But even so, practitioners needed refreshers on the legislation, particularly where they did not share information frequently or where there was high staff turnover (Keeley et al. 2015).

Specific types of training identified as necessary by the literature include training on:

- conflicts relating to consent and how to discuss information sharing with victim/survivors (Behavioural Insights Unit (Vic) 2017)
- proactively sharing information, particularly for early intervention (Keeley et al. 2015)
- ongoing training, including in practice settings (not just online) (Keeley et al. 2015)
- risk assessment, to facilitate timely information sharing (HM Inspectorate of Probation et al. 2017)
- record keeping (ACT Government 2016; HM Inspectorate of Probation et al. 2017); and
- multiagency training (Adams & Lee-Jones 2016; Behavioural Insights Unit (Vic) 2017)

In addition to providing training, recent Australian and international literature indicate that workforces also need to be adequately resourced more generally to cope with the administrative demands of information sharing arrangements (Behavioural Insights Unit (Vic) 2017; Home Office (UK) 2014; Jones 2016; Keeley et al. 2015).

Co-location

As briefly noted earlier, some UK studies of multi-agency collaborations identify co-location of organisations as a strategy for building trust and facilitating information sharing (HM Inspectorate of Probation et al. 2017; Home Office (UK) 2014). However, this is disputed in other literature, and the benefits identified frequently overlap with discussion of broader implications of multi-agency coordination models. For instance, according to Adams and Lee-Jones' examination of the NSW child safety information legislation:

> Some evidence canvassed in this report shows that creating central 'hubs' of information that are controlled by a central agency is not the most effective mechanism for sharing information and can lead to delays and other problems. Regimes that allow front-line professionals in government agencies and non-government organisations to exercise their judgement and to share information laterally appear to be a more effective approach (2016, p. 3).

They also note criticisms of the model by an earlier NSW government inquiry, and that 'New South Wales has since amended the relevant legislation, enabling the direct exchange of information between prescribed bodies' (Adams & Lee-Jones 2016, pp. 58-9). UK studies have similarly recognised that other collaborative strategies such as conference calls can create the same benefits as co-location (HM Inspectorate of Probation et al. 2017). As such, co-location appears to be of limited significance as an organisational factor in enabling information sharing.

7.10 Regulatory Challenges

Role definition

Many of the legislative schemes identified in Appendix Three prescribe specific entities that are permitted to share information for family violence risk assessment or protection purposes at an organisational level, although some prescribe professions such as the 'nurse' or 'principal officer' of prescribed organisations (e.g. s28B of the Children and Community Services Act 2004 (WA) and Part 5A of the Family Violence Protection Act 2008 (Vic)).

Although there is a lack of literature on best practice in prescribing roles and responsibilities for family violence information sharing schemes, work from the UK highlights the need to include organisations from

the following fields in family violence multi-agency arrangements: criminal justice, health, education, voluntary sector, welfare agencies, housing and children's services (Home Office (UK) 2014; Robbins et al. 2014; Steel, Blakeborough & Nicholas 2011). Safety Action Meetings in NSW similarly rely on the involvement of representatives from victim support, health, community, education, accommodation and corrective services (Trimboli 2017).

In relation to prescribing certain positions within organisations involved in sharing child safety information, Adams and Lee-Jones found that 'regimes that allow front-line professionals in government agencies and non-government organisations to exercise their judgement and to share information laterally appear to be a more effective approach' (2016, p. 3). Likewise, Gil-Garcia and Sayogo noted that:

> Inter-organizational information sharing initiatives often rely on collaborative work involving various managers or personnel from diverse organizations performing different roles at different times. …Considering the complexities of collaboration and the availability of managers' and other personnel's' time, the existence of formally assigned project managers is crucial to sustain and make the collaboration successful (2016, p. 579).

Similarly, guidance for the Safety Action Meetings (SAM) that form part of the NSW Government's coordinated response to domestic violence establishes that members:

> must be in a senior role with authority to commit to actions, prioritise matters and allocate resources on behalf of their service provider … without having to take decisions or proposals back to their service provider for approval (Safety Action Meeting Manual, p. 14).

This seniority allows actions to be developed and implemented quickly (Trimboli 2017, p. 5).

Taken together these findings suggest prescriptions of information sharing entities should allow both a broad range of organisations and flexible positions within those organisations to share information.

Reporting Systems

It does not appear that any of the current state or territory information sharing schemes require prescribed entities to report on the information sharing requests they receive or respond to. However, previous evaluations of the NSW child safety ISS by Keeley e al. (2015) and Cassells et al. (2014) highlight the value of being able to review information sharing practices. Although participants in the case study by Keeley and colleagues acknowledged that such practices would be labour intensive, key Australian and international child safety information sharing scheme evaluations emphasise the importance of collecting systematic data for evaluating the performance of information sharing hubs and outcomes of information sharing and referral practices (Cassells et al. 2014; Home Office (UK) 2014; Keeley et al. 2015). The ACT Government commented that it:

> [R]ecognises that accurate and reliable data needs to inform future government decisions on responding to family violence. The ACT Domestic and Family Violence Data Project is laying the foundation for improving data collection in the ACT and ultimately the sharing of this information (2016, p. 10).

7.11 Summary – Family Violence Information Sharing Schemes

There is a well-established evidence base of legal, technological and organisational factors that influence the effectiveness of information sharing in the context of family violence (Keeley et al. 2015; Yang & Maxwell 2011). In relation to legal or policy factors, regulatory frameworks enable information sharing to the extent that they provide a clear authority for when and how information can be shared. However, it is important that legislation is partnered with adequate training and guidance to be effective and ensure 'action is taken promptly, particularly for high risk cases of domestic violence' once information is shared (Taylor et al. 2015, p. 40). This requires consideration of the range of other technological and organisational factors that impact on information sharing in the context of family violence.

Technological factors impacting on effective information sharing include systems of collecting, recording and storing information, which can inhibit or enable effective family violence information sharing either directly or indirectly by undermining confidence in information security. Evidence of these factors led the RCFV to conclude 'the primary organisations in the family violence system see IT system reform as a priority, as well as a major challenge' (State of Victoria 2016a, p. 181). Previous research and literature indicate that technological difficulties are not insurmountable and tend not to hold the same weight in terms of barriers to information sharing for experienced workers (Keeley et al. 2015; Yang & Maxwell 2011)

Work on family violence information sharing schemes indicates that organisational factors hold the most weight in terms of effective information sharing (Keeley et al. 2015). Organisational factors such as trust, interagency relationships, shared understandings and cultures of sharing information are key determinants of successful information sharing (Keeley et al. 2015; Yang & Maxwell 2011). These factors inform and impact on each other facilitating and/or inhibiting effective sharing of information, particularly in the context of family violence where tensions about confidentiality and privacy persist.

Finally, it is important to note that introducing information sharing arrangements is not a panacea for effective risk assessment and management in the context of family violence (Jones 2016; Keeley et al. 2015). Information sharing is only one aspect of successful multi-agency collaboration that is necessary to support the safety of family violence victim/survivors (Healey et al. 2013).

8 Key Findings

8.1 Impact and outcomes of the Family Violence Information Sharing Scheme for women who have experienced family violence

Acknowledgement

The Monash Research team offers heartfelt thanks for the courage, honesty and expertise of the women who contributed to this Review. Their insights have been critical in understanding what information sharing means to women as they seek to secure their own safety and how system changes are understood and interpreted by those who the reforms are working to support.

In developing this section of the Review Report, we have presented data in the context of the Review questions where relevant. We have also presented key themes linked to information sharing that did not fit readily under a Review question heading.

We have presented lengthy quotes here in order to capture more fully and accurately the complex ways in which women have experienced the circulation of information in relation to family violence disclosures and their contact with services.

In presenting this data, we have redacted any information about specific locations or events that were potentially identifying. Where possible, we have given indicators of the timing of the information sharing events described: however, this detail was not always provided. In a number of focus groups and interviews, women did not want to be audio-recorded: they expressed anxiety about their voices being captured on tape. In these instances, we used field notes and direct quotes only where these were recorded in those notes.

The voices of twenty-six victim/survivors represents a considerable dataset: accessing these voices is extremely difficult, given women's need to protect their privacy as part of their safety planning and their focus on critical issues of security. As victim/survivors' safety and enhanced outcomes are a central focus of the FVISS, women's views and experiences are substantively relevant to all aspects of the Scheme's operation. This includes where women's understandings differ from technical, legal or other interpretations.

> *I felt like I didn't have a backbone, of course I'm not going to know what [information] to ask for. (Victim/Survivor Interview, Lynda, 18.11.2019)*

Introduction

The purpose of family violence information sharing is to keep women and children safe by ensuring that all relevant risks are communicated and effective risk management and safety planning can be undertaken. The views of women who have experienced family violence about why and how information is shared are important for insight into the effectiveness of implementation. Women's and children's safety and security is at the centre of this process of reform. The ethical constraints of high risk research apply to all these participants. In line with this, interviewers abided by women's decisions, and cues, about

what aspects of their experiences and interactions with services they want to reveal or discuss (see section 6.2).

The RCFV identified practices and processes of family violence information sharing as both barriers and enablers for the required transformation of family violence responses and service provision (State of Victoria 2016c). The focus of Recommendations 5-9 was on ensuring information relevant to the risks facing victim/survivors was shared appropriately and effectively to secure safety. Changes in state wide approaches to privacy were recommended in the form of: 'new laws to ensure that privacy considerations do not trump victims' safety—with a Central Information Point to funnel information about perpetrators to the Hubs' (State of Victoria 2016, p. 15).

In this statement, the RCFV makes it clear that proposed privacy changes are to ensure that perpetrator information related to risk, held, for example, with police in relation to past history of family violence offences, in MBCP, Alcohol and Other Drug services or with counsellors, is circulated where necessary to secure the safety of women and children, the primary victims of family violence. Yet, privacy of information is also a key aspect in the safety of victim/survivors, as for them the time of disclosure, safety plans, whereabouts and home address, technological platforms and support locations are critically linked to potential risks. Women's responses around the topic of information sharing reflect this dual focus: while those who participated were supportive of information sharing, and some were deeply thankful that information about perpetrators would become more readily available, they were simultaneously uneasy about the privacy and security of their own information. For many, this unease was grounded in past experiences with services. The findings in this section consistently reflect this dual focus.

Data collection with women who have experienced family violence was undertaken at two different time periods: the first period was from April to November in 2018 (18 women) subsequent to the commencement of the Scheme to the Initial Tranche, and the second in November and December of 2019 (8 women) subsequent to the commencement of Phase One. We spoke with a total of 26 women from both urban and regional locations and from a range of backgrounds. The first group of participants included First Nations women, women from CALD communities and women with disability. Most of these women have children who have been impacted in diverse ways by their experiences of family violence, although not all were currently living with their children. Some of these women were living with their abusive partners at the time of their participation.

Our methodological approach to qualitative research focused on family violence is aimed at giving primacy to the voices, experiences and knowledge of victim/survivors. We consider that all victim/survivors are likely to face stigma and disadvantage that will intersect with their age, ethnic identity, socio-economic position, and other experiences of social inclusion and/or exclusion. We focus on understanding how these intersections operate to shape, influence and potentially amplify the impacts of family violence.

Women's views about family violence information sharing

Most of the women who participated were positive about the potential of family violence information sharing to support their safety. They recognised its value in facilitating referrals, in accurately assessing the risks they faced, in reducing the number of times they had to tell their stories of violence and fear, and in supporting the system to respond in positive and helpful ways.

> *I think it has been a very good positive. Not knowing about these services that are out there, it has actually made me feel better with myself, making sure I am getting the help that I need. And*

I think that it's very important that women actually get the help these days, because a lot of women do not actually get it. So yes, it's really good…I feel that the knowledge with the domestic violence side of it that they have to share like some of the information like your story, what has actually happened any things like that, the sharing of that information is fairly important. (Victim/Survivor Interview, Kerry, 10.05.18)

You know [I'm] so very time poor, so to have a quick conversation, and you know solutions or actions to be done is probably what I was most interested in, not necessarily the long going in-depths and regurgitating a lot of stuff. And probably hearing a lot of the same things as well was probably a bit frustrating and a bit, and a bit of a challenge, you know, because you'd have a toddler crawling around getting into stuff. So, when I call someone, "I have to call you back." So the sharing at least if it's – everyone's sort of got the same page, you're like checking things – you know have an opportunity sort of review it first and know what you're dealing with straight up…And if you tell one person you think that you would perhaps rewriting to that person, but you may be missing key elements and very integral things to the whole story and the whole picture, you know, so it's best that – and the initial things outlaid and it can be distributed or shared in a beautiful way that you don't have to keep re-opening the wounds and getting through it that way. (Victim/Survivor Interview, Rosalie, 03.05.18)

Has the Scheme been implemented effectively to date?

Direct knowledge of the Scheme was limited among the women who participated. Women's key concerns were not with the mechanisms of family violence information sharing but with the outcomes for them as outlined in the above quotations. They focused on:

- issues linked directly to everyday security
- the misinterpretation or misuse of information, and
- greater equity in the approach to family violence information sharing regarding their partners

Overall, women who knew about the Scheme and made direct reference to it (n=3) were supportive of the value of information sharing, and the need to streamline processes to ensure this occurred efficiently and effectively. Yet, even where women were very positive about change, particularly in relation to the potential for reduced trauma through re-telling their stories, they discussed the caution they felt was necessary around their own information because of their dealings with their ex-partners. Rosalie was generally aware of the changes introduced by the FVISS and was supportive. Yet she was ready to give up opportunities for compensation in order to protect herself if pursing compensation meant more information exchange and/or communication with her ex-partner:

Look, I think it's fantastic. I think the more times you have to repeat the same story over and over to further, you know, trauma and probably frustration and probably things you know to get niched in certain – you know every time you have to repeat, I think the fact that if things are shared you feel like you're immediately got an instant sort of record that someone's being able to review where you're at and what's going on without having to revisit and go on and repeat the same thing all the time…I said I don't want him to be alerted or questioned on that, and if that was to ever happen I don't want to proceed with the compensation procedure. And that's still pending. And legal have assured me that that – he won't ever be contacted around that and that's still probably a little bit of a fear I might have. But he recently contacted me, the lawyer just saying that the courts have approved it. The next stage would just be finalising things. And I

know from dealing with the ex that certainly nothing's been red flagged or his behaviour hasn't changed in any way. That was probably one thing that made me nervous just with proper court procedures and stuff like that…You're not thinking straight at that time, you're not. You're under a lot of stress and duress. (Victim/Survivor Interview, Rosalie, 03.05.18)

Both the FVISS and the CISS permit, and in some circumstances, require information sharing without consent to promote child wellbeing and safety and to assess family violence risk when children are involved. Both schemes provide additional circumstances where otherwise confidential information can be shared without consent. Survey data indicated however that practitioners do discuss family violence information sharing with their clients and there is a very strong focus on consent, reflecting specialist family violence service views that seeking consent from adult victim/survivors is always best practice.

In Survey One, of the 430 respondents who selected yes when asked whether they share family violence information, 245 (56.98%) indicated that they discuss information sharing with victim/survivors, 61 (14.19%) indicated that they discuss information sharing with perpetrators, 32 (7.44%) indicated that they discuss information sharing with both victim/survivors and perpetrators and 7.44% who work with both perpetrators or victim/survivors indicated that they do not discuss information sharing with either groups. The small number who indicated that they do not discuss information sharing, when prompted to explain why, cited safety concerns.

In Survey Two, of the 125 respondent who selected yes when asked whether they share family violence information, 57.60% indicated that they discuss information sharing with victim/survivors, and 6% discuss information sharing with perpetrators. A further 26% indicated that they discuss information sharing information with both victim/survivors and perpetrators. Of the remaining respondents: 7.2% who work with victim/survivors and 3.2% who work with perpetrators indicated that they do not discuss information sharing with them. As in Survey One, respondents who indicated that they do not discuss information sharing were asked why they did not: they consistently cited safety as the reason and indicated that not discussing information sharing is a context dependent decision.

Consent

The surveys provide some information about the extent to which consent is sought prior to sharing family violence information. However, the surveys do not differentiate between whether the consent sought is from victim/survivors or from perpetrators. In Survey One, most respondents reported that they seek the consent of their client to share family violence information (82.28%). Similarly, in Survey Two, most respondents reported that they seek consent prior to sharing family violence information (80.95%). The survey's qualitative responses noted that in some cases, consent was not sought because it was not required from perpetrators and/or there was a risk to children.

Has the Scheme been implemented as intended to date?

There were eight women who were clearly in active contact with the family violence sector after the FVISS was in operation (that is post February 2018). They offered a complex and uneven picture of the operation and efficacy of both the service system and the Scheme. As is clear from their accounts, for most of these women, all the different elements of an integrated family violence system (including family violence information sharing processes) come together, are interconnected and do not have distinct outcomes. The analysis of this dataset reinforces the importance of recognising that all elements of family violence response, reform and transformation are dynamically linked for those experiencing it, even when the

focus of questions and discussion is on a discrete element of the reforms such as the FVISS. Given the focus of the Scheme on victim/survivor safety, women's responses, whatever the connection to FVISS, are relevant.

Two of the women entered the service system through an Orange Door and were disappointed about some aspects of the support and assistance they had received. Tahlia (FG 18.11) was very positive about the phone support she received on her initial contact – 'very helpful' but once she gave her address was advised that she was geographically out of area for the Orange Door she contacted and was given another phone number to call. For her that was difficult: 'I was so shut down - when you finally reach out – finally had the balls to say this marriage is over and then no help.' Maryanne had to move from one regional area to another for safety and was disconcerted when she found her records couldn't move too.

> *…I was with the Orange Door [1]. … [W]hen I went to Orange Door 2, is that they said, 'We are so sorry that you have to tell your story again, but our computer systems are not linked up. So that means what Area 1 takes in, we can't access for you.' And I went, 'Right. Well, why did I give all that information, why did I go into everything, why I have done everything if you can't access that information?' They said, 'Look, eventually it will be that way, but at this point in time, no, they're not all meeting up.' (Victim/Survivor Interview, Maryanne, 05.11.19)*

Orange Door Client Record Management is a state-wide data base accessible by all Orange Door practitioners. In theory, Maryanne should not have had to retell her story. However, the benefits of this system appear not to have been operationalised in her case.

Both of these women were identifying issues with information sharing: Tahlia was seeking a referral that she didn't have to follow up herself and Maryanne was seeking the ready transfer of her data from one area to another. Yet these specific concerns were embedded in broader aspects of their experiences. Tahlia felt she needed more active support at her initial contact point. She concluded however by talking very positively about her current service engagement. Maryanne felt she had to navigate the system by herself and worried that it only worked out because she had some pre-existing knowledge and experience of advocacy. She said, for example, that she had to inform one of her workers about the Disability and Family Violence Crisis Response initiative funding, of which she was aware because of her own community activism. She recognised however that when a system is changing, there are likely to be gaps and bumps. A number of others in the group of eight engaging with the system post February 2018 were very positive about their Orange Door experiences and the kindness, expertise and referral pathways that came from those contacts.

The intention of the Scheme is to make women and children facing family violence safer by facilitating assessment and management of family violence risk to children and adults. Yet the changes in information sharing raised concerns. For the women who participated in this Review, a central concern about all forms of information sharing was the potential involvement of Child Protection which they primarily experienced in relation to their mothering rather than in relation to family violence support. They described the on-going monitoring of their behaviour by Child Protection and the failure to focus on their partner's violent behaviour, as a really difficult aspect of their post-separation lives. These concerns were continuous over both periods of data collection. The data from women adds an important insight into broader concerns raised by sector workers in the Review about the integration of Child Protection workers into the FVISS and confusion caused by the concurrent implementation of the CISS. Aliyah talked about the on-going effects of Child Protection interventions on her life and the lives of her children. These concerns were

shared by many women who participated and capture a key concern about information sharing as it pertains to their disclosures of family violence.

> *Child Protection, sorry. Every week they go to me and they call me, "Where are you?" I'm not comfortable with my kids. Even sometimes if my kids done anything bad, I'm scared to tell them, "don't do that." or to yell a little bit "it's dangerous for you". Because my son, I feel him, he changed a little bit, and he know because their dad, he teach them, "So if you mum touch you, tell me. If your mum yell at you, tell me." Oh my god, I'm too dangerous woman for my kids. Yeah, and this moment I feel too scared from this situation, and then I give up and I give the kids for him 50:50 between me and you. And I'm not happy really, because when they go to him, I feel they change when they come back to me. Yeah, so yeah. And now we are in this routine. What we can do? I can't do anything. (Victim/Survivor Focus Group, 21.09.18, left her violent relationship about five years ago)*

In two focus groups conducted in November 2019, women talked about the fear of losing their children as a central consideration in their engagement with any form of family violence support. This was congruent with concerns expressed in the first round of interviews and focus groups with women. Sarah talked about the impact of her involvement with Child Protection, and how she eventually received the support she needed to rebuild her life with her children.

> *So, I got investigated by Child Protection twice which was loads of fun. But yeah, I mean I guess that was a real learning curve too because, you know, the first time around I really didn't know what to expect and they come to help and you don't know that sort of some of this stuff is actually voluntary or that you have rights in a way. But the second time around it was - I think the practitioner or the investigator, she was a bit more - I don't know, what's the word - she was a better worker and so she was sort of offering me the referrals and the support that I probably should have been offered the first time around. I mean, I think that - I don't understand why when I got given housing that the refuge just closed my case and didn't sort of refer me on to [as X from Y service] did, which is refer me to ChildFirst and the CPS and give me that support there. (Victim/Survivor Interview, Sarah, 04.05.18)*

A second interconnected concern for some women that again cannot be attributed directly or solely to the FVISS was what they perceived as enhanced access to information about their past, and the consequent or potential on-going impacts on their lives. Nerida left her relationship almost a year ago,

> *They use your past against you…I'm really disappointed with the department [Child Protection] – yes, I was a pot smoker for 5 years – I quit – my ex uses drugs and doesn't get tested – he doesn't get tested – I did all these counselling sessions to get my kids back – he doesn't have to do anything – he has weekend access. He lives with a drug dealer…There is no accountability for him. (Victim/Survivor Interview, Nerida, 19.11.19, left her violent relationship about 11 months ago)*

Marita in the same focus group said she too had lost access to her children and felt that substance abuse issues from her past had played a role in this. She saw this as connected to her approach to the Orange Door late in 2018: "Ever since I went to Orange door things have gone bad".

The RCFV (State of Victoria 2016) recognised the complexity of interactions between family violence services and systems and Child Protection. Their recommendations focused on development of family

violence expertise in Child Protection and a greater recognition of the impacts on children of all forms of family violence in other parts of the family violence system. Information sharing is centrally relevant to the efficacy and safety of these interactions for both women and children. While Child Protection workers have received family violence training in with the RCFV recommendations, the data gathered from women for this Review identifies on-going challenges in this area.

Has the Information Sharing Scheme led to improve outcomes for victim/survivors and increased the extent to which perpetrators are in view?

For most of the women when they talked about information sharing, there was not a strong sense that the family violence system and the FVISS were keeping perpetrators in view. Some women felt that some systems, such as legal and medical ones, protected the privacy of their partners at their expense. In addition, there was strong and consistent concern expressed about the extent of information about them and their children that their ex-partners were able to access. Women were clear about their ongoing fears about the consequences of certain types of information about them being inappropriately shared. While some of the examples they gave about their experiences or concerns are not directly related to the Scheme, they are nevertheless important because these examples inform the way women think about information sharing and safety more broadly. It is part of the information sharing context women experience and therefore impacts on their attitude towards the Scheme.

At a prosaic level, women talked about every day information that was available to ex-partners through systems such as Medicare (where children were on shared cards) and even Family Violence Intervention Orders where a current address is recorded, as the type of information that made them feel unsafe and potentially put them at risk. By contrast, they felt they did not get access to their abusive partner's information, even when it affected them. Louise who was struggling with the costs of post-separation and debt left with her by her partner, was concerned that the partner from whom she had recently separated, and with whom she still shared bank accounts, had bought a new car: she reported that she was not able to get any information about how this had happened.

Bridget described the on-going impacts of the circulation of her information on her life and the lives of her children.

Bridget's Story

[The family violence service I accessed] were fairly good about the information, holding off the information and keeping it under lock and key. They were fairly good with it, but they would be in constant talks with the police, with my lawyers. They were very pushy when it came to me signing consent for them to talk to everyone. They didn't give me a chance to go right, hang on a second, I need to think about this. It was a piece of paper in my face saying sign this now and that was it, there was no explanation as to what I was signing, no talk about what it was and what it was going to be used for. They gave me a pamphlet stating my rights and responsibilities, but I had to sign this piece of paper before I even had a chance to read it. I felt a bit overwhelmed…But the police at that time gave him the address of where I was in order to make him stay away, knowing where to stay [away] from. Even without the intervention order there because my details were on the application, he had a copy of the application, the police said, "Stay away from this address" …Of course he did not. He moved across the road…He has a copy of my Medicare number because he still has the children. The Medicare will still not give my children

independent Medicare card because he has access to them. So, he has to have a copy of my Medicare card and it makes it easier for him to access my Medicare details, even though they say privacy reasons, the privacy policy. And the Privacy Act, they said he cannot access it. He has. Numerous times and they have freely given him information. So, all he had to do was a formal letter to access under Freedom of Information I think they said. He gained access to very personal details and that makes me concerned…I move every six months still. I take six-month leases. I don't own a property. I want to own a property, but I can't leave in a hurry if I own a property. I've managed to – I've gotten a very big dog, very big protective dog who lets me know. I live on the busiest, busiest street or road in this town so if anybody comes to the door that – if he comes to the door or one of his friends or one of his family even – they've come to my house before. There are constantly people around...Usually those phone calls come from private numbers and I still, to this day, the hairs on the back of my neck go up when I see a private number because I never know whether it's him or not. So, women don't answer those phone calls. (Victim/Survivor Interview,Bridget, 07.05.18)

Two other women talked directly about their lack of access to information about their ex-partners and how this impacted them. For these women, any possible benefits of more proactive information sharing revolved around changing this aspect of the family violence system. Sarah talked about this issue at length. As is clear in Sarah's comment, for those who have experienced family violence services and the flow of information *about* them, statements about perpetrator focus and a 'victim-led' scheme will not be enough to create confidence.

[Y]ou know, with family violence, for all the talk of it being victim-led, I mean I just feel like there's no transparency there. You know, for example, like the assault charges that were laid against my ex, I wasn't allowed to know that he'd been charged. I wasn't allowed to even know any - I mean, the only information that I was given by them, by the police, was a letter that came - you know, the final, you know, case was heard and that he'd pled guilty. Didn't even say - I mean, I found out by other sources that he'd been charged with five different counts of assault and he'd pled guilty to the most serious of them. But if I hadn't had - and the Court Registrar was not supposed to tell me this, but he told me each of the charges. So, the one that he was found guilty of was recklessly cause injury. And I mean, you know, I felt like why not intentionally because that's the more serious charge, but that's another story. But yeah, and then that he had been sentenced to - he'd been given a non-conviction. But yeah, pleading guilty. So, a DCO [Drug Court order], a fine and some drug rehabilitation. And I guess, you know, it just flabbergasted me at the time that I was not even allowed to - when they say that, you know, we'll keep you updated with the investigation, I mean how can you not even know whether or not - what the charges are or what's going on with it. It felt very kind of - well, definitely did not make me feel compelled to go out of my way to help them. I guess maybe I should have.

…

At the time I was a bit more confused about what to do about that issue because, you know, still deciding and hoping that he was going to be a dad. But yeah, I just couldn't understand, you know, like why. If I'm the victim why aren't I allowed to be informed. It felt like he was allowed to have more information than I was really. (Victim/Survivor Interview, Sarah, 04.05.18)

Women felt deeply protective about their own information. Managing information carefully and securely is typically an important aspect of how women survive and manage family violence risk and work to protect their children. There was considerable fear about whether the sharing and disclosure of the violence they had experienced, and at times, of their responses and coping mechanisms to that violence, made them vulnerable to negative judgements about their own actions and for the women who were mothers (the majority of the participants) vulnerable to Child Protection interventions. This was a central concern and for many women shaped their processes of family violence disclosure and how they sought and accessed support:

> *But I guess as much as information sharing can be helpful in terms of speeding things up or not having to repeat your story, I would have been nervous in some ways - you know, you're definitely not completely honest about certain things I think, you know, in certain situations because you're worried that your kids are going to get taken off you or how that's going to impact things. (Victim/Survivor Interview, Sarah, 04.05.18)*

Catharine described contacting an emergency service in the latter part of 2016. She recognised she was in crisis but felt pressured by the approach of the helpline she contacted.

> *So, I said, no I don't want this passed on. Like [my son] he's okay. I'm calling from the backyard. My son's asleep inside. My partner is in there, do you know what I mean. And then they called me back and it was like three in the morning and they called me back and said, look my supervisor has said that I do need to pass this on. And you know, I need your address or they kind have the details and yeah, so it went from there. But I felt really, from that occasion on, I felt I couldn't call one of those lines, do you know what I mean? (Victim/Survivor Interview, Catharine, 10.05.18)*

This experience resulted in some reluctance to make contact with services when Catharine later needed assistance and was ready to separate from her abusive partner.

For many women however, concerns about information, whether shared or not, were directly and critically relevant to experiences in the Family Court subsequent to their disclosures of family violence and past the point of immediate crisis. Women talked of the ready availability of their information to ex-partners through custody processes, through shared school access, and through protection orders, alongside the various ways their ex-partner's information was protected.

> *So, the way doctors write reports. And he wouldn't participate in any rehabilitation or any alcohol programs because he didn't have a problem. Because if he admitted he had a problem and participated in them, then it admitted that was why we were in Court. But the doctors and the hospitals had his suicide information and everything, but that was never revealed in Court. And they didn't have that over in the subpoenas. So, there's a lot of protection when it comes to medical information. And from my side, you know, I was very careful on what I would say to doctors as well because I thought 'Oh my god, you know, I know we're going through Court right now, so I don't want anything to be twisted'.*
>
> *…*
>
> *A: Yeah. No, I think like if it's based on privacy yeah, I think they're the main things. Just need to be a little bit more careful and thoughtful and medical information, even with doctors, just needs to be detailed properly.*

Q: Yeah. With attention to the other people who might be unsafe if you don't. Yeah.

A: Yeah. Because even like they just document it saying, "I had a frank conversation". And it's like well that conversation was about saying you're an alcoholic and you have to go to rehab. And it's like why wasn't that written in there, you know. So yeah, just those little changes will make a big change. (Victim/Survivor Interview, Kerry, 09.10.18)

Although the Family Court and legal practitioners fall outside the scope of the FVISS and outside the scope of this Review, the connections between these domains are clear in practice, service response and in women's experiences. For Kerry, the failure of Alcohol and Other Drug services to accurately outline the excessive use of alcohol by her partner undermined her position in the context of Family Court processes. Such information is potentially relevant to family violence risk assessment and it was not shared while Kerry was in contact with family violence services.

Conclusion

No, I went in quite blind. I don't think - you know, when you go for those sorts of services, you're not really thinking about those things. You know, you're just after help - if that makes sense. So, you don't really think about anything that you give, you just need something to be given. (Victim/Survivor Interview, Kerry, 09.10.18)

I'm still trying to piece together everything that's happened – at the time you're just barely functioning – constantly trying to work out what's happened in my head. (Victim/Survivor Interview, Nerida, 19.11.19)

The FVISS does not permit the sharing of information that endangers life. The following quote makes clear the support for this principle and the concern that to uphold it each case needs to be assessed individually.

Safety first. Absolutely. Information sharing cannot be put ahead of safety. You cannot share information if it's going to put somebody's life at risk. Share information that is only necessary, not information that should – it's not a blanket rule for everyone. What size jumper fits me doesn't fit you. The legislation should not be the same for everybody. It should be based on need. I understand that there has to be rules but there has to be a minimum and maximum involved. There has to be this is the most we can share, and this is the least we can share. It sounds like it may not work but this one size fits all approach is not working for everyone. When it comes to mine and my children's safety it may be very different because I'm up here and he's down there. But it may not be the same for my next-door neighbour who's former partner lives two streets away. (Victim/Survivor Interview, Bridget, 07.05.18)

Women's search for security for themselves and their children was their primary focus when they interacted with services: and many of them talked about how hard that process was. Their focus was therefore both holistic and pressing, meaning that their views on information sharing were often part of more complex and dynamic thinking about systems responses overall.

The key areas women identified as of importance to them were the security of their own information and better access to information about their ex-partners that would enable them to achieve the safety and security they were seeking.

It is clear that women, while broadly supporting the principles underpinning the FVISS, were concerned about their own privacy. In light of this it is important that ISEs have clear privacy policies and that they communicate the details of these with victim/survivors accessing services.

Recommendation 1

Privacy policy updates related to family violence information sharing are in development or have been developed by all relevant sectors in the Initial Tranche and Phase One. Phase Two sectors and organisations should update privacy policies to address family violence information sharing prior to prescription. Organisations should be encouraged to communicate these policies to victim/survivors to ensure they are informed about relevant privacy protections.

8.2 Impacts and outcomes of the Family Violence Information Sharing Scheme for Aboriginal people

Acknowledgement

The Monash Research team offers heartfelt thanks for the generous contributions of time, knowledge, expertise and insights by Victorian First Nations Peoples and Aboriginal Community Controlled Organisations to this Review process: these contributions have been very valuable for the overall Review and foundational in understanding the Family Violence Information Sharing Scheme impacts for Aboriginal people, communities and service organisations.

In developing this section of the Report, we have sought feedback from the Aboriginal Community Controlled Organisations who were so generous with their expertise to ensure we are accurately capturing their insights and views. This process was undertaken because these organisations are readily identifiable, and therefore, unlike other service providers and participants, cannot be offered secure confidentiality as participants.

> *How did she heal from it? She comes to our type of services to heal her soul, her everything. (Focus Group, ACCO Service Provider, 09.10.19)*

Introduction

In this section, in line with RCFV recommendations 146-149 that stress the value and primacy of Aboriginal Community Controlled Organisations (ACCO) as optimal service providers for Aboriginal peoples experiencing family violence, we draw primarily on data collection from ACCO. This approach aligns with submissions to FSV that the Review should address directly and specifically the impact of the Scheme on Aboriginal people. It follows RCFV Recommendation 152 that enhanced family violence related data collection specific to Aboriginal people should be implemented.

In this section, we focus on data, issues and analysis specific to Aboriginal people under each of the Review questions: where relevant, data used here is also reflected in other sections of the Report. Given the importance of ensuring the voices of First Nations people are heard, we use quotations extensively.

There were divided views amongst Aboriginal organisations about the FVISS. There was wide spread concern that combined the FVISS and the CISS could lead to an increase in the involvement of Child Protection in Aboriginal mothers' lives. For a minority, the Scheme created an opportunity for greater attention to children's risk in the context of family violence and contributed towards building more collaborative relationships between child and family welfare agencies and specialist family violence services. For most, the establishment of the Scheme raised the risk that women experiencing family violence would avoid or disengage from services to maintain their privacy, autonomy and especially, to avoid risking Child Protection involvement. The Scheme, and family violence reforms generally, have had significant resource implications for Aboriginal organisations dealing with family violence. FSV and DHHS have put in place strategies to facilitate the inclusion of Aboriginal perspectives on the reforms. Despite

this there was a view that cultural safety and competence was not being sufficiently embedded in mainstream services and that Aboriginal perspectives and knowledges were not being sufficiently incorporated into information sharing training. It was considered that this, in combination with the resource constraints on ACCO and the insufficient number of Aboriginal family violence workers, would undermine good outcomes for Aboriginal women experiencing family violence.

These concerns arose despite the FVISS Ministerial Guidelines devote a specific chapter to 'considerations when sharing information about Aboriginal people', and include a section related to Aboriginal people's concerns about information sharing. The Ministerial Guidelines also provide an overview of the continuing history of removal of Aboriginal children and the operation of unconscious bias that may impact on service providers' perceptions and decisions. While these Guidelines capture sincere policy intention, there was no confidence among participants that they sufficiently influence or reflect practice realities. Victoria has the highest rate of removal of Aboriginal children of all states and territories (AIHW 2019).

While there was breadth of opinion amongst ACCO about the benefits and dangers of information sharing for Aboriginal people, it was agreed that the processes of implementation and change had very significant resource implications that had not been fully supported.

> *I think the magnitude of the change and the resources given to resource that change, has really not quite made it. So, that's been quite difficult. (Expert Interview, ACCO Service Provider, 17.12.19)*

These concerns have been reiterated in a range of other contexts, including the 19-20 sector grant project summaries (FSV, unpublished).

The family violence reform process including the FVISS implementation process in the Aboriginal community is at an early stage of development. Areas such as culturally bound confidentiality issues within community have not been unwrapped and analysed at this stage and will take time. Further training for a wider cohort including the mainstream sector engaged with Aboriginal men and women, is expected to be required.

Has the Scheme been implemented effectively to date?

Participants noted that the introduction of the CISS alongside the FVISS had consequences and impacts in relation to the effective implementation of the FVISS. The intersection between the two information sharing schemes was identified as creating confusion for practitioners.

> *Probably the other thing I would add has been the connection between the Child Sharing Information and the Family Violence Information Sharing. Probably the two of them and particularly Child Sharing information as well, could have perhaps been coordinated a little better in their rollout, I think. I think people got a bit confused at times, what applied to what. (Expert Interview, ACCO Service Provider, 17.12.19)*

The particular implications of the FVISS operating alongside the CISS for Aboriginal people were a focus for ACCO. As the RCFV (State of Victoria 2016) made clear, reform of Child Protection approaches to family violence, both in terms of negative assessment of maternal 'protection' and a failure to recommend family violence support for mothers where appropriate, is an important aspect of transforming and improving the response and outcomes for mothers experiencing family violence. The implementation of the CISS was perceived as having the potential to undermine the objective of the FVISS in supporting Aboriginal

women and children's safety and the timing of its introduction as having the potential to undercut the effectiveness of its implementation.

Recommendation 2
Monitoring of the interaction and impacts of the FVISS and the CISS on Aboriginal people, especially mothers experiencing family violence, should be undertaken centrally to produce robust specific datasets of these interactions and outcomes. The development of these datasets is critical to ensure any adverse effects on First Nations peoples and communities are addressed.

Has the Scheme been implemented as intended to date?

The implementation of the FVISS (from February 2018) preceded the implementation of the CISS (September 2018). Since September 2018 the implementation of the two schemes has substantially been in alignment. The CISS was not a recommendation of the RCFV (State of Victoria 2016) and is not specifically focused on family violence relevant risk. The CISS was recommended by multiple Coronial reports and the Royal Commission into Institutional Responses to Child Sexual Abuse (2017). It focuses on sharing information in order to promote the wellbeing or safety of a child or group of children. The implementation of the CISS alongside the FVISS and the joint information sharing training from September 2018 does not reflect the initial plans for the implementation of the FVISS.

The broad remit of the CISS provisions, allowing sharing without consent to promote the wellbeing or safety of a child or a group of children, created considerable concerns for ACCO service providers. While there are a number of specific safeguards in the CISS focused on cultural safety and family and community connections, there were still concerns that assumptions about child/ren's wellbeing and safety do not sufficiently recognise or build in cultural frameworks and knowledges. For participants, these assumptions gave rise to fears about the increased risk of child removal in the context of family violence. Such concerns resonate with the 2016 *Always was Always will be koori children* Inquiry which found that:

> High numbers of Aboriginal children experiencing family violence in combination with parental alcohol and/or substance abuse are coming to the attention of Child Protection, leading to their removal from family and placement in out-of-home care (Victorian Commission for Children and Young People 2016, p. 10).

There was fear that this pattern was continuing and that the broad framing of the CISS provisions, which do not include a clear definition of safety or wellbeing, will have negative impacts for Aboriginal women reporting family violence.

> *… the child safety and wellbeing? What does that mean? There is no criteria. It is subjective. If you've got unconscious bias, what is child safety within mainstream views versus something that the Aboriginal communities call safety and wellbeing? Someone could be sitting there going, "Oh no, they're not being looked after. They've been bounced around from family to family." That's all right, but someone's sitting there going they're being bounced around because it's the system going they're not in a stable environment, whereas they are. So – and rhetoric with all of these, even within the [FVISS] Ministerial Guidelines, talks about Aboriginal culture and being aware and sensitive. But what's cultural – what is child safety and wellbeing? There is nothing there as a framework. It is so dangerous. (Focus Group, ACCO Service Provider, 09.10.19)*

Has the implementation of the Scheme had any adverse organisational impacts?

A number of adverse impacts or potential impacts on Aboriginal organisations related to the implementation of the Scheme were identified. These include that there are not adequate Aboriginal focused services to address emerging needs around family violence. There were also suggestions that the requirement for a broader range of services to share information about family violence, sometimes without consent, potentially has an impact on the way services are working with Aboriginal clients.

> *So, if a woman comes in, hypothetically has a drug and alcohol issue, and it might be – a woman goes to a mainstream organisation who then does the risk assessment who then says, "Well actually this woman should be referred to an ACCO". Well we're not a drug and alcohol service, so therefore we then have to bounce her back to a mainstream organisation and/or another Aboriginal service that may or may not have access because of the waiting period. During that time, it could be that as a result of the woman using substances, Child Protection is then brought in, then they're screening – as in testing. So, the system is actually failing this woman because there's no beds, there's no support. MARAM is saying they need to be referred to an ACCO. If it's family violence, it would be [X service]. We're not an alcohol and drug service. We do family violence. Some areas we do case management, so therefore they'll have to refer out. We don't know the case manager that we'd be referring to because of unconscious bias in the system, so it's perpetuating the circus and the cycle in regards to bouncing around…And whilst they're being bounced around, Child Protection has more of an opening to come in because the woman will be homeless. It could be that her substance use has increased due to a whole lot of other factors… (Focus Group, ACCO Service Provider, 09.10.19)*

This concern was recognised by non ACCO too, as it applied to Aboriginal women and others who experience marginalisation or disadvantage.

> *I don't know if I could say that it's as a result of the Scheme. But historically women are very wary, they're wary of Child Protection, they're wary of police. You add into that mix an Aboriginal woman, young people who are scrutinised and seen much more critically in terms of their choices. A woman who speaks English as a second language who's had difficult experiences as a refugee or a migrant. Difficult experience with police or Child Protection or a school. If we're being used to share information without having an informed conversation with women about why this request has happened and what the impacts are. Then we become part of the system of scrutiny and we lose that really hard-won relationship and reputation in the community as a safe place for women to come to talk about hard stuff. If I can't have a good relationship with a client or one of my colleagues, which means she can talk about the fact that she's spending more money on this and that's having an impact on the kids. Or she's seeing her ex-partner because she loves him and that's having a negative impact on the kids. Or she's breached privacy and given the address of a refuge or crisis accommodation and breached all safety. If our staff can't have that conversation with her because she thinks she's going to get blamed and charged and her kids are going to be taken away from her, then we've lost her. So, it's that really interesting relational part of the work. (Manager Interview, Specialist Women's Family Violence Services, 05.09.19)*

The concerns of Aboriginal people regarding all forms of government information sharing and surveillance are grounded in histories of oppression, injustice and systematic marginalisation in the provision of

support and service. The development of ACCO and the insistence of the RCFV on the critical role of ACCO in the delivery of all forms of family violence service and response reflects Government and community recognition of this history and its on-going effects. A central focus of this concern is tied to practices of removal of Aboriginal children from their families. These practices and policies were initially documented in the *Bringing them home Report* (Human Rights and Equal Opportunity Commission (HREOC) 1997). These concerns are not solely historical. Data from the Australian Institute of Health and Welfare *Child Protection Report 2018-2019* (AIHW 2019) reveals contemporary removal of Aboriginal children remains high in Victoria. The recent *In Our Words* report (2019) by the Victorian Commission for Children and Young People, states:

> Since 2008–09, there has been a tripling of Aboriginal children and young people removed by the state. Despite Aboriginal people comprising less than one percent of Victoria's population, Aboriginal children and young people make up 25 percent of the care population. In 2017–18, nine out of every 100 Aboriginal children and young people in Victoria were in care (Mohamed cited in Commission for Children and Young People (Victoria) 2019).

During the development and implementation of the FVISS, submissions from ACCO stressed the need to:

- resource ACCO to provide best practice support for Aboriginal and Torres Strait Islander peoples experiencing family violence
- ensure pathways of referral to ACCO were established in all family violence services
- ensure supportive and positive responses to mothers and children, and to build cultural safety and competence across all mainstream service for victim/survivors

This was echoed by an expert participant.

> *We would actually like some more funding for more resources. Because right now what we're doing, we're looking at the resources of around hands-on resources, clips, things like that. We're also looking at policy change, we're looking at responsibility change, all actually in that sphere of information sharing. (Expert Interview, ACCO Service Provider, 17.12.19)*

FSV has initiated specific strategies to include Aboriginal perspectives in the implementation of the MARAM and FVISS reforms through sector grants working groups, the Dhelk Dja partnership forum, and regional coordinators. In addition to this there are Aboriginal Practice Leaders at Orange Door sites. These initiatives were commended. Despite this some felt ACCO contributions and insights to a range of FSV forums and committees were not sufficiently integrated into the implementation of the FVISS.

> *From my perspective, so this is like the working group – I was part of a working group, the intersectionality working group, and there was a one-on-one sort of like meeting interview. Then I went to a presentation at the reference group of some materials that had been developed, and at no point was cultural safety named. At no point were the issues in relation to Aboriginal women and safety raised, and considering this is about intersectionality and what courses and what information would be provided within this, I was quite gobsmacked, and I actually went to the person – the two people that were involved and said, "Where did that information go?" (Focus Group, ACCO Service Provider, 09.10.19)*

> *I would say that we have questioned it [FVISS] as an ACCO being culturally appropriate and culturally sensitive. That's been quite an issue. And also, it seems to be - what's happened is, the training has developed once again along with policy and guidelines [rather than in advance of it]*

and we're all trying to grapple with it as a sector. So, that's been the huge challenge again. (Expert Interview, ACCO Service Provider, 17.12.19)

There is widespread concern among those providing services to Aboriginal people that there are inadequate services to address existing and emerging service needs. While cultural understanding, protocols and safeguards are present at a policy level, the widespread view is that they have not yet been sufficiently embedded in practice. Policies and training designed to address unconscious bias, embed cultural safety and family and community connection for Aboriginal children have been developed and delivered to Child Protection workers. However, these have not allayed concerns that the FVISS in combination with the CISS will reinforce patterns of response which have tended to see child wellbeing and safety in isolation from gendered and culturally informed understandings of both family violence and child wellbeing and safety. Participants feared that the information sharing schemes could have adverse consequences for Aboriginal victim/survivors, particularly Aboriginal mothers, experiencing family violence.

Yeah, we're seeing that women are punished by Child Protection for accessing assistance for family violence. And when there's unconscious bias across the board in system responses through policing and Child Protection, we can't risk that. And so that's a gap for us. (Focus Group, ACCO Service Provider, 09.10.19)

The sequencing of MARAM vis a vis the FVISS, was identified as an issue across the Initial Tranche, Phase One and all sectors within these (See section 8.4.3) and was linked to concerns about Child Protection for those supporting Aboriginal women.

In the next six months when women start hearing about MARAM, will the choice be "I'll go back behind the veil because of the risks [of reporting family violence] are too great"? (Focus Group, ACCO Service Provider, 09.10.19)

A second area of concern was the impact of the CISS and the FVISS on obtaining consent from adult victim/survivors where there are concern about children's wellbeing or safety or risk of family violence. The Ministerial Guidelines on the FVISS, in line with specialist family violence services, were clear that seeking consent from victim/survivors remains best practice in cases where children are involved. The CISS Ministerial Guidelines require organisations sharing information in a family violence context to comply with the FVISS Guidelines. Regardless of these policy settings some ACCO believed that the FVISS and the CISS, with its emphasis on proactivity and obligation, created a context of concern for Aboriginal women experiencing violence in relation to their agency and autonomy when disclosing family violence and safety planning. The intention of the Scheme, as the FVISS Ministerial Guidelines make clear (see Chapter 7 of the Guidelines), is not to reinforce the continuing history of child removal for Aboriginal mothers. It is important to note however that there is often a gap between policy *intent* and policy *outcomes*. Aboriginal service providers observed that the experiences and histories of Aboriginal victim/survivors, with family violence systems and the potential for Child Protection involvement and particularly removal of children as an outcome of family violence disclosure, as well as the history of interaction with other regulatory and government agencies and systems, has created a significant legacy of distrust. This legacy means that women were alert to, and fearful of, system responses that they did not feel they had control over or trust in. Holder et al. (2017) found that 'good service contact' for Aboriginal women focused on active listening, support for children and men as part of the response, quiet time to think and process events, and on-going connection with their chosen agency rather than referrals.

Participants considered that the emphasis on family violence information sharing and the implementation of FVISS and CISS together has created perceptions amongst ACCO that Aboriginal women's agency and autonomy is potentially compromised.

Recommendation 3
The strategies that Family Safety Victoria has put in place to ensure that Aboriginal perspectives are included in the FVISS and MARAM reforms, including sector grants, working groups, the Dhelk Dja partnership forum, regional coordinators and Aboriginal Practice Leaders at Orange Door sites should continue to be funded and resourced.

Recommendation 4
In order to ensure best practice support for Aboriginal people experiencing family violence, increased funding should be provided to ACCO to address existing and emerging service needs associated with family violence reforms generally and the Family Violence Information Sharing Scheme in particular.

Recommendation 5
ACCO need more resources to contribute to the development and delivery of training on Family Violence Information Sharing so all training builds cultural safety and competence across all mainstream services in order to better support good outcomes for Aboriginal women and children experiencing family violence.

What were the key barriers and enablers for implementation?

A significant barrier to the effective implementation of the FVISS is workforce training and capacity. Issues such as family violence risk literacy, timely access to training, organisational capacity to develop and embed new systems for information sharing, and enhanced workforce capacity to deal with new obligations and responsibilities have been identified across all sectors involved in the Initial Tranche and Phase One. For ACCO, these barriers have created acute impacts in a number of key areas, including insufficient number of Aboriginal workers, training, and organisational resourcing.

A dearth of workers from First Nations communities was a key aspect here.

> *Part of the Royal Commission is recommendation 209, which is about the workforce. Everybody knows that Aboriginal people are the most under-represented workforce. So just in relation to that, trying to actually have Aboriginal women employed that are going to meet the qualifications and/or to keep the cultural issues alive, et cetera, it's not going to happen at the rate it's going. (Focus Group, ACCO Service Provider, 09.10.19)*

A second issue was the design, delivery and location of the FVISS training. For First Nations participants, issues of cultural safety impacted further on the accessibility and efficacy of the training provided.

> *A1: When [FSV] are contracting about this training, they need to, and they are talking about it now. They've realised there's been a lot of feedback. So, they're actually looking about who can be the contractors. And if they're going to be the contractors, then they actually need to have the staff capacity to be able to roll this training out as a State-wide training.*

A2: And also looking at the cultural element of the training, not just rolling it out as a standard package.

A1: Yeah. And have some ACCO involved in it maybe, because that's been quite an issue and also being flexible of where they're going to do the training. So, we would like the training to be done for all of our . . . staff in as not a general mainstream training. We have the staff here that we need to do it within [an ACCO] for staff to feel safe as well. (Expert Interview, ACCO Service Provider, 17.12.19)

The third issue related to the resourcing of information sharing organisational change and the additional layers of action required to address cultural safety in such change. This was seen as a major barrier for the effective implementation of FVISS for ACCO by all participants.

But the funding, I have to tell you, when we are embedding MARAM and information sharing, for the change that needs to happen, …., there needs to be a much larger investment of resources from government. And that it's only two years, while we're still waiting for the development of many other resources from government, and we're trying to implement it . . . With that, with the resources being an ACCO, we have also needed to seek consultation about making sure that the resources are culturally appropriate and sought the consultation from Aboriginal staff and community as well. (Expert Interview, ACCO Service Provider, 17.12.19)

This work was seen as impacting particularly on a stretched ACCO workforce and service sector especially when they were not always confident in their relationships and interactions with other agencies.

With such limited resources we have. We're absolutely on the bones of our bums trying to sort of keep these services going and across – seven services across that magnificent map of where people are. And you see all the money that's just going down the drain. It really is. And it will amount to nothing in five, ten years, time. For me when I think about is the Scheme working as intended, the two biggest things that come to mind that are barriers are relationships between services, like I think it's been severely underestimated how poor some of the relationships between the services are. And I have some agencies that are just like they'll get a request and they're like I just won't share because I don't like that service and I don't trust what they would do, even with a legislated responsibility that you must share. So that's a huge barrier. (Focus Group, ACCO Service Provider, 09.10.19)

The role of legal services as a primary form of response emerged as a complex and contentious area in information sharing. For ACCO focused on providing specialist support to women who were experiencing family violence and had children, the practice of providing access to legal advice and information in conjunction with initial disclosures of family violence had emerged as a key protective response given patterns of Child Protection interventions and their outcomes. This integrated approach to safety planning was seen as both valuable and central to women's on-going engagement with all services. While legal services are not prescribed under the FVISS, participants argued that for Aboriginal women, disclosures of family information needed to supported by ready access to legal support because of concerns about child removal linked to such disclosures. Research funded by ANROWS, W*omen's specialist domestic and family violence services: Their responses and practices with and for Aboriginal women: Key findings and future directions* (Putt et al. 2017), found that clear and immediate advice about criminal and civil proceedings was very important in providing effective services for Aboriginal women across Australia. In our Review, participants expressed concern that the obligations of information sharing and the

opportunities for information to be requested could or were working to undermine the necessary wrap-around service provision specific to First Nations women experiencing family violence.

Has the Scheme resulted in increased levels of relevant information sharing between prescribed agencies?

This question did not produce any direct distinctive data relevant to the experiences of First Nations people. General findings including quantitative data about altered levels of information sharing can be found in section 8.7.

Has the Scheme led to improved outcomes for victim/survivors and increased the extent to which perpetrators are in view?

There is no clear finding in relation to this question. There were mixed views amongst ACCO about the advantages and disadvantages of the Scheme generally and in terms of victim/survivor safety and perpetrator accountability. On the one hand the FVISS was seen by some services as leading to better processes for and engagement with perpetrators. However, concerns were raised about the ongoing criminalisation of Aboriginal men. In addition to this the dichotomous language of perpetrator and victim/survivor was not always considered appropriate when referring to Aboriginal people.

There was contradictory qualitative data from ACCO on improved outcomes from information sharing. Some services reported more effective levels of engagement with perpetrators and were very positive about the enhanced processes arising from the new systems. Others identified workplace pressures and women's disengagement from services as likely or potential adverse outcomes and were generally negative about outcomes for victim/survivors.

The distinction between victim/survivors and perpetrators has been identified as problematic in terms of responding to family violence experienced in First Nations communities. Concerns about the criminalisation of Aboriginal men and more complex patterns of family violence arising as outcomes of colonisation, means this binary language and approach is not necessarily considered useful in offering services to Aboriginal people (see, for example, Domestic Violence Victoria et al. 2018).

Has the Scheme had any adverse impacts?

The Scheme has had the adverse impact of contributing to the fear of Aboriginal mothers that Child Protection may become involved if they report family violence or engage with mainstream services and that such involvement will lead to negative consequences, particularly child removal.

As detailed above, there was considerable concern that the FVISS in combination with the CISS was creating risks that Aboriginal mothers reporting family violence would have their information shared with Child Protection and as a result risk having their children removed. The cases below were provided by ACCO to demonstrate what they consider the adverse impacts or potential impacts of the FVISS. Although not all of these case studies are directly linked to FVISS, each of the cases highlights fears about child removal and how this contributes to the distrust of and disengagement from health, welfare and family violence services by Aboriginal women experiencing family violence.

Pregnant client presented to emergency after seeing a GP at a local service. When she arrived, Child Protection Services were waiting for her after a report had been made regarding her children. Client now refuses to attend this medical service (an ACCO) due to loss of trust.

Ms A was a child in care herself. She was pregnant but did not seek any assistance until very late in her pregnancy. Hospital staff contacted DHHS because of her lack of engagement with health services earlier in her pregnancy. The midwife suspected family violence after overhearing a conversation between Ms A and the father of her child. DHHS removed her child shortly after birth. She lost trust with all services after the midwife had exchanged information with DHHS. She came to Djirra and said to us "I don't trust anyone to know my business". At first, she would not tell us much as she thought we would report to DHHS. Initially she refused assistance from any other service. Eventually she accepted a referral to an Aboriginal Family Services agency. However, making the referral took considerable time due to the adverse impact her experiences at the hospital had on her capacity to trust.

Ms B told a community support worker from DHHS about family violence she was experiencing. As a result of this disclosure Ms B's children were removed. Ms B told the worker about family violence because she wanted help, but she says she won't do that again.

Ms C put her children into the care of relatives while she sought assistance with mental health issues. One of the relatives contacted DHHS to say she could not manage Ms C's children so DHHS removed the children and put them on Child Protection orders. Ms C is now reluctant to talk about her mental health issues or seek treatment.

Recommendation 6

In order to ensure that Aboriginal people receive culturally safe and appropriate services when they disclose family violence the continuing shortage of Aboriginal workers in the family violence sector should be addressed urgently.

Recommendation 7

In consultation with Aboriginal organisations, Family Safety Victoria should ensure that there is an annual forum or other opportunity where key stakeholders consider any adverse impacts of the Scheme on Aboriginal people. This forum or other opportunity should specifically consider the impacts of the Scheme on mothering and any issues related to Child Protection.

Conclusion

Policy documents related to the FVISS, particularly the Ministerial Guidelines, recognise the unique position of Aboriginal people and the continuing history of colonialism and colonial relations of power. The MARAM framework Principle 7, for example, maintains that:

> Services and responses provided to people from Aboriginal communities should be culturally responsive and safe, recognising Aboriginal understanding of family violence and rights to self-determination and self-management, and take account of their experiences of colonisation, systemic violence and discrimination and recognise the ongoing and present day impacts of historical events, policies and practices (Domestic Violence Victoria et al. 2018).

The specific and distinctive impacts of the FVISS on Aboriginal people and on ACCO are clearly grounded in the heavy and enduring legacy of colonisation. Where information has been shared about Aboriginal people it has not typically been for their benefit. Overcoming the legacy of distrust and addressing the attitudes and professional practices that sustain and reflect this history is not straightforward or short term. The policy intent to support rather than further disadvantage or harm Aboriginal people is evident. In addition to this, there are some strategies in place designed to embed cultural safety in FVISS practice and to resource ACCO in the complex and layered changes required by the FVISS. This resourcing and these strategies need to be maintained and strengthened if the Scheme is to achieve its goals of improving safety for *all* victim/survivors and their children. At this time, the ongoing legacy of surveillance, particularly in relation to mothering, is inhibiting the effective and optimal operation of FVISS as a measure to support the safety of Aboriginal women and children. Importantly these conditions may be impacting on women's decisions, particularly mothers' decisions, to access services when they experience family violence.

8.3 Has the Scheme been implemented effectively to date?

These findings relate specifically to the central support that has been provided mainly but not exclusively by FSV. It includes training, Ministerial Guidelines, an Enquiry Line, sector grants and Practice Guidance. There is solid evidence that the Scheme's implementation has been broadly effective. There are lessons for effective implementation that can be used to improve implementation to Phase Two. The effectiveness of training has been variable, due to the interlinked issues of availability and accessibility, timing and sequencing, quality and communication. The sector grants have been a critical component of effective implementation and will be important to assist the ongoing process of implementation to each phase of the rollout and to support the extra organisational activity produced by the Scheme. The Enquiry Line provides an important support mechanism and should be continued and expanded in anticipation of Phase Two. The Ministerial Guidelines provide a firm foundation for the Scheme's policy framework. The Practice Guidance now available to organisations is extensive and will assist Phase Two implementation. However, Phase Two timing will need to take into account the need to develop sector specific Practice Guidance.

There are a number of aspects to effective implementation. Implementation takes place at a policy level, a practice level, within ISEs, in specific sectors or types of organisations, across the Initial Tranche and Phase One and state wide. FSV is responsible for the FVISS and coordinating its implementation. However, implementation is necessarily operationalised across various government departments, across sectors, and within organisations. Implementation is at different stages amongst the broad range of ISEs and has been operationalised with differing levels of effectiveness across sectors and within organisations. In the Initial Tranche and Phase One, a total of 857 organisations were prescribed across 19 different organisation types involving a total of c.38,000 workers. Variation in the effectiveness of implementation is inevitable. Broadly at this stage, implementation has been most effective to the Initial Tranche and is most obviously successful and advanced at the policy level. The family violence risk literacy in the Initial Tranche ISEs meant that they were in a good position to absorb the Scheme and translate it into practice in ways that other less specialist organisations in Phase One could not. In addition, Phase One organisations have not had the same amount of time to implement and currently do not or did not previously have the family violence risk literacy that is foundational for family violence information sharing. Despite tight timelines and the challenges of being the first to use the Scheme, by the second period of data collection most Initial Tranche ISEs appeared to have effectively embedded the Scheme in

their operations. Some Phase One organisations noted they were still in the very early stages of implementation nearly a year after being prescribed and many still lacked any training in family violence risk assessment.

The surveys provide some suggestive aggregate data in relation to effective implementation. Across both Survey One (prior to implementation) and Survey Two (after implementation) the majority of participants were aware of the FVISS: this had improved over time from 83.30% to 92.97%.

Respondents in Survey Two were asked, "Do you think the Family Violence Information Sharing Scheme (FVISS) has changed your practice or views in relation to sharing information in the last twelve months?" Their responses were overwhelmingly yes (72.73%, compared to 16.23% answering no and 11.04% selecting unsure). When asked why, the comments typically pointed to four key issues, each of which suggest effective implementation of the Scheme:

- More efficient
- Better information and therefore better practice and support
- Better collaboration
- Better outcomes for victim/survivors

The high and increased levels of awareness about the FVISS over time and respondents' views that the Scheme has led to positive changes in relation to family violence information sharing practice and outcomes suggest that implementation has been broadly effective. There is significant evidence set out under section 8.6 in relation to the barriers and enablers of the Scheme, section 8.7 in relation to levels of relevant information sharing, and section 8.8 in relation to the outcomes of the Scheme that indicate that the Scheme is operating effectively, supporting improved family violence risk assessment and improved outcomes in terms of perpetrators being held in view and assisting to keep women and children safe.

This section of the Report focuses on the effectiveness of implementation through the lens of the support and coordination provided primarily but not exclusively by FSV. These aspects of implementation include:

- Training
- Ministerial Guidelines
- the Enquiry Line
- Sector grants
- Practice Guidance

Training

The need for training is frequently identified in existing research (see section 7.9) as a key to building organisational cultures and workforce confidence to share information appropriately under relevant legislation. In line with this there was general consensus amongst all participants that training is central to effective implementation.

There has been a host of different face-to-face training and on-line training options related to the FVISS provided directly to Initial Tranche and Phase One since February 2018. In addition, many organisations, services, sectors and government departments have tailored existing training to their needs and organised internal training delivery. The training of tens of thousands of workers is clearly a major challenge that will continue into Phase Two where there is a much larger pool of workers.

There are some broad quantitative indications of the effectiveness of the training. The Initial Tranche training evaluations indicate that most attendees were positive about training commissioned by FSV and considered the information they received did enhance their understanding of FVISS. Most attendees reported better understanding and increased confidence in the implementation of the FVISS after training. Likewise, in the training evaluations report for the two-day face-to-face training, led by DET but developed in partnership with FSV and other government departments (delivered October to December 2018) covering both the FVISS and the CISS, the majority of attendees reported that the training increased their understanding of information sharing. Overall attendees at the two-day training [hereafter referred to as 2018 Whole of Victorian Government training] reported they found the training very valuable, with most rating the training and trainers, their understanding of the information sharing reforms and subsequent confidence to appropriately share information as medium to high or very high. The rating for the response to 'How do you rate the training overall?' was 77 percent from medium to high, with 37 percent selecting high and 39 percent medium; seven percent rated their overall impressions of the training as very high and 11 percent rated it as low (Department of Education and Training Evaluation Report 2019).

The subsequent one day DHHS Information Sharing Schemes face-to face training (May to October 2019), available exclusively to DHHS workers, was rated highly or very highly by 91% of attendees.

The high level of satisfaction with the DHHS training is consistent with the qualitative feedback, set out under the relevant sections below, which indicates that training improve markedly from 2018 to 2019. Survey Two indicated that 83% of respondents (n=154) had received FVISS training. While these survey results do not indicate what particular training those respondents undertook, 70 percent indicated the training was useful.

The qualitative comments in Survey Two, the interviews and focus groups and the Whole of Victorian Government training evaluation report, provide more nuanced understanding of the effectiveness of the training and lessons for Phase Two. The survey respondents and other participants that provided critical feedback on training were concerned mainly with training:

- Availability and accessibility
- Timing and sequencing
- Quality
- Communication

Each of these is considered below.

It should be noted that the physical distancing requirements of COVID-19 may impact on future training and the training of Phase Two workers. At time of writing, these impacts cannot be predicted with any certainty. The following discussion and recommendations with regard to Phase Two training should be read taking into account the uncertain impact of COVID-19.

Availability and Accessibility

The limited availability of the training prior to the prescription of ISEs and some issues with accessibility of the training impacted on the effectiveness of the implementation of the Scheme.

A number of participants talked about the training opportunities and the volume of training available as a positive.

> *I think there have been many opportunities for practitioners and managers and team leaders to participate in training, to understand what the reform means. (Expert Interview, Specialist Women's Family Violence Service, 11.09.19)*

However, despite the availability of a host of centrally (Whole of Victorian Government or DHHS) face-to-face, on-line training and tailored training provided by sectors or departments, it was more frequently reported that there was not enough timely training for all those who wished to access it.

> *It's difficult to get into, and I think that people are a bit nervous about when they need to have done the training by. (Focus Group, Mixed, 03.09.19)*

> *I think probably earlier days of training, as you said, it was quite difficult for even with how you book in. So, we had limits on how many could go. (Focus Group, Mixed, 03.09.19)*

> *I think there's been a bit of a traffic jam trying to get into training. (Focus Group, Mixed, 03.09.19)*

There was also the suggestion that less than optimal communication about training options and availability may have in some cases impacted on accessibility.

The Whole of Victorian Government training evaluation report indicates that communication about face-to-face and e-Learning was 'not optimal' and that this may have negatively impacted training accessibility. The report included the following attendee feedback.

> We could have registered all of our MCH nurses to attend the training but were restricted. This was extremely frustrating as there were not many people at the training. The ELearning could have been more broadly advertised to promote attendance (Department of Education and Training Evaluation Report 2019).

There was appreciation of the multiple regional training opportunities and positive recognition that these were valuable and necessary. Organisations and services in regional areas, however, experienced some additional issues. The regions emphasised the importance of the availability of face-to-face training for workers. The following example refers to the difficulty of Skype hook ups but was put forward by participants to make a broader point about the difficult of any training that relies heavily on an internet connection.

> *This is a perfect example [the failure of technology to remotely link to Focus Group participants in one region to another region 70 kilometres away] of why we need face-to-face training because this is our struggle, this is our reality. People say, "You can Skype. You can do this." Again, in Melbourne, maybe you can Skype from Coburg to Preston but here, we cannot Skype from A to B with any reliability. Imagine if those people were trying to do a training course for a whole day, going, "Can't really hear, can't understand. Missed most of it". (Focus Group, Mixed, 03.09.19)*

Participants from regional areas, however, also raised concerns about the locations and travel times for face-to-face training. They felt strongly that their locations, and in some instances, relative isolation were not factored into the training schedule. A full day nine-to-five training session could involve two hours travel each way for those working outside large centres. They saw this as hindering accessibility, creating considerable additional work costs, as well as occupational health and safety issues when travelling long distances at night in areas with unreliable mobile phone reception.

On-line training was considered an important resource with participants often linking the accessibility of training to the type of services they worked in and pointing to the need for a range of training options.

> *The training was quite inadequate because what you're aiming to do is that most organisations are predominantly set up for operations. So to take a whole day out of operations to go to training is actually not achievable for most practitioners, so it would've been more useful to have had a mix of learning materials so the knowledge in and online disseminated and managed within organisations, webinars and in smaller chunks, so an hour of multi-agencies getting together on a webinar about how this would actually work. (Focus Group, Mixed, 23.08.19)*

> *By offering them the online training means that what they can do is work around … Because our staff work different hours, because they've got to run groups in the evening and things, so that makes it really complex about trying to access some training. So being able to do that really helps. (Manager Interview, Multi-agency, 08.08.19)*

It was noted by some participants that a wider range of training resource materials were progressively becoming available. A short introductory video on YouTube by FSV, for example, was considered a useful contribution to in-house workforce training and for use at forums and the like. The need for a flexible and innovative mix of resources and training materials will become even more critical in Phase Two, which includes a large number of front line services and services where family violence is not central to the day-to-day work of organisations and services.

Many participants referred to decisions to tailor training information for their workplaces and/or passing the knowledge gained in training onto others in their own workforces after attending the training themselves. This is a practical strategy in light of the need to target training to the needs of particular workforces, the challenges of centrally providing the quantity of training that is needed prior to ISEs being prescribed, and the limited pool of qualified trainers. A number of participants noted that this process of passing on information to their colleagues or developing training in their own workplaces would have been more effective if they been supplied initially with a high-quality package of materials to accompany the training (see below on training quality).

> *What probably would have been really useful then was if there was something that could have been taken away is materials to train in your own organisation. And we took away the materials that we did have, but we kind of changed it a bit, and varied it to do our own in-house training. But if there had of been a package available, I think that would have been a really efficient way of being able to roll that out. (Focus Group, Mixed, 03.09.19)*

Timing and Sequencing

A major concern across all focus groups and interviews was that training was not sufficiently available, or available at all prior to implementation of the Scheme. This led to the feeling that 'organisations were running behind to catch up' (Manager Interview Specialist Women's Family Violence Service 05.09.19). Another typical comment about the timing of training was that 'we're getting one thing [prescription to share] before the next; the training rolling out way after we need it to roll out' (Focus Group, DJCS, 19.09.19).

In the Initial Tranche, there were less workers trained prior to those ISEs being prescribed than initially planned. In Phase One no workers were trained until after their organisations were prescribed (see section

8.4). Not all Phase One workers had been trained in FVISS a year after being prescribed: the majority still did not have any family violence risk training.

Apart from training for the majority of workers taking place after the prescription of their organisation or service, the provision of FVISS without the availability of MARAM training was considered a major issue related to the effectiveness of the training and the effectiveness of the implementation of the entire Scheme, particularly for Phase One (see also sections 8.4 and 8.6). It is widely accepted that an understanding of family violence risk is essential for effective family violence information sharing. The MARAM training was considered critical for Phase One organisations because, unlike Initial Tranche workers, Phase One workers had no or very limited family violence risk knowledge. This issue is addressed in more detail in section 8.4.

In the absence of substantive MARAM training which would have provided base level family violence literacy for Phase One ISEs, many of these organisations were not adequately prepared to participate in the Scheme a year after they had been prescribed.

> *So, I think it's going to take a long time before this [family violence information sharing] starts to happen because the context is not developed yet. (Expert Interview, AOD, 14.08.19)*

> *I think that because those schemes [MARAM and FVISS] are out of sync, and particularly for AOD, mental health and all those other workforces that are prescribed but aren't specialist services. The family violence literacy, it's not there yet, so because there's no MARAM training, the tools and the practice guides have only just been released. It's made it really difficult, I think, for those sectors to implement effectively. (Manager Interview, AOD, 20.09.19)*

The data gathered on the effectiveness of training to the Initial Tranche supports the conclusion that the effectiveness of the FVISS training was undermined by the lack of family violence risk training. A relatively small percentage of Initial Tranche workers undertook the FVISS training without having had any risk assessment CRAF training. The training evaluations for the Initial Tranche found those who had previously undertaken CRAF training rated their understanding of the new FVISS more highly than those without CRAF training.

Timelines for the development and delivery of the training were a major issue for the Initial Tranche and Phase One. Short timelines for the development of training, which was occurring concurrently with the development of practice guidance and other materials relevant to the Scheme, resulted in major challenges related to developing quality training. The Training Evaluation Report in for the Whole of Victorian Government training in 2018 notes:

> The rapid preparation . . . meant there was no time to assess its feasibility in terms of practice or logistics prior to delivery (i.e. a pilot 'market' testing wasn't undertaken) (Department of Education and Training Evaluation Report 2019).

Recommendation 8
Timing and sequencing issues must be addressed before the prescription of Phase Two organisations in order to allow for the development of quality training content, including quality accompanying materials. Adjustments from piloted training need to be made prior to prescription. Training timelines will need to take into account the limited number of family violence expert trainers.

Quality

Variability in the quality of different training was a consistent issue.

> *Really [the quality] depended on which training people went to. There was some training that people just said, that was a waste of time "I don't know why I went". And other training people said, "that was fantastic, really helped me, got a lot out of it". So, it was very varied. (Manager Interview, Mental Health, 03.09.19)*

> *The two-day initial training was confusing and convoluted, didn't allow people to be able to digest it and bring it back in-house, so it pretty much didn't support that knowledge getting transferred in-house. (Focus Group, Mixed, 23.08.19)*

This variability in the quality of the training was observed in both face-to-face training and on-line training.

There was a commonly expressed view in focus groups, interviews and in the qualitative comments in Survey Two that training quality improved over time.

> *I think the training at the start was a bit complicated, and I've been to more recent trainings which are less complicated and better. So, the ones that I've been to that particularly more recently combined the family violence info sharing, the children's information sharing, was really well done. They pulled out a lot of the detail that I think was just confusing people and made it quite clear. So, I think that was great. (Manager Interview, Specialist Women's Family Violence, 19.08.19)*

> *The DHHS training that is out there I think is a big improvement. [on the earlier two-day training] (Focus Group, Mixed, 23.08.19)*

> *What we are hearing from people who attend the training package or the one-day sessions that we're doing is that they're leaving with an understanding that they didn't have before, even if they had already done other [two- day] training last year [in 2018]. (Manager Interview, Department of Health and Human Services, 23.09.19)*

> *The new one day training is good and answers the questions that were not addressed in last year's [2018] training. (Survey Two)*

A positive trajectory in relation to training quality is welcome. To some extent the improvement of training overtime is to be expected as critical feedback from attendees is incorporated, and trainers become more familiar with the content. In the case of the initial FVISS training the rushed nature of the implementation

generally (see section 8.6) and the timelines for training development and delivery in particular were significant in terms of the quality of initial training.

As indicated above, Survey Two recorded that 70 percent of respondents who had undertaken FVISS training indicated it was useful (though these responses do not link to specific training). When asked why training was useful, respondents generally used terms such as 'provided an understanding', and statements such as:

> *Good information. (Survey Two)*
>
> *Informative and educational. (Survey Two)*
>
> *It was good to workshop so I could understand how it would function in practice. (Survey Two)*
>
> *Provided more information on what to request. (Survey Two)*
>
> *It was clear and the resources were good. (Survey Two)*
>
> *It provided guidance to when, what and how to share information safely and for the correct purpose. (Survey Two)*

For the 30 percent of respondents to Survey Two who said that training was not useful the qualitative comments reflected four consistent concerns. These concerns align with the themes articulated in the focus groups and interviews, specifically:

- Training was insufficiently tailored to diverse practice needs
- The training was insufficiently practical
- Trainers not subject matter experts
- The content was unclear, incomplete or confusing

The quality of the 2018 Whole of Victorian Government training was considered a major challenge for specialist family violence services but of particular concern for Phase One ISEs with very limited family violence risk literacy. Some participants' comments suggest that perceptions of the poor quality of that training, and peer to peer communication that it was a 'waste of time', may have impacted on the number of people who attended that training and potentially subsequent training even though it was widely acknowledged the training quality improved significantly in 2019.

> *So, I feel like that – like when we're telling staff it's very different [more recent training]. It's much better than the last time. Because they are like 'Do we have to go and do that again? (Manager Interview, Child Services, 18.12.19)*

The major quality issues in the training are addressed separately below.

Training insufficiently tailored to diverse practice needs

A number of organisations undertook tailored training for their workforces, including Victoria Police, DHHS, and the Department of Justice and Community Safety (DJCS). In addition to this Whole of Victorian Government training was available. Cross sectoral training has a number of advantages. It potentially contributes to a common language, common understandings, a community of practice, allows for networking and builds trust between sectors, all of which is important for effective implementation. However, in order to achieve these advantages training has to be carefully structured so that attendees

from different practice backgrounds and sectors are accommodated. Skilled trainers are knowledgeable about strategies to overcome the challenges of diverse practice groups. Such strategies may include, for example, opportunities for small group work. Respondents to the survey and participants in interviews and focus groups maintained that the training, particularly the 2018 Whole of Victorian Government training, was not designed with attention to the diverse practice backgrounds of attendees.

> *[It] needs to be more specific to Financial Counsellors and how we can use it in daily practice. (Survey Two)*
>
> *It wasn't specific to my role; we do not case manage and it is difficult to relate. (Survey Two)*
>
> *It's pitched so low [the Victorian Whole of Government training]. (Expert Interview, Specialist Women's Family Violence Service, 12.08.19)*
>
> *You've got specialist practitioners in the room. Don't assume they are content free. Think who your audience is, target the training for the audience. (Manger Interview, Specialist Women's Family Violence Service, 05.12.19)*
>
> *It wasn't pitched appropriately for the level of different people . . . It was just everyone to attend and, if you had already done some of those consultations, it wasn't meaningful. (Manager Interview, Multi-agency, 25.11.19)*
>
> *I think it would probably have been good to have just a housing training as opposed to whole of DHHS training . . . Because I mean my understanding is people weren't 100 percent clear how to apply it to their jobs. (Manager Interview, Homelessness Service, 17.09.19)*

Training, especially the 2018 Whole of Victorian Government training, was criticised both for not recognising prior family violence knowledge and for assuming such knowledge.

> *Don't assume people have come from a position of knowledge about risk and about what family violence is. I've found a lot of the training is really centred towards that, and I come from a position of no knowledge. (Focus Group,* DJCS*, 19.09.19)*
>
> *It [training] treated practitioners like they were, they didn't have content knowledge, they didn't have practice wisdom. (Manager Interview, Specialist Women's Family Violence Service, 05.09.19)*

While these two perspectives appear contradictory, they point to the need for cross sectoral training to be designed and delivered by skilled trainers capable of implementing strategies to incorporate and engage with a diversity of attendee knowledge, experience and practice contexts.

Quality of training issues associated with perceptions that training was not targeted for diverse attendees were linked to concerns about the lack of sufficient practical content in the training.

The training was insufficiently practical

A consistent theme was that training was insufficiently practice focused and needed to include more case examples, practical exercises and group work. This is in line with research indicating that experiential learning is most suitable for adults (see Merriam & Bierema 2013).

Did not provide specific information about practice. It said that workers needed to make an informed decision about what to share and when, which was very unsettling for workers. (Survey Two)

They [the training] were more like an info session rather than actually getting into the nuts and bolts of what was required within the context of info sharing. (Expert Interview, Specialist Women's Family Violence Service, 12.09.19)

I went to a full day's training with a group of other agencies and it was - I felt - inadequate. There was a whole lot of highly pessimistic process stuff talked about and then when we got to the syndicate work about nothing about how information sharing would actually work or the kinds of information we might be seeking and how we'd go about finding that out. There was almost no time for it. (Focus Group, Mixed, 23.08.19)

The evaluation of the 2018 Whole of Victorian Government training noted that:

> The repetitive nature of the materials . . . meant many participants felt the training could have been delivered in one day with most modules being prescribed as pre reading and the focus shifting to case studies, role plays and networking which was repeatedly noted as the most significant benefit of the training (Department of Education and Training 2019).

The consistent view from participants that the 2019 one day DHHS training was a significant improvement over the earlier Whole of Victorian Government training suggests this feedback was taken on board.

Trainers were not subject matter experts

Some trainers were perceived to lack expertise in family violence and in the details of the Scheme, meaning they could not effectively deliver training.

Needed . . . to be delivered by trainers that have a sound understanding of family violence practice. (Survey Two)

Trainers were not immersed in the Scheme, unable to answer questions or talk to scenarios. (Survey Two)

The facilitators did not understand practice, risk or the Scheme and it was hastily administered and delivered. (Survey Two)

Non-specialist networks were brought in to deliver the training and our understanding from some of the feedback was that that became quite problematic as well because even if curly Qs or live practice things got raised on the day, there wasn't that expertise in the room. (Expert Interview, Specialist Women's Family Violence, 12.09.19)

It was very poorly run. The facilitation was extremely poor. (Manager Interview, Child Services, 18.12.19)

The challenge of sourcing a sufficient number of trainers with family violence expertise to deliver FVISS training is likely to continue. It is estimated that there are only 100 trainers in Victoria who are specialist practitioners with knowledge of family violence.

Recommendation 9 Those engaged to deliver training should be both expert trainers and experts in family violence. A distinct training pipeline for expert family violence trainers will need to be established to serve the training needs of Phase Two.
Recommendation 10 In order to be effective cross sector training needs to be more oriented towards experiential learning based on best practice adult education strategies, such as case studies and practice specific exercises.

Content unclear, incomplete or confusing

In conjunction with concerns about the quality of the trainers, concerns about the content, clarity and focus of some of the training was a consistent theme across survey, interview and focus group data.

> *One training [program] advised having formal requests and others have informed me of just case noting it...hard to know which is the correct way. (Survey Two)*
>
> *The training did not make me feel informed or confident in using the FVISS. (Survey Two)*
>
> *Confusing and hard to apply. (Survey Two)*
>
> *Notes/written materials didn't match with what was delivered. (Survey Two)*
>
> *The thing that horrified me the most was in the two days' training . . . they didn't mention the policy intent of keeping perpetrators in view and making them accountable the whole time. (Expert Interview, Specialist Family Violence Service)*

There were comments about training in relation to the FVISS and the CISS and the practice implications of this.

> *Certainly, the training I did - did not help with that separation act [between the two information sharing schemes]. They did cover them separately but really, they kept referring back to information sharing as a whole and talking about the schemes and it was very confusing at the very beginning. (Expert Interview, Specialist Women's Family Violence Service and AOD, 20.09.19)*

The following participant comments raised questions about the practice related content of the training and the importance of a nuanced understanding of family violence risk.

> *There was some training where one of our [MBCP] facilitators went off to . . . and the trainers were sitting there making claims about the fact that we would share information about giving weekly updates about the men's progress in the group as part of information sharing. And I've actually followed that up and said, "No, because we share information around risk and it may actually increase the risk or expectation if we share inappropriate information". The person that is most likely to be aware of the change – we're not the experts – that woman or family member that is exposed to the violence is the one that's best to determine". We had men come along to the group and you just think to yourself, "Oh, God. He's so hard. He's difficult". Each week you've got to work really hard and you think you're not making progress and you hear back from the*

woman that, in fact, the violence is reducing, so something is happening. You get men that come along and they're saying all the right things, they've seen the light, and you hear back from the woman, "No, the violence is not - " So it's hard to determine based on that. (Manager Interview, Multi Agency, 08.08.19)

The concurrent introduction of the CISS and the FVISS was considered to have contributed to confusion amongst training attendees about which scheme should be used, particularly for those not expert in, or without previous knowledge of, family violence.

The feedback from people working on the ground who have no previous knowledge, which is which and really confusing and consent requirements from one to the other and then thinking, 'Why do we have family violence information share? [C]ouldn't we just override [with] the children's anyway?' So, it would be much lower [consent] thresholds and less restriction and all of that ... (Expert Interview, Specialist Women's Family Violence Service and AOD, 20.09.19)

Addressing the legislatively correct approach to obtaining victim/survivor consent when the information in question relates to family violence risk, including specific reference to the best practice approach set out in the FVISS and CISS Ministerial Guidelines, will be critical to include in future information sharing training.

Recommendation 11
All training and training materials need to emphasise the circumstances in which it is appropriate to use either the FVISS or the CISS and that both schemes have the same consent requirements. In particular the Ministerial Guidelines on this issue should be highlighted and practical exercises and case studies should be developed focused on this aspect.

Communication about Training

Communication about who should go to what training when was considered a major issue for Initial Tranche workers in the first period of data collection. This resulted partly from a change in the training strategy and subsequent communication about that change (see section 8.4). Such issues arose less frequently in the second period of data collection, suggesting that communication strategies had improved for Phase One.

However, there were residual concerns about communication linked to training, about who should go (see accessibility above) and confusion around whether training was a prerequisite to sharing family violence information.

[A] lot of questions coming up around: do we have to have done the training to be able to share information? And officially the answer is yes. Unofficially, we know that we're not going to train every practitioner for it to happen. (Focus Group, Mixed, 23.08.19)

The confusion arises partly because many key implementation activities, including training in FVISS and MARAM, took place after the prescription of ISEs.

The confusion surrounding messaging about training, timing and sequencing, particularly in relation to the MARAM, is apparent in the following quote.

> *I'm getting feedback like 'which training do I go to?'; 'does that mean I can do it now? ; and 'when do we use MARAM instead of CRAF?'; and I haven't got definitive answers for that as yet. I'm able to tell people, "Look, it is a work in progress; there's no set deadline. But then that makes it very difficult for people to get that traction . . . that we want to have done this by the 1st of July or something. (Focus Group, Mixed, 23.08.19)*

The confusion arises partly as a result of the tension between ISEs being legally mandated to share family violence risk information and the sequencing of information sharing training and MARAM which meant that many were not practically positioned to do so.

The second communication issue about training was in relation to the content of the 2018 Whole of Victorian Government training running from October through to December 2018. This training was advertised as 'Family Violence and Child Information Sharing Reforms and introduction to MARAM'. Review team members who observed the training noted the dissatisfaction of attendees that the expected MARAM content was not in fact delivered. This was borne out in the Training Evaluation Report which concluded that:

> Understanding of MARAM was thought to be found least useful and received the lowest rating overall. Responses to this module reflected the misalignment between participant expectations (that they would be provided in depth training on how to embed the MARAM into organisational processes and professional practice) and the intention of the Phase One training with respect to the MARAM module being only an introduction to the new risk assessment and management framework (Department of Education and Training Evaluation Report 2019).

The Training Evaluation Report provided an overview of attendees' critical feedback of Whole of Victorian Government training communication and the need to further improve communication noting that:

> Open-ended responses indicated that some participant expectations did not align to the aims of the training, content and delivery style meaning communication before, during and after the sessions was not optimum. Better communication with participants regarding the intention of the training could have assisted them in determining which sessions to attend alongside this. It was important they thought, that clearer communication about ongoing support be provided to alleviate any anxiety about how they would implement in practice, such as provision of links to resources and an understanding of the change management plans in place for specific workforces (Department of Education and Training Evaluation Report 2019).

Recommendation 12

In the prescription of Phase Two organisations, Family Safety Victoria and other relevant departments should communicate the training strategy, plan, content and timing clearly and well in advance of the scheduled training.

Ministerial Guidelines

The Ministerial Guidelines are a comprehensive, high quality guide to the FVISS legislative and policy framework. The full guidelines (147 pages; 12 chapters) are supplemented with a 20-page summary version for ease of reference. The Ministerial Guidelines were developed in consultation with and significant input from Initial Tranche ISEs. They represent a key element of the effective implementation

of the FVISS, setting out the legal obligations of ISEs, and the FVISS policy framework. They include case studies that demonstrate the implications of the Scheme's legislation and policy frameworks for diverse scenarios. Participants generally thought that the Ministerial Guidelines were comprehensive, of good quality and a good resource that aided the effective implementation of the FVISS. The development of the Ministerial Guidelines in the period immediately prior to the establishment of the commencement of the Scheme in February 2018 was a significant milestone in the effective implementation of the FVISS. Phase Two implementation will benefit from the foundation they continue to provide.

While participants generally thought the Ministerial Guidelines provided good policy guidance they recognised that these need to be supplemented by practice guidance, training and ongoing support. This reflection is important for Phase Two because the mechanisms that support the translation of policy into practice will need to address the specific concerns of different workforces.

> *The Ministerial Guidelines ... do give good guidance ... but ... it all goes from policy to operationalised and there doesn't seem to be the interpretation but really, the importance of practice because there's a lot of how you translate this into good practice. (Expert Interview, Specialist Women's Family Violence Service, 18.12.19)*

The Enquiry Line

The Enquiry Line was initiated by FSV at the request of stakeholders in February 2018 to coincide with the commencement of the Scheme. The purpose of the Enquiry Line is to answer ISE questions about the FVISS and (from September 2018) the CISS. It is an information, not an advice, line. The Enquiry Line can be accessed by email or phone. The details of the Enquiry Line and website with links to resources were made available to all those attending information sharing scheme training subsequent to October 2018. These details are included in slides and participant packs for each module of training, including face-to-face and online. Communications from relevant departments to ISEs regarding training since October 2018 have incorporated details of the Enquiry Line.

The Enquiry Line is a good initiative and a welcome support to the effective implementation of the Scheme. The Department of Education and Training (DET) took over the operation of the Enquiry Line – conceived of as a whole of Government Information Sharing (FVISS and CISS) and MARAM Enquiry Line in September 2018, coinciding with Phase One implementation. In order to support the Phase Two implementation, the operation of the Enquiry Line should be expanded, recording and reporting should be enhanced and consideration given to providing referral to legal advice in the case of complex cases where organisations do not have ready access to obtaining such advice.

Participant views about the effectiveness of the Enquiry Line were mixed. Some considered that the service was not sufficiently responsive or timely. The view was linked to the limited operating hours, 10am – 2pm and the common experience of calls going to a Message Bank. Though it may be possible in some cases for enquirers to get feedback outside these hours via email, none of the participants have experienced this or were aware of it.

> *You ring and you leave a voicemail and someone will get back to you between (sic) a six or seven hour space. For organisations like us where we have the expertise in the team or we have got multiple people there that know the scheme, we can figure things out. However, the small organisations and the small individual ISE that would just not have the knowledge and so therefore they require that expertise that they just won't get without the Enquiry Line being*

there for them on the spot and I worry about that for 2020. It's okay now because everyone is coming around, but in 2020 we saw that there was (sic) problems in the last phase. This phase is huge so I think the Enquiry Line needs more work. (Manager Interview, MCV, 17.09.19)

I find that they rarely answer the phone, and if you leave a message it takes quite a long time for them to get back to you. And the same with email, there's often a delay . . . which can be a bit frustrating if it's a practice question. (Manager Interview, MCV, 17.09.19)

There was positive feedback about the utility of the information provided.

Super helpful. (Manager Interview, Specialist Women's Family Violence Service, 19.08.19)

When you speak to them; very helpful. (Manager Interview, MCV, 17.09.19)

But mostly when I've rung it's been quite useful, for example, if there's something ambiguous about a sector and I'm kind of like, "Oh, are they an ISE or are they not?" They've been able to clarify that. Yeah, I think that's definitely really important. (Expert Interview, Mental Health, 24.09.19)

Others reported the information they received was not always helpful or that the remit of the Enquiry Line was too limited. A number of participants reported the response was often to simply refer to the relevant sections of the Ministerial Guidelines, though they felt their questions required more nuanced responses.

Wasn't always consistently helpful. (Manager Interview, Child Services, 18.12.19)

The Enquiry Line, really resistant to answering any questions. (Focus Group, AOD, 22.10.19)

So the feedback I have had from the advisers who have used the Enquiry Line is that, while it is very useful, technical and questions which they tend to understand reasonably well anyway, it's been far less useful in the sense that they can't give advice, they can't advise on particular cases on whether or not you can share information. But certainly, the feedback directly to me from the advisers who we have done a lot of work on information sharing alone so they are quite literate in terms of the mechanics of the scheme and the intentions of it so they haven't found it as useful, or discerning what is set up for but there is sort of a feeling that there is a gap in terms of having it somewhere where they say, 'This is new legislation, this is the case I have got, can we work through? (Expert Interview, Specialist Women's Family Violence Service and AOD, 20.09.19)

The number and nature of emails and calls to the Enquiry Line are currently recorded. Since its launch by DET in September 2018 the Enquiry Line has received a total of 217 calls; 99 to the end of 2018 and 148 to the end of October 2019. A report in relation to the Enquiry Line – November 2018- October 2019 records the number of calls as falling into these broad themes:

- To verify an ISE (37 percent)
- To seek policy guidance (35 percent)

The report records broadly the type of policy questions and type of organisation making enquiries. There were 429 email enquiries reported relating to both the FVISS and the CISS. These enquiries are reported as similar to the above, as well as including enquiries relating to online training.

An expanded range of recorded data in anticipation of Phase Two implementation, including the time taken to respond to enquiries, questions/cases that cannot be addressed, and a systematic analysis of this data on a six-monthly basis could serve a number of purposes. It would:

- Allow frequently occurring questions and trends in use of the Enquiry Line to be identified and addressed in a more systematic and proactive way where appropriate.
- Track trends in the time taken to respond to enquiries and address any issue related to this.

Consideration should be given to providing referrals for legal advice to deal with those questions or cases that require more than standard information. The appropriate location of the Enquiry Line should be considered given the diversity of workforces involved in Phase Two.

The Department of Education and Training is, at time of writing, working on a project to provide an accessible on-line list of ISE. This list will eliminate the need for ISEs to contact the Enquiry Line to obtain this information. This project is due to be completed by the end of June 2020 and will provide a more efficient process to deal with what is currently the main source of Enquiry Line contacts.

Recommendation 13
Consideration should be given to extending the operating hours of the telephone aspect of the Enquiry Line to business hours. Where there is the need for expert legal advice, an appropriate referral to obtain such advice should be provided to the enquiring organisation, where that organisation does not otherwise have ready access to such advice. The Enquiry Line should be fully resourced for at least two years after the prescription of Phase Two organisations.

Recommendation 14
The on-line list of ISEs should be completed and made available to all ISEs prior to Phase Two.

Sector Grants

Sector grants are designed to support the implementation of the FVISS and assist workforces and organisations to develop practice guidance and embed information sharing practice. There were some issues in the timing of the grants to the Initial Tranche. This meant that organisations and services didn't have the opportunity to employ additional staff prior to the commencement of the FVISS in February 2018. The timing of the sector grants was not typically considered a major issue for Phase One, though some participants did refer to delays and there was comment about the level of the grants relative to need. The lessons learned from the implementation of the sector grants to the Initial Tranche improved the effectiveness of the grants.

These grants are now timelier, more flexible and more effectively targeted to meet the aims of the Scheme. Significantly they are contributing positively to a community of practice around FVISS. In collaboration with stakeholders FSV has suggested a range of activities related to these grants but does not preclude other activities. Particular suggestions are made regarding activities considered particularly relevant to Aboriginal grant recipients. There is a bi-monthly working group, co-chaired by FSV and DHHS to allow organisations receiving the sector grants to collaborate, share ideas, resources and activities, and work towards a unified approach across the service system.

The collaborative activities of the working group are an important contribution to effective implementation. The majority of Survey Two respondents (54%) considered interagency forums a key priority, second only to better technology to make systems connect (74%) when asked about ways to improve future implementation of the Scheme. A major issue for the future effectiveness of the grants is to ensure they are at a level and continue for a sufficient period to effectively support the continued implementation of the Scheme for Phase Two and for Initial Tranche and Phase One. While FVISS policy is well developed, developing and embedding practice is more complex and will take longer. In addition, developing and embedding practice has been delayed, particularly in Phase One, because MARAM has been substantially delayed (see section 8.4). The support of sector grants will be needed to all ISEs over a longer period than may have been anticipated previously. It is important that the grants are at a level that is appropriate to the substantial work involve implementing the reforms.

> *I think the sector grants are obviously a useful thing... But I think that there's a resource implication for the implementation of these schemes, and I think that there's value in thinking about the sorts of resourcing implications for individual agencies, and how they might receive additional funding to support implementation. Whether it's training your staff, whether it's modifying documents because the documents don't adequately talk to their workforce; whether it's about even managing the number of inquiries they're getting, and so on. And I think that when we see the next group of agencies, universal services, come online, it's going to add a degree of complexity again, and I just don't think the sector grants are adequate to address that. That would be my feeling. (Focus Group, Mixed, 3.9.19)*

Recommendation 15
The sector grants need to be continued for the Initial Tranche and Phase One organisations until at least June 2023 to continue the process of embedding the Scheme. These grants will be critical for Phase Two. The level of these grants should recognise the scale of the organisational work and cultural change required, particularly for organisations that have not previously been directly engaged in family violence work.

Practice Guidance

Practice guidance about how legal and policy settings are to be translated into every day practice is critical in the effective implementation of the FVISS. It is especially the case for ISEs who have not undertaken family violence work previously. Research indicates workforces need to be adequately resourced to cope with the administrative demands of information sharing arrangements. Many participants in the first period of data collection believed that there needed to be more practice guidance to support embedding legal and policy requirements into practice. While this concern was present to some extent (see section 8.6) in the second period of data collection there is a growing suite of practice guidance available that will support the embedding of practice to Initial Tranche ISEs and Phase One and crucially to Phase Two. These include:

- Organisational readiness checklist
- Tips for a conversation about information sharing with a child or their parent (who is not a perpetrator)

- Record keeping tips
- How to make a request for or to share information under the FVISS Scheme

A full list of public resources can be found on the FSV website.

Other resources are only available to ISEs and include:

- Fact sheet on how to verify an ISE
- Guide to family violence risk relevant information (i.e. a 'ready reckoner')
- Advice regarding the Victorian Charter of Human Rights

Those employed through sector grants are responsible for developing sector specific practice guidance.

8.4 Has the Scheme been implemented as intended to date?

There are a number of elements of the Scheme that have been implemented as intended. However, there are a number of elements of the Scheme that have not been implemented as intended. The major divergence between initial plans for implementation and actual implementation relate to the substantial delay in the delivery of critical components of MARAM. The prescription of the Initial Tranche and Phase One were both slightly delayed. The original timelines were ambitious and these slight delays were not considered a major issue. The CISS was implemented in September 2018 and from that time aligned with the FVISS. Despite CISS being developed in collaboration with FSV and designed to sit alongside the FVISS, the dual implementation has made the implementation of FVISS more complex and time consuming. In the Initial Tranche, training was provided to less workers prior to prescription than originally contemplated and no training was available to Phase One workers prior to prescription. By the end of 2019 the majority of Phase One workers had not received training in the FVISS or MARAM.

Here we consider whether the elements of the FVISS have been delivered on time to the necessary work forces and parts of work forces. The Review also considers the concurrent enactment of the CISS. The implementation of the CISS in conjunction with the FVISS was not originally contemplated as part of family violence related reforms by the RCFV. It should be noted that the question as to whether the Scheme has been implemented as intended needs to be distinguished from whether the Scheme is *operating* as intended. There is evidence, set out under sections 8.6, 8.7 and 8.8 that indicates that in many significant ways the Scheme is operating as intended.

FVISS prescription dates of Initial Tranche and Phase One ISEs

The FVISS was delayed from a scheduled start date of end of January 2018 to 26, February 2018. Participants in the Review were not critical of this relatively minor delay. Phase One prescription of ISEs was delayed from the start of September 2018 until 27 September 2018. This was in part linked to a recommendation of the Review Interim Report that consideration be given to delaying Phase One until MARAM was (sufficiently) complete to allow the training in FVISS and family violence risk assessment and risk management to be aligned. The slight delay in the commencement dates are not considered to have had a negative impact on the implementation of the Scheme. On the contrary, many indicated that what they perceived to be rushed implementation had a negative impact on implementation (see section 8.6.1).

The intended timing and training of Initial Tranche and Phase One ISEs

Initial Tranche

The original FVISS Regulatory Impact Statement (2017, p. 44) estimated that 4,891 workers would need to be trained in the Initial Tranche. There was a gap between the training available prior to the commencement of the FVISS in late February 2018, and in the months after commencement, and these training need estimates. In the months leading up to the commencement of the FVISS, there were significant changes in terms of numbers of Initial Tranche workers and managers expected to be trained. Subsequent to the Regulatory Impact Statement, FSV, with the assistance of relevant departments, identified 975 'priority staff' for pre-prescription training. FSV figures indicate that 644 people were trained in January and February 2018, prior to the commencement of the FVISS on 26, February 2018.

An FSV audit of the number of Initial Tranche staff who had attended FVISS training, from each ISE organisation, was completed on 24 May 2018. According to this, six organisations (including approximately 200 employees) had no staff who attended training. Each of these organisations was contacted with details regarding the training and training schedule. From 5 July 2018, only four organisations were identified as not having any staff attend training. According to the audit then, at least one representative/s (and in most cases more than one) from each organisation hosting an ISE (apart from four), had received relevant training.

Phase One

It was initially estimated in 2017 that 28,000 Phase One workers needed to have the skills and capabilities to operate effectively and safely under new the FVISS and CISS schemes. Subsequently a Training Requirements Needs Assessment was undertaken to estimate the potential size of priority training needs in Phase One, which was determined to be 4,100 workers. The FVISS training did not commence until 8 October 2018, more than a week after Phase One prescription on 27 September 2018. On 28 August 2018, FSV communicated to stakeholders via email that:

> To ensure a quality training product, face-to-face training will begin on 8 October 2018, as agreed by the new Information Sharing and MARAM Steering Committee on 21 August 2018. This aligns with recent feedback from our stakeholders requesting more time for implementation, including training roll out. It allows organisations to prepare and it also provides more time for priority professionals from prescribed organisations and services to register for training and make arrangements to attend. As advised previously, Phase one rollout will still commence on 27 September 2018. We are strongly encouraging prescribed organisations and services to read the Ministerial Guidelines for both information sharing schemes ahead of this date, to understand their obligations. Additionally, a suite of integrated implementation resources will [be] provided by DET and FSV to support organisations and services to meet their obligations under the schemes. DJR, DHHS, DET, Courts and VicPol will also provide tailored resources for their delivered, contracted and funded services. Family Violence Information Sharing Scheme resources are already available on FSV's website under 'Information and support for ISEs'.

The final attendance figure for the 2018 Whole of Victorian Government training (October to December 2018) was less than half the 4,100 cited above. Reasons offered as to why the numbers trained were less than estimated include:

- An overestimate of the training needs
- Less than optimal communication about the training
- Workers registering for the training but not attending
- Perception about the poor quality of the training resulting in people not attending

As of late March 2019, approximately six months after prescription, 5,000 ISE workers had been trained. According to FSV as a result of resourcing, sequencing, project inter dependencies and training fatigue approximately 30,000 Phase One workers would not be trained in FVISS and MARAM by the end of 2019 (FSV Project Status Update Report MARAMIS, September 2019).

Recommendation 16
Timing and sequencing for Phase Two needs to ensure the training of a sufficient number of Phase Two workers prior to prescription.

The Sequencing of MARAM and FVISS

The FVISS and MARAM are intimately related. As the Family Violence Reform Implementation Monitor report (2020) points out MARAM and FVISS are connected in four fundamental ways:

1. Both require similar changes to practice, processes and culture by the same people in the same organisations.
2. Contributing to information sharing is a stated responsibility in the MARAM framework.
3. A solid understanding of family violence risk, which is being brought about through the application of MARAM, is an essential part of information sharing.
4. Without strong risk assessment processes in place, some organisations and professionals can be hesitant to take part in some forms of information sharing, which in turn inhibits good quality risk assessment form occurring when required (Family Violence Reform Implementation Monitor 2020, p. 23).

MARAM and the FVISS were designed and intended to be implemented at the same time, with MARAM available before the prescription of any organisations. FSV's MARAM strategy states that:

> Prescribed organisations and services must use the MARAM Framework to guide sharing under the Family Violence Information Sharing Scheme to identify, assess and manage family violence risk to children and adults (quoted in the Family Violence Implementation Reform Monitor 2020, p. 25).

The original intention was that the revised family violence risk assessment framework would be published by 31 December 2017, prior to the implementation of the FVISS in early 2018. It was anticipated that Phase One workers would be trained in MARAM and FVISS at the same time. It was recommended in this Review's Interim Report that the rollout to Phase One be delayed until the MARAM was (sufficiently) developed to allow for simultaneous training in the FVISS and MARAM. The rollout to Phase One was subsequently delayed from the beginning to September until 27 September 2018.

The 2018 Whole of Victorian Government training - Family Violence and Child Information Sharing Reforms and introduction to MARAM - commenced on 8 October 2018 and continued over ten weeks until December 2018. The training included only the MARAM high-level framework rather than any substantive family violence risk assessment content. However, there was no MARAM training available

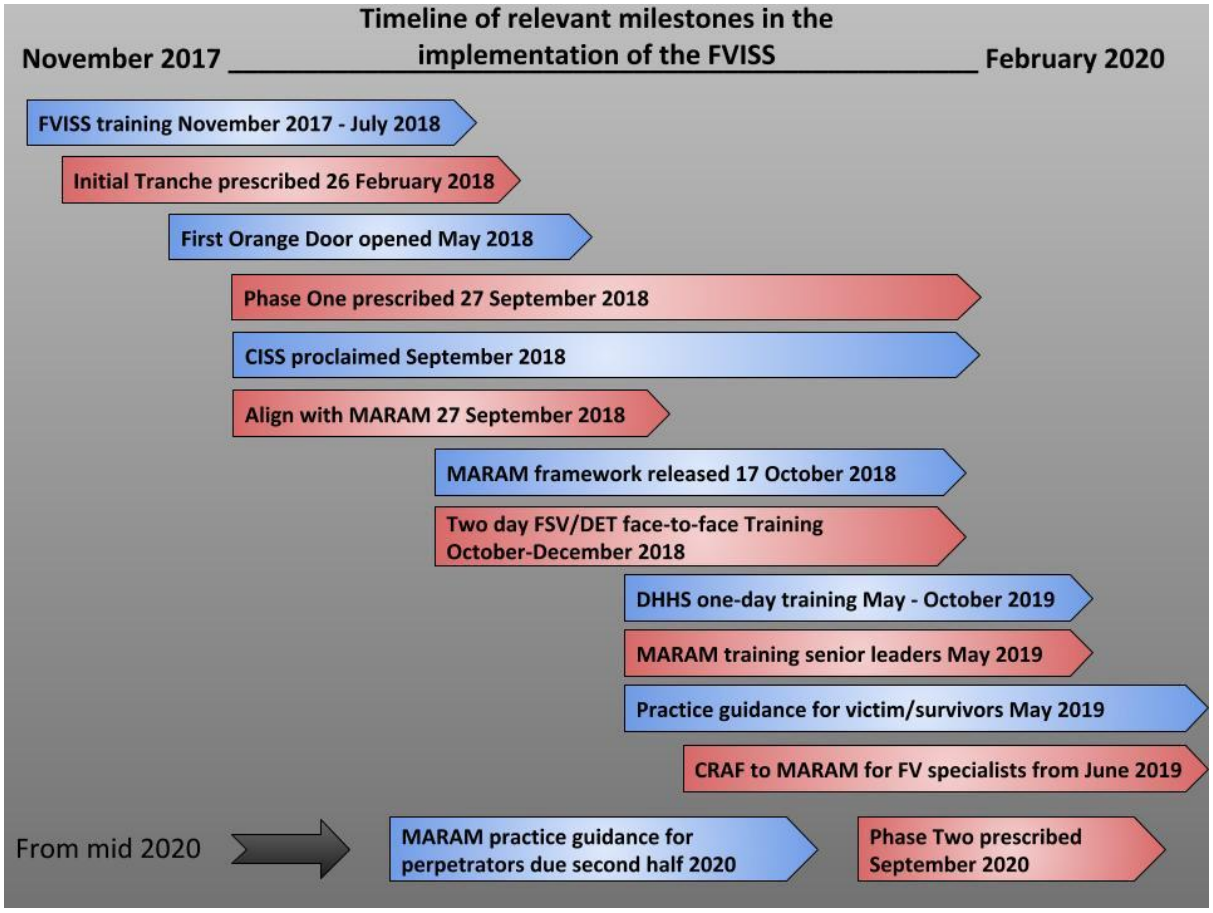
until May 2019, and that training was only available to senior leaders. The Renewing practice, CRAF to MARAM for family violence specialists was available from June 2019. The issue the lack of timely MARAM training as part of the FVISS training was seen as a significant issue related to the efficiency and effectiveness of the training.

Training in MARAM continues to be developed and delivered. Some of these delays arose because of the extensive consultation and collaboration that took place in MARAM's development. This approach assisted to build shared ownership of MARAM but is time consuming and has impacted on the implementation of the FVISS.

Instead of attending one training session which covered the interconnected topics of family violence risk and family violence risk assessment, time poor workers and organisations are required to take part in two separate trainings. The absence of substantive MARAM training in combination with the FVISS training particularly to Phase One ISEs, apart from being inefficient, undermined the effectiveness of the FVISS training. Training in CRAF was still available in the period between ISEs being prescribed and the availability of MARAM training. However, anticipating that CRAF would shortly be replaced by MARAM, and understandably not wanting to have to invest in CRAF training and then update family violence risk training, ISEs typically decided to wait until MARAM training was available. As a result of the delay in MARAM a year after Phase One organisations had been prescribed to share family violence risk information, with some already having attended FVISS training, the overwhelming majority hadn't received MARAM and therefore any family violence risk training.

> *The [MARAM] training early in the piece would have been really helpful I think and we are still waiting for that and I think that that is too long now. Far too long. (Manager Interview, Multi-Agency, 25.11.19)*

Figure 4: Timetable of relevant milestones in the implementation of the FVISS



Many participants considered that the MARAM delay, particularly for Phase One organisations, was the major barrier to effective implementation of the Scheme. The MARAM delay was widely recognised as at odds with the intended implementation of the FVISS.

> *Not implemented as intended because not rolled out with MARAM – that can only add to confusion. (Expert Interview, AOD, 15.04.19)*

As indicated above Phase One prescriptions of ISEs was slightly delayed partly as a result of this Review's Interim Report recommendation to consider delaying the implementation to Phase One until MARAM was (sufficiently) complete. Despite this, in line with the decision of the Minister, the implementation to Phase One proceeded prior to the completion of key elements of the MARAM. The decision to proceed with the prescription of Phase One in late September 2018 was made with close regard to the original timeframes set out by the Royal Commission and to maintain the momentum of the family violence reforms. It was considered that any substantial delay to Phase One would involve risks including having a longer period where only a small group of services were operating within the FVISS. The risks of implementing FVISS separately to MARAM were pointed out in the 2017 Family Violence Protection (Information Sharing) Regulatory Impact Statement:

> Participating in the scheme with inadequately trained staff would pose a significant risk of information being shared inappropriately and in a way that could compromise victim/survivor safety (2017, p. 23).

Though FSV put in place risk mitigation strategies to deal with the non-availability of substantive MARAM training prior to the commencement of Phase One, a gap emerged for some organisations in their family violence risk assessment and management training and practice as they waited for the MARAM training to become available. The accepted need to develop family violence risk literacy in these organisations, prior to sharing family violence information, meant many believed that new processes involving workforces in Phase One were being implemented in a vacuum.

> *Because they've never had that - they haven't had this [family violence] work before . . . So, when we're talking about [family violence risk] identification, that hasn't even been developed yet, actually it needs to start that way. (Expert Interview, ACCO service provider, 17.12.19)*

> *I think probably one of the biggest gaps is the disconnect from MARAM which should have really informed the rollout of FVISS. I think particularly when we are looking at the AOD and mental health sectors, one of the things we are seeing is we are asking, so that the legislation became active from day one for the sectors in September [2018] but without the family violence literacy that goes with it so there is the risked screening. But also, on the things that that means is that there is more of a tendency to focus on victim/survivor information than . . . a perpetrator and they link back to assessing what information is risk relevant. They don't have the frameworks to do that and so that's probably one of the big things about the rollout that, if we were to rethink, would be to roll out MARAM and prepare those workforces. (Expert Interview, Specialist Women's Family Violence Service and AOD, 20.09.19)*

The release of essential components of MARAM, including the framework (17 October 2018), the practice guidance for victim/survivors and the first MARAM training (May and June 2019) subsequent to the prescription of the Initial Tranche (February 2018) and Phase One (September 2018) was considered a critical barrier to the effective embedding and implementation of the FVISS. While the evidence from the second period of data gathering, towards the end of 2019, suggests that many organisations have worked to address this barrier, there were on-going concerns about those who has not yet received MARAM training but were prescribed under the Scheme. Training for MARAM began in May 2019, seven months after the prescription of Phase One.

Concerns about compressed timelines and sequencing and the potential impact of large numbers of workers and agencies having access to family violence information without family violence risk training were commonly expressed in relation to the integration of Phase Two workforces. A key desire amongst a number of participants was a 'pause' on implementation so that clear sequencing – with the first objective being a 'benchmark' for family violence risk literacy, could be effectively set up for new workforces such as school teachers whose knowledge of and access to basic family violence risk literacy cannot be assumed.

> *Q: Just the word – pause - so that's number one thing that needs to happen, feels like it's going too quick?*

> *A: Yeah, pause and having a workforce like having some benchmark for those -*
> *A2: For family violence literacy.*

> *A: Yeah, for family violence literacy and understanding family violence risk. So there needs – my suggestion would be there needs to be at least a workforce strategy for a couple of years, to bring those sectors up and make sure that everyone has a line to MARAM, which includes all of*

this, and that they've had the tick. (Expert Interview, Specialist Women's Family Violence Service, 21.08.19)

Phase Two includes a large pool of workers, the overwhelming majority of who will have limited or no understanding of family violence. Training is currently being developed to deliver to this group. Although MARAM completion has reached a number of significant milestones it remains incomplete. The perpetrator assessment tool is currently not due until the second half of 2020, though this timeline may prove too ambitious. If the perpetrator aspect of risk assessment is not substantially included in the initial Phase Two training many tens of thousands of workers may never receive this training. The inefficiencies in requiring updated and further training for such a large pool of workers will be a major financial and time impost on government and ISEs.

Recommendation 17

Consideration should be given to how the perpetrator aspect of risk assessment will be incorporated into Phase Two training. The sequencing and timing of the implementation of Phase Two, particularly in relation to the perpetrator aspects of MARAM, and the rationale for this, should be communicated clearly to key stakeholders.

8.5 Has the implementation of the Scheme had any adverse organisational impacts?

The benefits of the Scheme were widely understood to be significant in terms of facilitating information sharing for enhanced risk assessment and providing an authorising environment in which to share family violence risk relevant information. However, the Scheme has created additional workload for organisations. Although most participants highlighted the additional workload required to implement the Scheme, organisations had different views on the extent of ongoing additional work it was creating. The early implementation stages created extra work related to attending training, creating new policies and procedures and in many cases, tailoring templates to suit specific workplaces or sectors. For many organisations, there is an ongoing additional workload, depending on the volume of requests being made and received and the extent to which these exceeded previous sharing practices. Overall however, participants felt the additional workload was worth the benefit of more thorough and accurate information for family violence risk assessments and management. For non-specialist organisations in particular, the raised awareness and training about family violence accompanying the introduction of the Scheme has provided the impetus for some staff in those organisations to disclose, often for the first time, their own historical or ongoing experiences of family violence. These disclosures, which may be made in the workplace, highlight the need for such organisations to have in place policies that address staff related family violence issues.

Many organisations now have processes embedded for family violence information sharing and were able to reflect on the implementation and operation of the Scheme. During the second period of data collection, it was clear that some issues present in the first period of data collection had not been remedied. For example, some aspects of implementation and operation of the FVISS has created time pressures for organisations leading to unreasonable imposts on worker/organisational time and worker anxiety around the impacts and processes of the Scheme. Initial Tranche and Phase One organisations have engaged in extensive work to update policies, procedures, templates and staff training. The level of organisational effort required has been impacted by the timing of or limited provision of generic or standard practice guidance and the lack of sufficient resources to address the additional workload. The adverse organisational impacts that occupied participants were typically understood in terms of organisational and worker time, staff welfare, concern that implementation and operation of the Scheme could impact on service delivery or time with clients.

Here we consider the impact of the scheme on:

- Organisational workload
- Staff welfare
- Family violence issues in the workplace

Organisational Workload

Strains on ‘worker time’ and additional organisational workload from the FVISS were discussed by many participants. This Review’s Interim Report highlighted the impost on worker time of the training and updating of documentation and widespread concerns about this. The time required for training was not identified as a key issue by the participants in the second period of data collection. However, ‘worker time’ and additional workload involved in the ‘front-end’ preparation for implementation of the FVISS

(such as updating policies, procedures and templates) continued to be identified as an issue. Further to this, the ongoing additional burden on workload arising from the FVISS and the potential risk to frontline services was highlighted by some. While current evidence does not suggest the workload required of the FVISS has directly impacted on service delivery, this was a concern raised by participants.

The FVISS obliges each organisation to ensure that policies, procedure and templates are in line with legislative requirements. While FSV provided organisations with resources and templates to assist with implementing the Scheme (see section 8.3 for details) for many organisations, these have become available incrementally and were not always available prior to organisations being prescribed. Therefore, organisations were required to commit a great deal of additional upfront effort necessary, meaning extra workload, to prepare for and to implement the Scheme.

> *It took, I think, seven months for us to finalise our policy and procedure and that was with a lot of hard work and getting it through our legal team and just kind of navigating that system, thinking how it would work with our electronic medical records. (Expert Interview, Mental Health, 24.09.19)*

The different templates and procedures developed by organisations contributed to ongoing confusion and workload of staff. The added burden from the inefficiency of implementation processes was identified by many participants.

> *Everybody is out there creating all these different documents, which seems mad. Instead of one package that would have come out from FSV or come out from government to say, this is the reporting template, this is the application template. These are the criteria you use based on the legislation. The interpretation of the legislation. There's the criteria you use to make the assessment in relation to what you're sharing with who. (Manager Interview, Specialist Women's Family Violence Service, 05.09.19)*

> *That's the other, I guess, challenge with this scheme is organisations all have their own processes. So, you know, for our organisation, we've got a particular email address, blah, blah, blah. But if it's an organisation that hasn't asked us for information before, they have to contact us. They have to find out that information. And it's the same for us with whoever we're requesting from … So some organisations, you can just ring up and ask a person who works there, and they might be able to give it to you. Others have the central email, and a particular form that you have to use, or whatever. (Manager Interview, Specialist Women's Family Violence Service, 19.08.19)*

> *I think initially it was just really hard navigating - because different organisations want the request differently, so I guess I've had to go out to each individual service to find out how to request the information from them. (Manager Interview, Homelessness Service, 17.09.19)*

While less significant concern in the second period of data collection than in the first, the lack of centralised organisational resourcing and feedback remained an issue for some.

> *And the other thing was lack of consistent feedback in relation to documentation and expectations and criteria, how you are going to report it? People are making it up as we go along, and that's really problematic. So, it's a huge workload for organisations to be asked to implement something without standard templates. How do you want us to report that? How do you want us to assess the request? . . . And we're very aware that this is mandated, this is*

legislation, you can't not do it. (Manager Interview, Specialist Women's Family Violence Service, 05.09.19)

There was a diversity of responses about whether the FVISS has increased the ongoing workload for staff. Most organisations felt that the Scheme had added to their overall staff workload but many responded that after the initial training and implementation period, the workload settled down and the FVISS was not adding to the day to day workload. In particular, organisations that were involved in the early consultation and development of the Scheme felt more prepared for its implementation and operation. Organisations that have successfully embedded the Scheme in their practices have found that it is working efficiently and not adding additional ongoing workload.

I think they [staff] thought it was going to be more work than it was at the start. But I think now that they've actually – for those organisations that have really embedded the Scheme I've heard back from them that it's actually becoming more efficient because it's time-efficient … Now it's just as part of it, they just send the email, we've – the templates to case-note and record-keep and so once that's all part of the process. I think there's actually been efficiencies in the information sharing per se. (Expert Interview, Specialist Women's Family Violence Service, 21.08.19)

Yeah, probably. But I think the benefits far outweigh the costs. And I think because we've got pretty solid processes in place around how we do it, I don't think it's a significant impost, and because they're quite used to it now, you know. It's an email. You fill in the form. It goes to your team leader, gets sent off, and then it gets back to you. (Manager Interview, Specialist Women's Family Violence Service, 19.08.19)

However, other participants pointed to burdensome extra pressure for staff.

I think it's had a terrible impact. It's an additional impost on the organisation. It requires a different form of working in terms of … collaborating and thinking. It requires far more time. We have targets that we have to meet … So, while we've tried to protect the staff on the ground, it actually is a huge impost on organisations, and I don't think that's been considered. (Focus Group, AOD, 07.10.19)

But it could increase stress and pressure on an already pressured workforce, and I think they can't do their job well if they're so stressed, and they have so many more cases … I struggle to understand why, that we implement something at a legislative level, but we aren't actually looking at how services are going to hold these clients. (Focus Group, Mixed, 03.09.19)

So, there's wellbeing in relation to workload, all that sort of stuff, and I just think that it's important to point out the wellbeing of organisations. (Focus Group, Mixed Service, 23.08.19)

But I think in some ways it's like death of a thousand cuts. This is just one initiative in a range of new imposts ... You start adding up these things, and it becomes quite difficult to manage an organisation. (Focus Group, AOD, 07.10.19)

We don't have space, we don't have time, we don't have the workforce, the services, they already are so stressed that the workers don't have enough time to do the work they need to do and then they're being told they have to do more. So, there's no funding that's been provided to be able to push down caseload so that they can spend it and it takes way longer than an hour to

do a risk assessment with somebody who is chronically unwell. (Focus Group, AOD and Mental Health, 22.10.19)

One difficulty identified by participants as contributing to the workload is that each organisation has different procedures for receiving requests. Participants articulated the difficulty of not knowing who to contact in each organisation and not knowing how to request the information.

I think it's going to be different for every organisation because they all have their own little processes in place … So, pretty much it's just trial and error. (Manager Interview, Multi Agency, 29.11.19)

The processes [for requesting information] aren't easily navigable, like to know if you're requesting information from an agency, what their process is. So that whole thing on who you would contact and their process of contact. (Focus Group, AOD, 07.10.19)

While some participants lamented the additional workload, they recognised the importance of the Scheme. This sentiment hasn't changed with the first period of data collection similarly indicating widespread support of the Scheme, regardless of workload issues.

Well there's definitely an impact on the workload, in terms of the time to prepare the information, you know, the documentation and things like that, and then the chain of command that it goes through for approval, and manage it through our risk management system, and all those sorts of things. However, that's also been of benefit, in terms of improving the quality and the access to the work. (Focus Group, Mixed, 03.09.19)

So, I think that [the FVISS] does add to their workload, but I think that practitioners would say it's useful. (Expert Interview, Specialist Women's Family Violence Service, 11.09.19)

The amount of paperwork and admin involved in this information sharing, to my mind, is absolutely ridiculous … But it is still definitely worthwhile. (Focus Group, Mixed, 03.09.19)

Some participants felt that because the FVISS meant that they could get more thorough information, their workload will inevitably increase, driven by more reliable and actionable information.

And so, I think we can't disconnect, you know, this information sharing scheme there, from the fact that the service system can't cope with the response ... And so if we're identifying more, and we're sharing more, who's actually going to hold and work, and provide therapeutic support for these families …So the government needs to think about that. (Focus Group, Mixed, 03.09.19)

I think as we use it [the FVISS] better, it does mean we're going to be busier with it, yeah, and it is going to take more resourcing. (Focus Group, Mixed, 03.09.19)

Now its [FVISS] become a lot bigger, and a lot more work than it was before … but it is something that we're struggling a little bit with at the moment in terms of resources. (Manager Interview, DJCS*, 28.11.19)*

Many participants pointed to the need for additional funding to facilitate not only the FVISS, but the increase in family violence workload since the RCFV and subsequent initiatives. Many participants discussed the lack of additional funding to support the Scheme. They were concerned the Scheme may not work as intended without additional funding.

Look, there is a lot more requirement and our unit cost funding hasn't increased with the requirements so, yes, there is extra work for us to gather that information. (Manager Interview, Multi Agency, 08.08.19)

The adverse impact is that there's no extra funding that I'm aware of for the family violence services to do this. So, they're feeling … drained. (Focus Group, AOD, 07.10.19)

Concerns about workload, funding and resources were linked to the worry for many participants from service delivery organisations, that this will ultimately impact on clients.

One of the challenges for us is that [we] run refuges, run services, and at the same time there's been no change in targets, no change in deliverables, those sort of things, and yet you're actually doing a whole lot more work. I mean it's great, and stimulating and fantastic for the sector, but the reality is, well I can't, like you, take people off line, because we've still got people walking in the door. (Focus Group, Mixed, 03.09.19)

If you're looking at it from an organisational perspective I think the resources that agencies had to, and still have to make available for the implementation, of course, has an impact on their service delivery. (Expert Interview, AOD, 14.08.19)

The impact on service delivery was considered as a key issue in the first period of data collection, with regards to the process of implementation, rather than to long-term changes from using the FVISS. While this specific concern had become more muted, participants in the second period of data collection indicated that there was still a concern that the operation of the Scheme and its impact on workload could potentially impact on service delivery and reduce the time available to clients.

Impact of the Scheme on Staff Welfare

The participants emphasised the impact of the implementation and operation of the FVISS on staff welfare in terms of anxiety, stress and confusion. These impacts arose from concern about the pace of change, lack of clarity about how the Scheme would work in practice and a lack of accessible information about the Scheme. This was particularly pertinent to organisations that had not traditionally worked in family violence.

In the first period of data collection participants used the word 'anxiety' extensively with regards to the implementation of the FVISS. The participants in the second period of data collection used the word 'anxiety' in reference to the implementation but also emphasised 'stress' and 'confusion'. As in the first period of data collection, the participants in the second period felt that the scope of the change had not been effectively explained to them. Stress and anxiety were experienced in the context of organisations being legally responsible for the implementation of the Scheme, in the absence of control over the delivery of the information and constituent elements required to put it into practice.

So, I think there's been a kind of turbulent period really, which I think in probably the year and a half has gotten a bit worse where I don't feel like the sector's always getting the information that it's needed. I don't think its voice is always being well respected and I don't think government is always doing a great job of kind of getting their own things [done] before they come out to sector. So, the way I'm describing it is a bit of a washing machine cycle where now we've got not just people in government trying to move through their own red tape but numerous people in sector caught up in trying to nut out what this thing is from week to week

and what it's going to look like and what it needs to be. So I just think a bit more care needs to be taken around that too and again for that real understanding of that power differential between government as a funder and some of the sectors and how we work together. And yes, it's a collaboration and a partnership but it's also not an equal one and I think sometimes that's being forgotten and it is putting I think an enormous amount of stress and kind of pressure on people that are working outside of government as well and I don't think government always sees that very clearly. (Expert Interview, Specialist Women's Family Violence Service, 12.09.19)

I would say that statewide it hasn't effectively been implemented. It's been a bit of a mess and that everybody's done a great job in trying to manage that mess because we're getting one thing before the next, the training's rolling out way after we need it to roll out. We're trying to develop guidelines but don't have the support around it, like it doesn't fit into what we're doing. So, one person's having the idea and the rest of the hospitals are grabbing onto it but then trying to translate that over doesn't sit well within the service and the organisation. So, I've got to say, like, a lot of people have put in - like been very creative and put in some good work into trying to make it work but I just found that it has not been - statewide it wasn't put in place very well and we're all having to pay for that. (Focus Group, AOD and Mental Health, 22.10.19)

Part of the anxiety and stress stemmed from staff worrying about the implications of utilising the Scheme incorrectly, particularly when training often took place after prescription of their organisations.

I think it had created a lot of anxiety at the start. When staff went to the training and they got all this information and then knew they could do it. But it was like there's potential that they could stuff it up or not do it right. (Manager Interview, Multi Agency, 29.11.19)

I mean it's probably increased the stress a little bit about the workers and the responsibility that they have, and making sure they're doing the right thing, are they working under the right legislation and doing everything that they possibly can for their clients? …They're well aware of their responsibilities and with that comes a little bit more stress I would imagine. (Manager Interview, Community Health, 17.09.19)

So, it has a correlating pressure, because yes, you're going to share information …So then you're carrying this knowledge that is sitting there on a template in front of you now. So yes, you might be needing more supervision and yes you might be worried more when you go home at night. (Manager Interview, Community Health, 17.09.19)

Many participants described the 'confusion' that many staff felt over the operation of the Scheme.

I think it was exceptionally confusing. I think there's still a lot of confusion around. I have workers that aren't terribly clear around the parameters of its use. (Focus Group, Mixed, 16.09.19)

It was so confusing, so much information, so hard in those early days that it was just one more thing that we just couldn't do. (Manager Interview, DHHS, 23.09.19)

Participants identified that part of the anxiety stemmed from the tight deadlines to get the Scheme operational. Many participants discussed the stress of these expectations.

[There is] increasing anxiety of the whole sector, the stress that they have to do this since yesterday, timeframes … the capacity to do this, the willingness to do this, and then the understanding of why this is beneficial for them and a client. (Expert Interview, AOD, 14.08.19)

However, part of the additional stress and anxiety comes not only for the operation of the Scheme as such, but from the responsibility of holding and carrying the information that relates to family violence risk.

> *I'm in the middle of family violence. We know the risks and they scare us sometimes about the risks that we're holding and carrying because we know that it's quite high … but it just brings about that extra awareness, what else can we get, what else is going to help with that? So, it's a positive thing, but it absolutely does have an impact yes. (Manager Interview, Community Health, 17.09.19)*

Further to this, part of the initial anxiety stemmed from the responsibility to share information but not having control over the information once it was shared.

> *There's a sense of unease, discomfort, unsure of their role, fear about getting it wrong and I think it's just been because of the implementation process. This is actually really good legislation and really good process and when you get into it … [but] I think it's caused significant stress for the workforce. (Focus Group, Mixed, 16.09.19)*

Beyond the individual anxiety felt by staff, managers expressed concern about staff dealing with information requests and this potentially impacting on their wellbeing.

> *My only concern with our team is obviously because of our increases and the impact of welfare and wellbeing on them and the increase of vicarious trauma that can occur. They are breathing these narratives and these things time in, time out, all day, up to 70 requests a day …That's what I focus on when I talk about adverse effects of the scheme. It's just the wellbeing. (Manager Interview, MCV, 17.09.19)*

> *The vicarious trauma that the workers might be carrying. (Manager Interview, Community Health, 17.09.19)*

The expansion of the FVISS and its consequent obligations to organisations that have not previously dealt directly with family violence was part of this concern. These concerns stemmed from the potential of emotional and psychological impact of staff dealing with these matters, lack of training in family violence and not having a shared understanding of family violence.

> *I don't think we were prepared for our workforce's emotional response to this work, because suddenly people who previously didn't see family violence or child wellbeing and safety as part of their roles, were confronted with this really full-on subject matter, some of them were perpetrators themselves, some victim/survivors. And I don't think there was a lot of thought put into the emotional and psychological impact on people doing this work suddenly that hadn't really signed up for that level of involvement in some very confronting subject matter. (Manager Interview, DHHS, 17.09.19)*

> *I think for AOD family violence is - people who haven't had training in family violence, it's just really scary. There's a lot of fear around it to ask the questions, to talk about it, there's misunderstanding, that shared understanding of family violence isn't there yet. (Focus Group AOD and Mental Health, 22.10.19)*

> *So, they're trying to kind of develop trainings around that to increase family violence literacy, but certainly do kind of see it as something that's scary and can trigger their staff. (Manager Interview, DHHS, 19.09.19)*

Participant concerns about staff welfare ranged from staff anxiety about tight deadlines and concern about the responsibility of sharing information correctly. There appeared to be ongoing confusion in some organisations about the Scheme, though less than in the first period of data collection. There were also concerns about vicarious trauma for staff when sharing information. This is of particular concern for non-specialist organisations.

Family Violence in the Workplace

Several participants from Phase One organisations reported that the FVISS training and information sessions had impacted or might have impacted on staff that had experienced family violence.

> *It certainly has raised issues around perpetrator and victim/survivors in the workplace. (Expert Interview, Mental Health, 17.09.19)*

> *I am a male manager with quite a few females in my workforce who may or may not have experienced family violence themselves and [so I'm] quite sensitive to the referrals that we receive and impact upon them [the staff]. (Focus Group, Mixed, 23.08.19)*

> *Almost always after every session, a staff member will come up and talk about their own experiences of family violence and then we're able to link them in with support. Which we would never have thought that would happen. So, that's been terrible, but I think a good sort of unintended consequence. (Manager Interview, Mental Health, 03.09.19)*

Workplaces are increasingly recognised as key sites for perpetrator interventions and providing support for those experiencing family violence (UN Women National Committee Australia (UNWNCA) 2017). It is important that resources are made available for prescribed organisations to respond to family violence experienced by workers. These resources should be available as practice guidance and be in place before Phase Two and be referenced in all future FVISS training and training materials. There are some examples of good organisational policy in this area. For example, the Victorian Aboriginal Community Services Association Limited has developed a policy to align their services with MARAM and information sharing which covers situations in the workplace where staff disclose their experiences of family violence or their choice to use family violence. The Family Violence Reform Implementation Monitor's 2020 report includes this policy as a good practice case study in his 2020 report (2020, p. 27).

Figure 5: Good Practice Example: Case Study of Implementing MARAM and the information sharing schemes

FIGURE 3D: GOOD PRACTICE EXAMPLE: CASE STUDY OF IMPLEMENTING MARAM

The Victorian Aboriginal Community Services Association Limited (VACSAL) is an Aboriginal community-controlled organisation that works across Victoria to provide a wide variety of programs that intersect with issues of family violence.

When VACSAL embarked upon aligning its organisational policies and systems to MARAM and the information sharing schemes, it found that it had a lot of good practice in place throughout its organisation but had never had the opportunity to document it.

VACSAL took an important and strategic approach to implementing MARAM by developing a family violence policy for the organisation, through a working group of case managers, community development officers and policy staff. The policy addresses many complex but crucial issues, including:

> the historic and ongoing effects of colonisation, dispossession and racism in Aboriginal communities' experiences of and exposure to violence, as well as gender issues

> the need for responses to family violence to be culturally safe, holistic, self-determined and support community healing and violence prevention in the long-term

> how it will manage each of: emergency situations, staff who experience family violence, staff who disclose family violence, staff who disclose that they choose to use family violence, responses to disclosures from VACSAL's adult students given that it is a Registered Training Organisation

> working with clients, including managing the common situation where staff may know their clients outside of the client-case manager relationship

> self-care for staff working with family violence.

Developing this comprehensive policy greatly enhanced VACSAL's capacity to communicate clearly with its community around how and why it might need to share information about family violence with other organisations including Victoria Police, and its general approach to the complex issues around family violence in Aboriginal communities.

VACSAL collaborates closely with other Aboriginal community-controlled organisations whose work intersects with family violence and is playing an important role in understanding and adapting the MARAM training and resources into an Aboriginal context and sharing the learnings from its own experience as opportunities arise.

VACSAL advised that one of the key learnings is that it initially approached the matter as a compliance issue because the information sharing schemes were legislated before the broader MARAM training and resources were available, but it has since learnt that the risk assessment and management discussion through MARAM should come first.

This work at VACSAL was supported by some additional resources provided by FSV to support the implementation of MARAM.

Source: FVRIM, based on information from VACSAL.

The MARAM perpetrator tool, due in the second half of 2020, will include practice guidance for when workers are perpetrators but it is possible it may not be available to incorporate into training to Phase Two.

Recommendation 18
Prior to the implementation of Phase Two, resources and policies should be in place in all prescribed and all soon to be prescribed organisations to support workers who disclose family violence.

8.6 What were the key barriers and enablers for implementation?

The key barrier for the Scheme's rollout was the timing and/or sequencing of interdependent elements such as MARAM and training especially for those in Phase One organisations that have not historically worked with family violence risk. This barrier was identified as key in each period of data collection. Training is discussed in section 8.4.2 and MARAM is discussed in section 8.4.3 of this report. Other barriers include diverse and incompatible IT systems and platforms, and organisational cultures, such as the AOD sector, which have historically placed a high priority on client confidentiality. While Child Protection Practice advice was updated in September 2018 to address obligations under the Scheme, issues were consistently identified with Child Protection which is perceived as not readily sharing family violence risk relevant information, while continuing to seek high levels of victim/survivor information under either the FVISS, or under provisions of the *Children, Youth and Families Act 2005*.

Key enablers are the ongoing strong support for the Scheme and its aims. This support is demonstrated through ongoing goodwill and commitment to work around any implementation barriers and engage in the work required to effectively operationalise the Scheme. The Scheme has provided an environment for greater interagency cooperation which has been widely embraced as a key enabler of family violence information sharing. Another key enabler was the policy and protocol development work of lead agencies such as Victoria Police, Courts Services Victoria and Corrections Victoria which have worked collaboratively to set up systems to effectively share perpetrator information. The advisors in the AOD and mental health agencies have been significant enablers of the Scheme. These positions play an important role in embedding information sharing practice and leading the necessary cultural change in Phase One organisations. Programs such as the Strengthening Hospitals Response to Family Violence Initiative have done some of the groundwork in preparing Phase Two for implementation of the Scheme. The developing maturity of family violence information sharing processes, less concern about workloads and potential adverse consequences, and growing experiences of 'good outcomes' has resulted in the overcoming of some barriers to the Scheme, which were identified during the first period of data collection.

Recommendation 19
In the lead up to Phase Two, a thorough audit of existing schemes promoting family violence literacy in Phase Two organisations should be undertaken. Careful consideration should be given to extending existing government initiatives such as the Strengthening Hospitals Response to Family Violence Initiative so they remain in place in the period when Phase Two are prescribed and undertaking the process of embedding the Scheme.

Barriers

Timing and time to implement

The sequencing and timing of the FVISS reform and its component elements were most commonly cited as the key barrier for the effective implementation of the Scheme. Issues around compressed timelines were raised in relation to the scheduling of the training and its time costs for workers and organisations, the time at which MARAM became available, the time at which resources such as practice guidance and templates became available and the consequent impacts on embedding practice and organisational change processes (see sections 8.3 and 8.4). A number of participants identified these temporal issues as linked to training and implementation occurring simultaneously or in the case of Phase One, training taking place after prescription leading to organisational and worker stress and inefficiencies (see section 8.5).

Organisational culture and the need for cultural change

Many participants agreed that the cultural change required for Phase One organisations to effectively take part in the Scheme was significant. Some aspects of professional culture were identified as a potential barrier for the effective implementation, with a number of participants considering there needed to be more preparation and workforce planning for these organisations to make the necessary changes effectively.

> *Well, a big hospital, you've got a medical-model system that has clients' privacy rights and a whole system around that. And then you've got the psychiatric unit that sits on the side that has to operate – and having worked in mental health previously, there are particular views around the sharing of information that clinical providers will have, that will hinder some of that. So how do you get a culture change? Because that's what we're talking about, a culture change. And I don't think there has been enough work in thinking about culture change…particularly, bigger institutions like hospitals. (Manager Interview, Multi-Agency, 08.08.19)*

In reflections on the organisational and workforce challenges, there was widespread acknowledgment of the critical differences in professional approaches to the confidentiality of information. It was considered these would have an inevitable impact on initial orientation towards information sharing, pre-existing knowledge of best practice approaches to client information and the embedding of the sharing of family violence risk relevant information as a new professional obligation.

> *AOD Workforce tend to be protective of main clients who are usually men, and if family violence is present they are usually the perpetrators. There is a gap/question there – What is the responsibility to women and children? Workers tend to think that addressing AOD will keep women and children safe. (Expert Interview, AOD, 15.04.19)*

> *Maybe this [Scheme] would damage the rapport that we have and therapeutic relationship, which is really important obviously in any sector, but certainly in mental health you don't do things to people without their consent. And this Scheme I guess tells us that sometimes we have to. (Expert Interview, Mental Health, 24.09.19)*

A number of expert participants considered professional differences in approach to client relationships, including client confidentiality, create an additional layer of necessary organisational change. There was

concern that the timing and structure of the reforms had not facilitated or enabled time for the cultural change needed for Phase One.

> *So, if you're talking to practitioners there's resistance on the information sharing. Particularly in the AOD sector confidentiality is a very big thing historically. So, there's some concerns, and without providing that context of that shared understanding with family violence and what are the relationships and what are some potential outcomes of this?; that's all unknown. (Expert Interview, AOD, 14.08.19)*

While particular concerns were raised in relation to Phase One organisations, there were concerns about the difference in organisational cultures more generally and the need to develop, strengthen and maintain frameworks for integrated practice, including understanding professional boundaries, roles and responsibilities.

> *In some ways, FSV threw all these services into one site [the hubs], so men's services, women's service, children services, Aboriginal services, Child Protection and expect[ed] them all just to work it out and get along. And there's some philosophical differences in the work, some personal differences on how the work should be done and I think what stood out for us is there really wasn't a good framework in place to support people coming in and develop culture of working together. Acknowledging each other's differences. So, specialist family violence service has a very – a specialist would have a very clear role to play. Do the other tiers know where their work stops and starts? I think part of our fear is that do we really want tier fours [workers in universal services and organisations] to be doing too much of risk assessment, risk management or do we really want them to get really good at referrals to specialist services? My understanding of the reform was very much that, that we had specialist service that if we improved referral pathways and integration that was kind of one of the major solutions as opposed to expecting everyone to become specialist family violence services. I think there's some fears out there that some of those boundaries are not clear enough. (Expert Interview, Specialist Men's Family Violence Service, 30.08.19)*

The concurrent introduction of FVISS and CISS and workplace culture and practice concerns

Many participants asserted these workforce challenges were compounded by the simultaneous introduction of the CISS. The intersection of the two information sharing schemes was an area of concern in a wide range of contexts. This uncertainty was seen as creating a barrier to the implementation of FVISS. As one practitioner succinctly noted: 'I think across the whole sector there's some real gaps and level of knowledge and understanding of FVISS and CISS' (Manager Interview, Community Health, 26.8.19). Practitioners described confusion about which legislation should be followed under what circumstances. This is captured in the following quote:

> *The really difficult kind of nebulous questions about the interactions of the schemes and how to use them in practice. (Manager Interview, DHHS, 23.09.19)*

There was a perception amongst participants that, despite policy intent and the practice guidance set out in the Ministerial Guidelines for both information sharing schemes, the CISS is considered a more straightforward pathway for requesting or accessing information without victim/survivor consent.

As both the information sharing schemes are being implemented, delivered and reviewed simultaneously these practitioner viewpoints, and the complexity of achieving congruence in workplace cultural change,

highlight the need to ensure clarity across the two pieces of legislation. This is particularly important for practitioners who frequently receive requests under both pieces of legislation and/or where the legislative instrument has not been specified.

> *We're under a whole-sector reform so we've got the family violence information sharing and we've got the children's information sharing, people are not clear. I was really lucky that I was involved in some of the initial consultations about it so, for me, I'm really clear about the differences and how it intersects and what goes on. But other managers, that might have come on a bit afterwards, have sent the staff off but I don't know that they've really been there, have had really good training about it so they're not really clear about it. (Manager Interview, Multi Agency, 08.08.19).*

The likelihood of a disjunction between policy and practice was sometimes linked to the legislatively facilitated broader scope of information sharing in the support and safety hubs.

> *That's still a concern and that's a whole other – yeah, we're finding there are concerns around that, because what's now playing out in the support and safety hubs – and we advocated very strongly . . . to have more of a defined term around what wellbeing is and to bring in some kind of risk. But what's happening now within this kind of de-specialising staff in support and safety hubs is that an L17'll come through and they'll try and contact her [the victim/survivor]. They haven't contacted her so they're just doing a [child] wellbeing assessment and part of that wellbeing assessment, they're just accessing her file [without consent]. (Expert Interview, Specialist Women's Family Violence Service, 21.08.19)*

This potential confusion and crossover between the FVISS and the CISS were linked to an often-cited area of workplace cultural difference between the Child Protection and specialist family violence sectors. This difference has been long recognised and was considered as continuing post the RCFV and the introduction of the FVISS. The RCFV considered that the meaning of family violence risk in the Child Protection sector and the family violence service sector has historically been very different. Child Protection assessments have often been focused on whether mothers, as the primary victims of family violence, are sufficiently 'protective'. Such an approach meant that separation of mother and child/ren was often an outcome of a family violence disclosure, rather than support and service interventions designed to keep women and their children safe and together. In both section 8.1, addressing women's views and section 8.2, the views of First Nations peoples, these concerns are demonstrated to be intense. The RCFV urged that reforms and system change addressed the siloed approaches of specialist family violence and Child Protection services. In line with RCFV recommendations, Child Protection has undertaken a number of initiatives, such as family violence training for staff. However, participants in the Review continued to express concern about Child Protection practices as they relate to FVISS.

Many participants remained concerned Child Protection continued to be primarily focused on monitoring mothers rather than supporting women and children experiencing family violence to find safety together. There were consistent comments that while Child Protection staff requested information under the FVISS, they were not as willing to share or collaborate to ensure family violence risk relevant information was provided to requesting organisations in a timely and effective way. This concern about Child Protection requesting practices is supported by the Top 5 Requesters table for both MCV and Victoria Police (see Figure 16). The lack of developed collaborative sharing of family violence risk relevant information between Child Protection and other agencies involved in the FVISS is a key finding of this Review.

Child Protection's focus on what they define as the protection of the child, remove the child from that situation, that's it. It's not a 'safe together' model of looking at who is the protective parent. It's the removal of the child from the situation, and often by removing the child without doing a proper risk assessment of the other partner, we keep hearing - and sometimes it's contentious - but we keep hearing of the other issues that are involved, and we know the other partner to who the children have been given is actually in our system as a client [perpetrator] and we regard [the children] at risk. (Focus Group, Mixed, 23.08.19)

Sometimes we just get – no, [Child Protection] would just say, 'Well, the new [legislation] means I can ask for anything I want, you have to give it to me.' They will say and then we have to go back and say "no, your specific request relates to blah, blah, blah". (Manager Interview, AOD, 10.09.19)

Participants commented that Child Protection don't always request information under the FVISS in a way that is family violence risk relevant. As this manager suggests, some information, if shared, may potentially increase family violence risk.

…Child Protection regularly would come and knock on my door and say, 'I need to know' and have a list of things that they want to know. Is this person engaging, is that kid coming for therapy? …we obviously want to support and work collaboratively but it's also about the rights of those women and children…what we're sharing, why we're sharing it and whom we're sharing it with. And where that's getting documented and kept for safety purposes. Because they then go out and have the discussion with dad and when they're doing their Child Protection investigation and say, 'Well I just went and met with the…Centre and yeah your kids are going there'. And then dad knows that the children are coming here for therapy as quick as that. (Manager Interview, Specialist women's Family Violence Service, 05.09.19)

Participants commented on the lack of reciprocity of information sharing within the occupational culture of Child Protection:

I work a lot with Child Protections…what I've…found is my communication to get information from Child Protection isn't being reciprocated…I'll send email after email after email; one case I sent eight emails to the one worker, cc'd her next-in-charge, cc'd my management in, kept them up to date with everything that was going on, and I didn't get one email back…we're still in the dark to this day. So that's been my experience ongoing. Not as bad as that, not as bad as eight emails, but still very hard for them to actually just provide us information, which is really relevant to our role. (Focus Group, AOD, 07.10.19)

…in terms of practice: probably the main part is being the frustration of when we try to get information from Child Protection and they don't want to comply. That's been – that's been the hardest thing to manage.
Q: And does that happen regularly?
A: The Child Protection doesn't want to share information?
Q: Yeah.
A: Yep. (Manger Interview, AOD, 10.9.19)

…people who we find don't share proactively is Child Protection…So, unless they both have really good relationships with them. In general, they seem to have not as great an understanding of

these schemes as other services…We will ring and ask for information and we are following up and doing all of that. But there is not a proactive sharing from their end.
Q: …And if you do ask them for information, do they share it with you?
A: It varies.
Q: Okay. Varies depending on who you actually talk to or -?
A: Yes. So, it varies depending on the Child Protection worker. (Manager Interview, Child Service, 18.12.19)

For some, such as this manager in the mental health sector, the Scheme has created no change within an already prohibitive sharing environment:

…what it has done is just reinforced that Child Protection are really difficult…we thought that was going to change, it hasn't really. (Manager Interview, Mental Health, 03.09.19)

This specialist family violence expert expressed a concern that Child Protection have utilised the FVISS to obtain information and establish protective concerns based on family violence victim/survivor information. It was suggested that this fails to achieve one of the aims of the Scheme which is to bring perpetrators into view.

Anecdotally I am hearing back [about]…Child Protection…using the provisions of sharing adults' information without consent if it applies or if there is a child involved…where the focus is squarely on the victim/survivor's information and not on the perpetrator again, being used to establish protective concerns rather than being used as a safety mechanism. (Expert Interview, Specialist Women's Family Violence Service, 17.09.19)

While overwhelmingly participant comments with regard to Child Protection noted a continuity of the past culture and approach identified by the RCFV, one participant from the AOD sector did consider there had been a positive change.

…one of the key advantages [in the Scheme] I've seen is a shift in dynamic between us and Child Protection. Because we're now able to ask them for information, there's a bit more sharing. Because previously I think it was a bit of a fortress in terms of trying to get information from them. (Focus Group, AOD, 07.10.19)

Concerns about Child Protection practice and approach were a focus for Survey Two respondents.

Child Protection not providing all information and difficulty in a direct process to gain information. (Survey Two)

Getting information from RAEs: in particular, Child Protection. They seem to have a siege mentality, perceiving every other Entity as hostile/oppositional to them. (Survey Two)

Other agencies saying they can't share information e.g.: CP [Child Protection] refusing to provide court orders to family services. (Survey Two)

A lot of the time sharing with Child Protection does not result in important information being shared with us. (Survey Two)

It feels as though we don't work with CP and they do not reciprocate information sharing. It is impossible to get through to case workers and there is a lot of time wasted doing so. (Survey Two)

Sector grant recipients are required to report to FSV on grant enabled activities and reflect on challenges. These reports point to tensions between the Child Protection sector and specialist family violence organisation, the former asserting that their specialisation is not sufficiently respected and the latter expressing frustration about the challenges of working with Child Protection under the FVISS.

There was limited engagement by Child Protection workers in the second data collection period of the Review. Those that engaged expressed frustrations, indicating that they considered requests made to them under the Scheme were often inappropriate, and overly broad. They expressed concern about the extent of data being shared by lead agencies, feeling that it did not always meet the risk relevance standards. The issues of additional workload were cited as critical for Child Protection workers, with only a small central team dedicated to the management of FVISS requests.

It will be important to support the optimal use of the Scheme that collaborative, interagency and cross-sector work, and family violence risk literacy is embedded across all prescribed organisations. Those organisations that have not had a history of seeing their work through the lens of family violence risk, that have traditionally had a strong focus on client confidentially or whose lens on child safety and wellbeing has not traditionally included a focus on seeing women and children's safety where there is family violence as interconnected, need to be supported to achieve the culture change necessary to fully embed and reap the benefits of the FVISS. Enablers to such a process, including frameworks for interagency and cross-sector cooperation, already in place are referred to under enablers below.

The use and suitability of existing IT systems and platforms

In the first period of data collection there was considerable concern about the management and communication of data under the FVISS. While this did arise as an issue in this second period of data collection, it was less clearly identified as a barrier, in part it seems because many organisations have now developed systems for the management of data and communications. This is often a central email that allows for a standard response, manager overview and a means to ensure requests and sharing are recorded as required.

For some participants, the proliferation of information sharing platforms across different organisations were not promoting the effective and efficient operation of the Scheme.

> *I feel like departments aren't speaking to one another enough on this front, because everyone across the VPS [Victorian Public Service] and the whole sector is struggling from a systems kind of soft infrastructure point of view. Everyone's using everything under the sun and none of the systems speak to one another. And so, everyone is coming up against this brick wall and spending so much money in this VPS case. Obviously, the sector just doesn't have the money, but every different department seems to be talking to different providers about information…It's sensitive information. Some of the solutions offered from an IT perspective actually wouldn't be compliant around that sensitive information. Everyone's burning through money and still no one has the system that's really built for purpose. (Manager Interview, DHHS, 17.09.19)*

Survey Two indicates that respondents viewed improved information technology platforms and systems as the top priority for improving the Scheme's implementation. The following table presents the percentage of respondents in Survey Two who agreed with the need for additional support priorities in key areas.

Table 7: Additional Support Priorities for FVISS Implementation into the Future

Additional Support priorities for FVISS implementation into the future	% (rounded)
Better technology to enable systems to connect	23%
Interagency forums	17%
Better alignment with other existing tools	15%
Overcome issues of privacy	13%
Better technology to keep service information and key personnel information up to date	13%
More internal support and training	12%
Other	6%

Other barriers

Participants from both Initial Tranche and Phase One agreed on the scope and scale of organisational work required to develop systems to share information under the legislation. This was identified as a barrier, both in terms of the clarity of communication about required documentation and in the timelines for the release of templates (see section 8.5).

Other barriers that participants raised were a belief in some non-specialist family violence organisations that the work required in terms of family violence information sharing was not adequately funded and additional complexity in multi-agency organisations. This latter issue was cited as specifically related to hospitals and large medical services.

> *So, we had a Responding to Family Violence procedure which we've had to change and unfortunately [Hospital X] aren't under the Scheme yet. But we had a joint procedure. So, we've had to change it to include for us, but also be really clear that they're not under the Scheme yet. So, that's been, I mean we're not the only hospital going through that sort of dilemma, which is just a bit tricky. And particularly for staff who work in the Emergency Mental Health, so down in ED but they're under Mental Health. They're working with the ED staff who aren't under the Scheme. So that's all a bit, you know, again, not just us having that difficulty as all hospitals have those difficulties. (Manager Interview, Mental health, 03.09.19)*

Where complex hospital systems were mentioned there was acknowledgment of available resources dedicated to these issues and confidence that these were being effectively resolved. It is critical to recognise that different workforces will have different needs and that responses and resources to support the Scheme will need to address these carefully. Existing mechanisms and programs, such as the

Strengthening Hospital Responses to Family Violence Initiative introduced in Victoria in 2017, should be considered as part of Phase Two implementation planning.

Other concerns, including funding to undertake family violence related work, were limited to a small number of comments or contributions, suggesting that they were arising in specific sectors or locally rather occurring across sectors working with the Scheme (see section 8.5).

Enablers

The strong support for the Scheme and its intended outcomes is an enabler. This support was evident even when participants felt that implementation was challenging or poorly sequenced.

> *The legislation is important because it legitimises and authorises good collaborative practice and obligations to manage risk and safety. So, I think it's an important piece of legislation and I think that it helps us as an agency to reinforce the message of mutual – of obligation to protect. That's been important for us. So yes, I think it's an extremely important piece of legislation. (Manager Interview, AOD, 10.09.19)*

> *I think the overall intent of the Scheme is absolutely wonderful and I think yeah, [we] would say this is one of the best things to come out of the Royal Commission, and really the [tilt] to perpetrators in order to manage risk. As far as the sequencing goes of actually having organisations, sectors' workforces aligned or prescribed within that time hasn't been ideal so we have – and we're still trying to get many of our cross-sector partners and even their peak bodies up to a shared understanding of family violence. So, in that context of not having even basic family violence literacy the risk of actually being able to share information appropriately or that's not risk-relevant or even misidentification, really of perpetrator/victim is risk. So – and obviously the training isn't ideal and yeah, there's – it's sort of the horse bolted before there was any sort of capacity-building strategies or long-term - but I don't want to take away from the Scheme itself, the actual policy. (Expert Interview, Specialist Women's Family Violence Service, 21.08.19)*

> *The FVISS has been an opportunity to start conversations about family violence information sharing. (Expert Interview, Homelessness Service, 06.09.19)*

Across the period of data collection, there was considerable evidence of good will and commitment to make the Scheme operate effectively, and of interagency cooperation designed to facilitate safe and family violence risk relevant information sharing.

Collaboration and commitment

Many participants described working together across sectors with other agencies and 'working around' issues and barriers as they implemented the Scheme. These supportive and mutual relationships were diverse in character: some reported more clarity in their own sharing practices emerging as a result of the Scheme; others described the significance of resource sharing in enhancing and progressing their own information sharing practices.

> *So previously we were kind of getting away with it – we were probably being looser with our information sharing than we really were legally allowed to do. We've kind of been given a – always working on an understanding that the information privacy principles did allow for police to communicate for a community safety purpose, but really we still have a whole lot of other*

concerns, or thoughts, or fears, about what it means to disclose information that comes from LEAP; because it's a criminal offence; you can do your job. So, to operate with that protection in place, which is more than just an MOU between – or formal arrangements between parties; that's good, so that works. (Expert Interview, Criminal Justice Sector, 04.10.19)

The other thing is just forms generally, so we developed our own form but we use the VicPol form because they were generous in sharing that regionally, that's our request form. But the fact that every organisation is developing their own seems crazy from a resource perspective. I go to some regional meetings where there's some small organisations who just don't have the resources to throw at this so just don't do anything really is what I hear, or are just so far behind. So, we've had some good cooperation at a regional level to try and share. (Manager Interview, Community Health, 17.09.19)

A number of participants from different workforces identified emerging collaborative relationships with the men's specialist family violence sector as a positive in the implementation of the Scheme. For some, the Scheme was facilitating a deeper embedding of the men's sector as a key part of an integrated family violence response.

I think so. I think it's definitely helped with the services we work with like the Men's Behaviour Change, to keep victim support in mind; to keep the victim safety in mind, so, I think that's definitely helped to improve. And for us, having to develop the templates and the requests out, even if we're not using them regularly, it does have something in place so that we've got a clear set of guidelines to follow if we are concerned about client's safety. We know that we've got the Information Sharing Scheme to go down if we need initial information or to share information and we know how to do that. (Manager Interview, Community Health, 26.08.19)

What we have found as a change is that Men's Behaviour Change groups and facilitators have been much more willing to share information and to work much more closely with us. So, that has been a shift. And we're a children's service but we have actually – particularly in the eastern region we have done some joint work with Men's Behaviour Change case managers and facilitators where the counsellors will meet with the father and that facilitator or case manager where that person helps the father have accountability while we did some of the parenting stuff. So, that's been – and we don't know if it's related or if it's just coincided or what's happened, but that's been a change we've certainly noticed in the last year. (Manager Interview, Child Service, 18.12.19)

I think part of that is them as a service finding its position in the service system as well as organisations finding the role that our Men's Referral Service can play in that sharing of information and being able to share it obviously around perpetrators without consent. (Expert Interview, Specialist Men's Family Violence Service, 30.08.19)

Orange Door [Support and Safety hubs] information sharing practices received some praise too for supporting effective and efficient information sharing to achieve positive outcomes for women.

So, there's information being shared all the time, collaborative information. I see it all the time when I'm at the Orange Door. A men's worker will come to one of our colleagues and say, 'Hey look I'm working with Bill, he's reported blah, blah, blah. What do you think?' and she goes, 'Well actually blah, blah, blah, blah'. He beat her up last night so what he's reported to you is not

real. So, it's kind of that really good work that happens. Or Child and Family will say, 'I'm working with a woman she's given consent. She's disclosed family violence and one of your family violence practitioners will have to come down and meet with her and talk to her about what her rights are'. Or have conversation with a family violence team in VicPol to do an option talk with her about what her options are around making a report, applying for an intervention order. And that's great work because it doesn't mean that Child and Family have to ring us and take five days to get a referral. They're in the building, they've engaged with mum about Johnny isn't going to school. They start talking and she actually says, 'I think Johnny's not going to school because there's some shit going down at home'. She disclosed and they pull in a family violence worker. When that happens it's fabulous. (Manager Interview, Specialist Women's Family Violence Service, 05.09.19)

These views were reinforced in Survey Two. A significant number of respondents (n=22) referred to the opportunity created by the Scheme to work with other agencies more specifically and directly, with clear positive outcomes.

Since info sharing laws I am finding it much easier to get contact details of victim/survivors (where the perpetrator is doing a men's behaviour change course) from police, Orange Door and Child Protection. (Survey Two)

All supporting agencies of the family are on the same page. (Survey Two)

Ability to gather all information from other services to determine the level of risk that victims are facing. (Survey Two)

Multi agencies meetings, history - gathering information, and referrals to support agencies to case management of clients with consent except perpetrators. (Survey Two)

Victoria Police and all the agencies I deal with all have a common goal. The sharing of information assists all agencies making it a more efficient and streamlined process for all agencies. The sharing of information allows contact with victims and perpetrators to be made easier ensuring a quick engagement with the necessary parties. Information sharing also alleviates the need for the victim to explain the details and relive their experiences to each individual agency. (Survey Two)

Informally with other ISEs or RAEs known to me has been great, not only in managing risk but in strengthening relationships across sectors. (Survey Two)

It is incredibly beneficial and has dramatically changed the way services are able to work collaboratively together by sharing critical information relating to risk and safety. It gives women survivors the ability to make more informed decisions and services the responsibility to manage risk and hold perpetrators accountable for their choice to use violence. (Survey Two)

AOD staff are now contributing to maintaining the safety of women and children, while keeping perpetrators accountable. We have had numerous examples where we have shared information and there has been a great outcome in terms of improving safety. AOD staff have reported to me that they are talking about information sharing at the start of every session/ group, and it has in some cases actually prompted the client to disclose family violence in that moment and have an open discussion about it. (Survey Two)

Some participants reflected on the sense of shared responsibility for family violence risk enabled by the Scheme, highlighting the value of the cross-sector cooperation that was occurring.

> *Q: Yes. So, with the operation of the Scheme do you think it increased the culture of sharing? Do you think people, more organisations, whether it's yours or other organisations that you're sharing with, do you think it increased the pro sharing attitude?*
> *A: Yes. One of the things that I was told at the training as we went through is "The whole point of this scheme is not to be fearful of sharing information". It is just pick up the phone and call that person and have a chat about what you're both seeing and witnessing and making those observations to make a collaborative risk assessment. And in doing that, using professional judgement and going "We need to do something" and not being a sole worker holding that risk.*
> *Q: Yes. And so, has it helped in that way in your relationships with the organisations that you work with because you're sharing information – is it building relationships with other organisations?*
> *A: I think so – very slowly, it's taking time. (Manager Interview, Multi Agency, 29.11.19)*

The work of lead organisations such as Corrections, Courts and Victoria Police working positively/quickly/supporting targeted requests

Lead agencies that hold perpetrator information were identified as pro-active, timely and key enablers of the Scheme. Overall there were very positive responses about these organisations as information sharing leaders both in terms of intent and efficiency. There were a number of participants who referenced the sharing of Victoria Police templates and protocols as very helpful for their own organisation's change management. For some, the systematic work of these agencies was ensuring the realisation of the Scheme's key objective of keeping the perpetrator in view.

> *I think definitely between yeah some – I think definitely Corrections, VicPol, specialist services, courts are turning them 'round quickly as well. Yeah, I think very much so because you've got those central points as well, you can access that information. But there's a lot of work to do around particularly mental health. (Expert Interview, Specialist Women's Family Violence Service, 21.08.19)*

> *A1: For a formal, like if we're doing in this request, that goes to centralised, but if it's just to do with a local matter, and it's just a quick over the phone question, then just the local station.*
> *Q: Yeah, and you get responses pretty quickly? They're happy to share?*

> *A1: Yeah, we normally always use the court and family violence unit, so they're really good there.*

> *A2: One thing the police did do was they sent us an email with kind of like questions that could be good to ask in the request, because they found that we were sort of asking too broadly. So, they actually sent back, it was like about 10 questions dot pointed, and they said like "use these kind of phrases". So that was really helpful, something like that from each individual organisation, like a guideline of what we can request and what that will look like on their end. (Manager Interview, Community Health, 17.09.19)*

> *Now that all of those, particularly the big institutions, VicPol, police, Corrections have got very proficient kind of turnaround times and that they know how to access all what information's out there and that it's just become part of as it should be, kind of structured professional judgement as it's working really well. It's just really that whole notion of keeping perpetrators in view which we didn't have the mechanism before and they're reporting that they're getting cases through,*

they've assessed them and then they've actually – and then assess them as low-risk. They've got the information back from the information-sharing schemes and some of them have been high-risk, and they've had a few cases that have gone to a RAMP. So that's just the schemes working as they are intended. (Manager Interview, Community and Family Service, 19.11.19)

For me we're getting a lot more through the magistrates - through the courts and through police. We are sharing information [seamlessly] and it's really helped to assess risk if we're working with a perpetrator, especially if they were on a unit or in a CCU (Community Care Unit), yeah, but not so much with the family violence service. ….. But when it works, it works fantastic and we've been able to really manage a lot of risk and with the perpetrators we're working or even AFMs. (Focus Group, AOD and Mental Health, 22.10.19)

In line with these views about lead agencies, the Family Violence Implementation Reform Monitor's report (2020, p. 29) highlights the DJCS implementation of an Information Sharing Culture Change Strategy as an example of good practice. With funding provided through FSV a consultant was employed to design the strategy and provide advice on prioritising actions and resources. Different sub-cultures were identified in corrections/prisons, health services for prisoners, community programs, victim support and youth justice. Each of these were assessed against six criteria identified as necessary for successful family violence information sharing:

- Naturally collaborative
- Family violence literate
- Delegate authority
- Trusting
- Familiar with FVISS and its objectives
- Familiar with other entities in the FVISS

Each of these measures were assessed in each of the sub cultures identified to create a baseline against which the progress of the strategy can be measured.

For some participants, the sense of enhanced and effective information sharing under the Scheme extended across all aspects of the work that was occurring in their service with victim/survivors.

I think it's definitely enabled better risk assessment and risk management, definitely. So, there's numerous cases of where a woman has thought a particular thing about him, like that he had particular convictions or whatever, and then we've been able to find out more information that either actually none of that existed or actually it's much worse than she thought. So, I'd say that the requests for information, particularly from Police and Corrections, are quite firmly embedded, and really do support our risk assessment and risk management, definitely. (Manger Interview, Specialist Family Violence Service, 19.08.19)

One expert encouraged more education around the targeting of requests to the most appropriate lead agency, expressing concern that courts were carrying a heavy burden that might lead to less than optimal practice.

The Magistrates Court is doing the information and you would have the figures probably on the numbers of queries they've had. And often people go straight to the court and say, "We need this information," whereas it would be much better to go to the police. I think that the issue originally

with the Magistrates Court, and one of the things we found, was that the police were not very good at sharing their information, and not very up to date. And the prosecutors often didn't know, or the civil advocates didn't know, exactly what was going on. And if you had a good magistrate, the magistrate would say, "I can't make a decision until you go away and get this information." But if you've got a magistrate who was very busy or a bit more relaxed, the queries were not made. And sometimes things slipped through the cracks. So, I think that's why the magistrates decided that they would focus on this information sharing stuff. But it has proven a burden to them, because they get lots of queries. And that will need some education, I think, on what's your first port of call, how do you do it?. (Expert Interview, Mental Health, 17.09.19)

The data on information sharing indicates that the MCV is by far the main sharer and receiver of request under the Scheme (see section 8.7).

There was some limited criticism of the processes of lead agencies as overly bureaucratic. An example is included below, but these comments were not significant in number.

I think Vic Pol will say that their email is providing guidance to help someone fill in the form. To somebody who has misunderstood maybe a little tiny bit of it and they're receiving a two-page email which covers every element that they could possibly have done wrong, which maybe they've only done a little thing wrong, which maybe actually isn't legally required under the schemes anyway, no, it's not helpful. Because someone who is trying to really hard to do the right thing just thinks, "Well, that's too difficult. I won't bother contacting Vic Pol again". (Manager Interview, DHHS, 23.09.19)

Other enablers

A number of other enablers of effective implementation of the Scheme are set out in section 8.3. These include quality Ministerial Guidelines, an increasing suit of practice guidance, the Enquiry Line and sector grants. Advisor positions in the mental health and AOD sectors have been a particularly welcome and important enabler of implementation. While training is necessary for the effective implementation of the Scheme it is not sufficient. Strategies are required to embed family violence information sharing practice. The advisor positions are critical to this. Apart from providing secondary consultations, advisors engage in cultural change activities and ongoing training and education in family violence that is tailored to the sectors that they work in. There is a critical need to support the changes in professional cultures that are occurring within sectors such as mental health and AOD where client confidentiality has previously been a core part of a professional ethic.

A huge enabler is the Specialist Family Violence Advisors Program. (Expert Interview, AOD, 14.08.19)

There was some concern, however, about uncertainty about the duration of these positions.

Another I guess barrier with this [advisor] role, it was initially announced just to be a project job, to continue only for a year and it was meant to wrap up in January and we've heard unofficially that it'll be continued ongoing. So, I think the issue with that is that if you were doing it as a project you kind of had, oh, we've got to really prepare this workforce to be ready for the information sharing and what will happen if these roles don't exist to support it. (Expert Interview, Mental Health, 24.9.19)

Funding for these positions has been made ongoing. Given that there is evidence that the mental health and AOD sector are just beginning to participate in the Scheme this ongoing funding will be critical in addressing the workplace needs of new sectors being prescribed in Phase Two.

8.7 Has the Scheme resulted in increased levels of relevant information sharing between prescribed agencies?

The Scheme appears to have resulted in an increase in both the quantity and quality of family violence information sharing, which has in turn led to enhanced understanding of the responsibilities and benefits of the Scheme. There is good evidence of an increase in the sharing of perpetrator information. Broad-based support for the Scheme combined with the increase in the quantity of information sharing has worked to decrease fear of legal consequences and bolster pro-sharing attitudes in the sector. Workers have seen the benefits of the operation of the Scheme to individual cases which has enhanced sector understanding of the responsibility to share family violence risk relevant information. While some workers continued to rely on pre-scheme processes for sharing, there was negligible evidence of inappropriate sharing.

Here we consider to what extent the implementation of the Scheme has resulted in increased levels of relevant information sharing between prescribed agencies. We consider participants' observations on how the scheme has contributed to:

- Increased pro-sharing attitudes and culture
- Increased understanding of information sharing responsibilities and benefits
- Decreased fear of legal consequences of sharing; Increased quality, accuracy and thoroughness in the assessment and management of risk; and
- Any previous inappropriate informal information sharing
- Any increase in the quantity and risk-relevance of information sharing

There are limits on the ability to document quantitatively the nature and extent of sharing under the Scheme. Organisations are under no obligation to systematically report on levels of sharing under the Scheme or the family violence risk relevance of requests received. Lead agencies however have provided data on post-Scheme information sharing. While this data does not capture all forms of information sharing (limitations are noted in the relevant figures), it offers concrete evidence on the sharing of perpetrator information. This is of critical value given the Scheme's central objective of 'keeping the perpetrator in view'. This data was supported by survey data usually shared. Perpetrator data reflected the highest percentage increase in information shared between Survey One and Survey Two.

Table 8: Family Violence Risk Information Sharing Practices

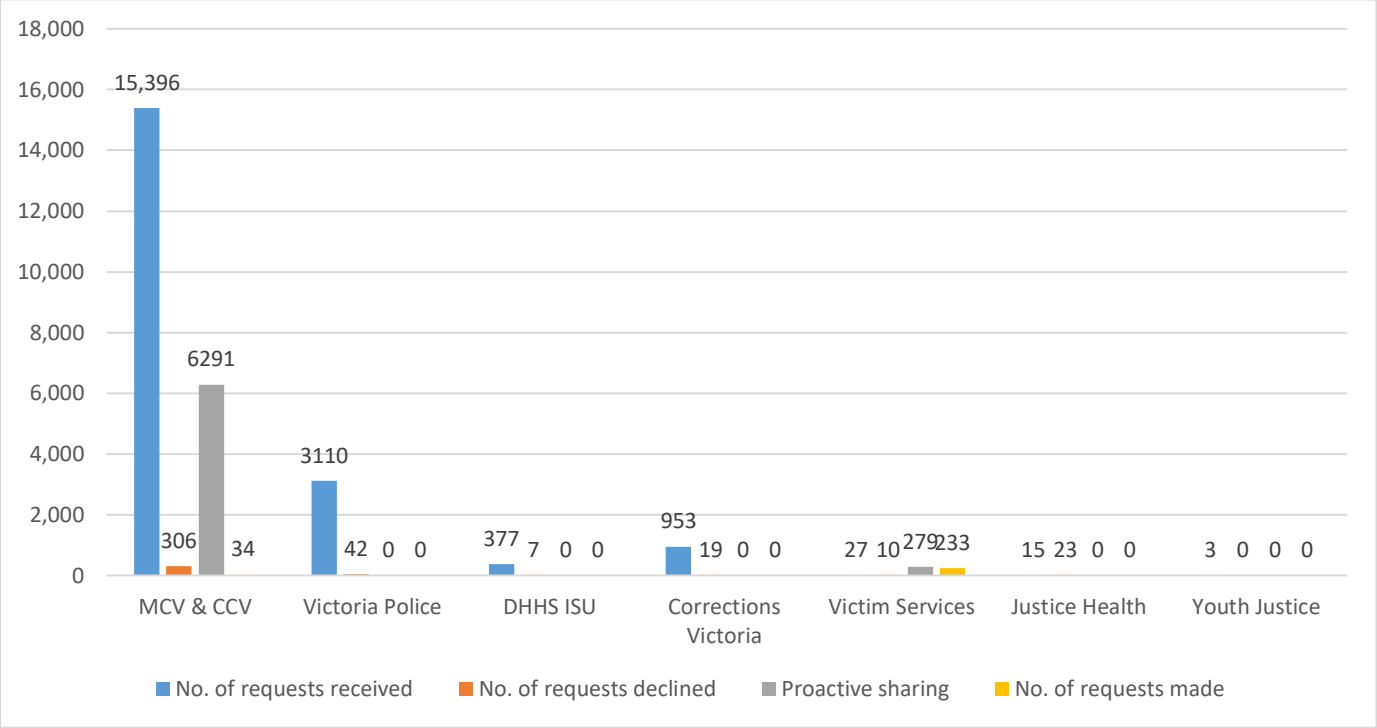
The type of information shared by respondents who indicated that they regularly share family violence risk information	**% of survey respondents (% rounded)**	
	SURVEY ONE	**SURVEY TWO**
Adult victim/survivor information	39	50
Child victim/survivor information	23	40

Both adult and child victim/survivor information	51	62
Perpetrator information	50	74
Other	12	9

**Note: totals are not presented as participants were able to select multiple categories in both surveys. Many of the people who selected other wrote all of the above.*

The below figures provide details of the levels and nature of FVISS information sharing activity of lead agencies including MCV, CCV, Victoria Police, DHHS, and Corrections Victoria 2018-2019. It should also be noted that agencies, for example, Youth Justice, are using pre-existing methodologies and legislation. The information set out relates to request to the central units of these agencies only and does not include requests made at the local or regional level. In the case of DHHS these figures relate to requests on closed cases only. Requests on active cases are made to individual case managers and are not centrally recorded. The MCV and the CCV are sharing the most information and have engaged in the largest volume of proactive sharing under the Scheme to date. Victim Services have made the largest number of requests for information. Only DHHS and Victoria Police provided data on the subject of the information requests received. Detailed information of each lead agency's information sharing practices is provided in Appendix Seven.

Figure 6: Scheme to Data Agency Comparison of Responses to Information Requests



** DHSS ISU and Victoria Police did not provide data on voluntary sharing or number of requests for information made.*

Figure 7: Number of Information Requests Received

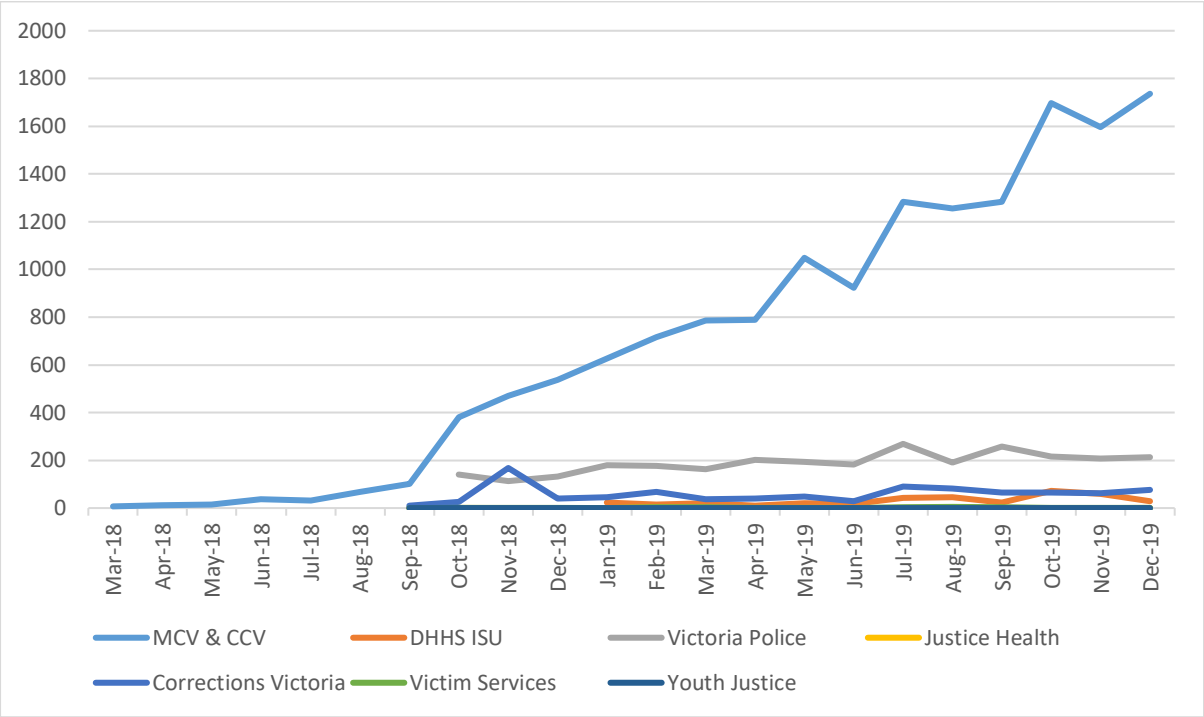


Figure 8: Information Not Shared

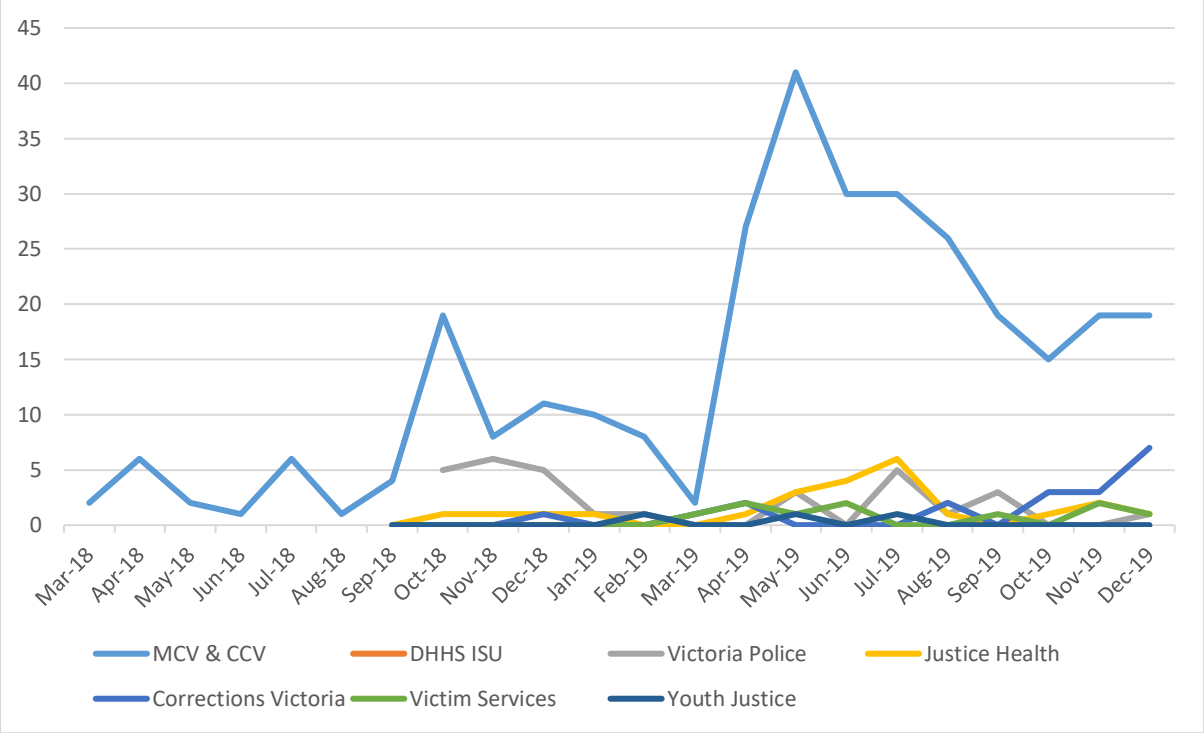
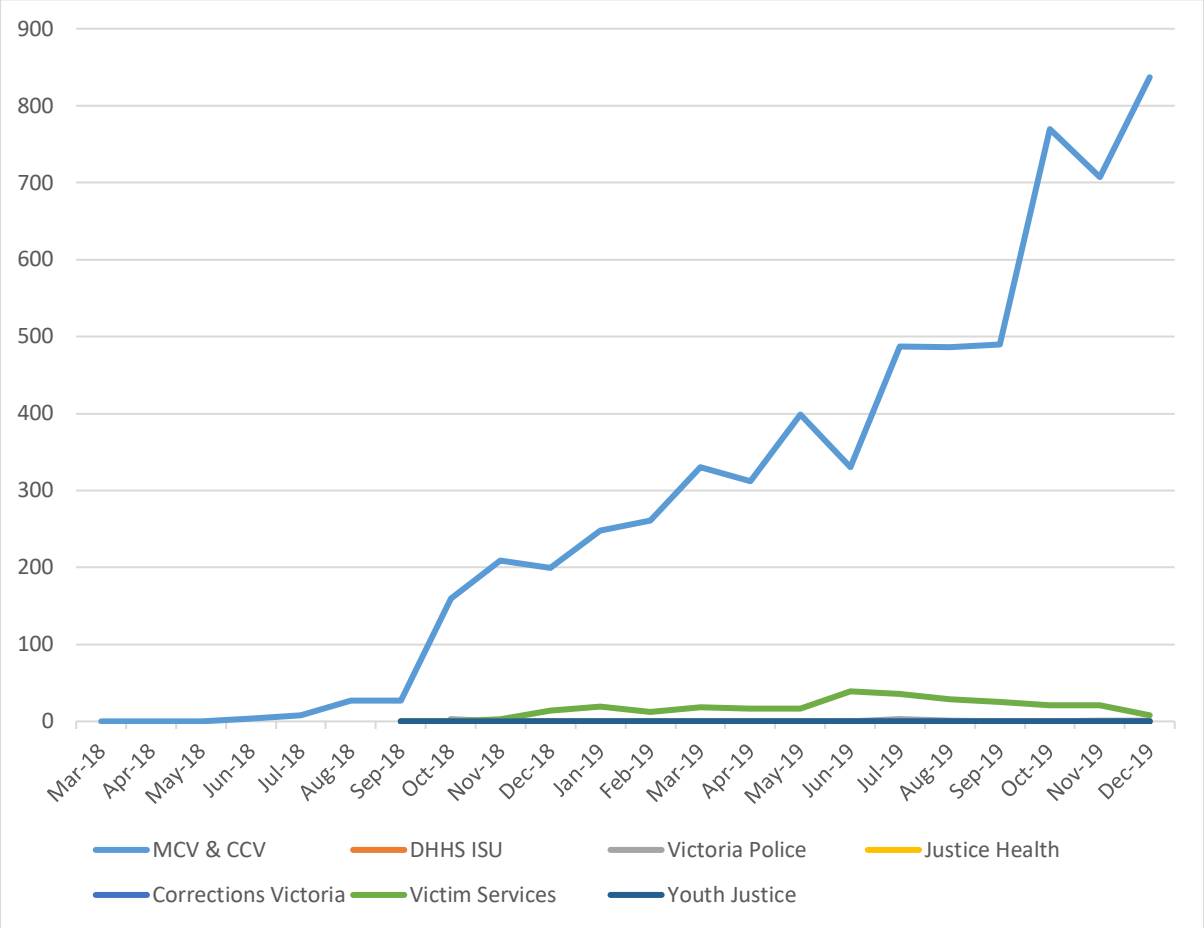


Figure 9: Information Voluntarily Shared



**DHSS ISU and Victoria Police did not provide data on information voluntarily shared*

Other than the lead agency data set out here, there is no aggregate data about the total level of sharing under the Scheme. In addition to this family violence information sharing practice is dynamic and flexible incorporating both formal and informal practices in order to respond to situations of urgency when needed.

The two surveys provided some data on levels of information sharing but the changes in levels of information sharing between Survey One and Survey Two are not statistically significant.

In Survey One, 430 respondents (79.19%) indicated that they generally share family violence information with other agencies. Those who reported that they were most likely to share information were employees from Child FIRST (95.45% of employees share), Child Protection (85.71%), Correctional services (92.86%), Refuges (100%), RAMP (92.86%), and Victims of Crime Program (100%).

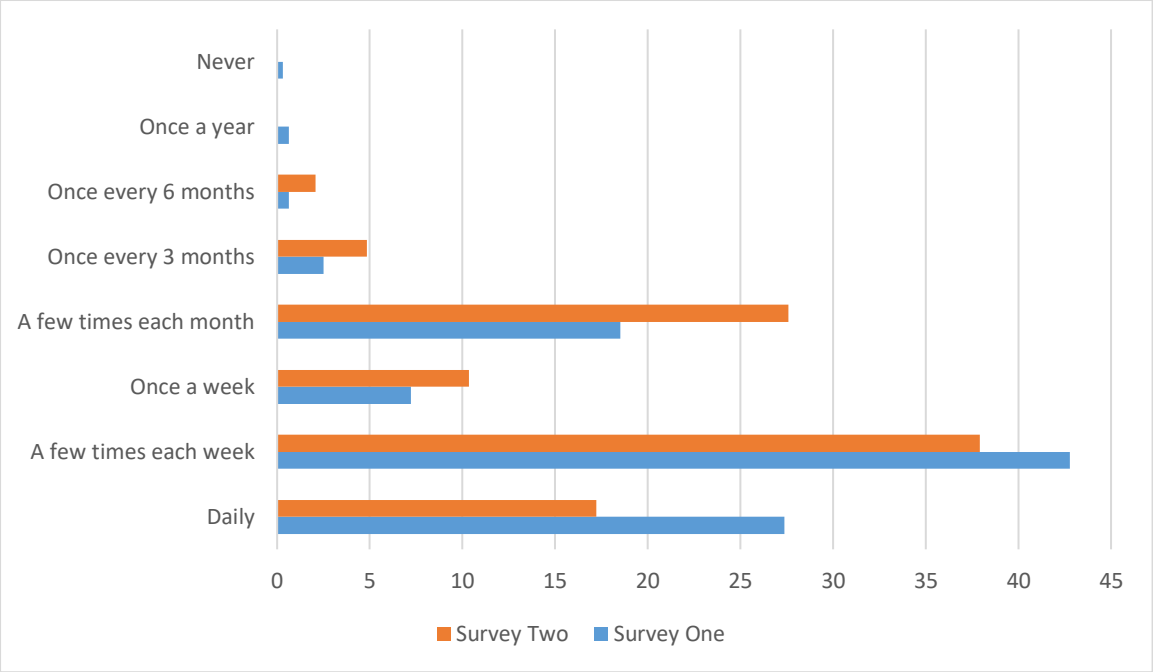
In Survey Two, there was a slight increase in the percentage of respondents who indicated that they generally share family violence information, but this is not a statistically significant difference: 202 respondents (80.16%). For those who responded that they did not share family violence information, this was most often due to their specific role which did not require such sharing. However, it is notable that one respondent commented, suggesting that there are issues across different sectors:

We do not know how to - what would be involved, who to contact how to! This really needs to change. I think very very, very few mental health professionals (e.g. psychologists, psychiatrists, social workers) know about this! (Survey Two)

There was no real change in frequency of sharing between the Survey One and Two. For Survey One, the majority of respondents indicated that they share family violence information with other agencies at least once a week (65.58%). In Survey Two, this was almost the same with 66% of respondents indicating that they share family violence information with other agencies at least one a week.

The comparative reported frequency of sharing between Survey One and Survey Two is captured in the table below. A more robust measure over time would offer better insight, given the relatively recent reforms to family violence information sharing.

Figure 10: The Percentage of Respondents and their Estimated Frequency of Sharing



Participants spoke about the sharing of risk relevant information. Some, mostly managers and experts, reported an emerging culture of openness to sharing post Scheme implementation and the need to reassert, via training and clear messaging, the importance of only sharing family violence risk relevant information. This messaging was seen as particularly critical for Phase Two.

Non-risk relevant, inappropriate or over-sharing

The majority of concerns expressed by participants about non-risk relevant sharing were linked to concerns that the importance of risk-relevance was being diminished by a misunderstanding of the Scheme. This was characterised as the proliferation of the attitude that, 'Oh, we can share everything now' (Manager, Specialist family violence service, 19.08.19).

I think…there can be [an] expectation from other people in the sector that all those walls now have come down and is just you must share all information. When in fact that's not the case. (Manager Interview, Specialist Women's Family Violence Service, 05.09.19)

Holding the importance of risk relevant sharing

Participants, and in particular those from specialist family violence services, reiterated the importance of risk relevant information sharing in the context of more openness to sharing post implementation. A manager from a specialist service questioned the assumption that 'just information sharing is good' and suggested that in some situations sharing may be operating to manage worker anxiety more than meeting women's needs. Family violence specialists emphasised the importance of respecting women's privacy and working collaboratively. They pointed to decades of research demonstrating the 'best way [to] improve women's safety…is for her to make active choices around protecting her wellbeing'. Observations and commentary collected from specialist family violence services during the second period of data collection strongly suggests that this cohort is concerned about the implications of over-sharing. Further detailed analysis of this issue can be found in section 8.7.5.

Agency specific sharing

The following table illustrates the agencies with whom survey respondents indicated they share information. The table sets out the percentage of respondents who share information with each of the listed agencies, and offers a ranking from the most common to least common.

Table 9: Agency Specific Sharing

Agency	**% of survey respondents who indicate that they share with…**			
	Survey One	**Rank**	**Survey Two**	**Rank**
Victoria Police	61.63	2	44.06	3
Child Protection	81.40	1	66.34	1
Specialist women's Family Violence case management	59.07	3	52.97	2
Specialist men's Family Violence case management	21.40	9	26.73	6
Risk Assessment and Management Panel	41.63	4	34.16	4
Child FIRST	22.33	8	19.80	9
Sexual assault services for victim/survivors	12.56	12	10.40	10
Victims Assistance Program	32.79	6	23.76	7
Correctional services	13.49	11	8.91	12
Offender rehabilitation and reintegration services and programs	10.70	14	6.93	14
Prisoner services or programs provider	7.44	15	3.47	15
Magistrates' or Children's Court	32.09	7	22.77	8
Victim Support Agency	35.35	5	30.20	5
Refuge	13.72	10	8.42	13
Other	12.09	13	9.90	11

**Note: This was a multiple-choice answer, so percentage is indicative of frequency.*

In Survey One, respondents were most likely to share information with Child Protection, Victoria Police and specialist women's family violence case management services. In Survey Two, the main three services were the same.

In Survey One, respondents stated that information is more likely to be shared via an informal practice, such as a phone or email conversation (63.02%), rather than completion of a form and/or a formal process (36.98%). In Survey Two this was unchanged: informal sharing practices were reported more often than formal processes (51.48%). Approximately one-quarter of respondents indicated that they utilised formal processes (24.75%). (Note: in Survey Two, there was a change in the survey set-up and respondents were able to select multiple options). Percentages for both surveys were calculated from the number of respondents who indicated that they practice information sharing.

However, there was a notable change in terms of how information was shared.

Table 10: How Information is Shared

Type of Communication	**% of survey respondents**	
	Survey One	**Survey Two**
Telephone	82.09	61.39
Via in person conversation	42.79	33.17
Email Message	68.84	52.48
Completing a form	26.05	26.24
Online software	12.56	6.93
Via interagency meeting (e.g. a RAMP, a case conference)	38.84	27.23
Other	4.65	4.95

Note: Percentages do not tally to 100% as respondents were able to select multiple responses.* ***Other* *included responses such as subpoena, official letters, and in team meetings.*

The qualitative feedback on changes in sharing practices is examined below.

Despite the quantitative information from the lead agencies which indicates an increase in information sharing, not all participants reported that their organisations were engaged in increased sharing activity. Phase One organisations were most likely to report no significant change in the volume of information sharing. This is to be expected as they have been prescribed under the Scheme for a shorter period of time than Initial Tranche organisations and had, in many cases, not been trained in family violence risk assessment or had pre-existing family violence risk literacy (see sections 8.4 and 8.6).

Little to no change in quantity of information shared

> *The Therapeutic Community … said that it requires a real cultural change …they weren't…aware of…much…impact on their work…it's practice as normal. (Focus Group, AOD, 7.10.19)*

> *Q: …have the workforce…made any requests for information through this Scheme?*
> *A: … I don't think so. I think there's still some work to go on understanding the scheme fully. (Manager, Homelessness Service, 20.11.19)*

> *[In] the AOD sector they are saying the number of requests is very small…some of the feedback at those local area committees is that they are not using the Scheme, they are using the structures that they previously had…And what that says to me…[is]…we have not made the shift in our thinking to focus upon the perpetrator as opposed to focusing on the victim/survivor so it is still victim/survivor information that is being shared. (Expert Interview, Specialist Women's Family Violence Service and AOD, 17.9.19)*

Another significant reason offered for minimal change in the quantity of information sharing when it was identified was the existence of well-established and embedded information sharing practices as well as professional relationships and arrangements predating the Scheme. Participants commented that they could not necessarily distinguish sharing that was occurring under previous arrangements and what is occurring under the Scheme.

> *[Participant from a counselling background] Look, we haven't really used it that much yet, and I think a part of that as well is around relationships that are already there in some spaces. (Focus Group, Mixed, 3.9.19)*

> *I know from a Youth Justice perspective not a lot has changed. I think Youth Justice already has quite a strong information sharing process. (Focus group,* DJCS*, 19.9.19)*

> *I think we…expected there to be a lot more changes in process…but nothing too much had actually changed. I think due to the fact that we…get consent to talk to a lot of services already...it really is in our practice with seeking information through the police in regards to L17s and mental health and things. (Manager Interview, Multi Agency, 29.11.19)*

One participant reported that the Scheme had in their experience 'stifled' family violence risk information sharing for MBCP.

> *I think that there's some system issues that really have meant that information-sharing is now a bit more stifled...in the past, we had access to…the RAMP…Family Safety Victoria made a decision to close off access to that…we have about 400 men come through here a year…in the past…we would check the list of the people that are up at the RAMP, check against our clients and if we had a client that came up on the RAMP, we would then contact them so that what we could do is share information around that. Can't do that anymore because we're not part of the RAMP. (Manager Interview, Multi Agency, 08.08.19)*

The current policy is that perpetrator family violence services should be incorporated into RAMPs, core membership and must attend every RAMP meeting and contribute to information sharing, risk assessment and safety planning. In theory, the situation reported above should not be occurring.

Some sectors, such as mental health, report some reluctance to receive information under the Scheme.

> *We think you need to know that as well, just so you've got all the information. And the resistance has been…if you told us this information then we would have to act on it and…it's going to look worse for your consumer if we act on it. So, don't share it with us. And again, with Child Protection, it's like well, we're not going to investigate, it's not a protection issue. But we're pretty sure that you're involved with this family because of x, y and z. So, we just think you should have this information. It's a bit like, well, are you making a formal report. No. We're trying to share information. (Manager Interview, mental health, 3.09.19)*

Increased pro-sharing attitudes and cultures

> *I do think there's more of a pro sharing attitude to sharing for sure. (Focus Group, Mixed, 03.09.19)*

In the first period of data collection, participants were typically highly supportive of family violence information sharing generally and the FVISS specifically. The second period of data collection suggests similar if not higher levels of pro-sharing attitudes and support for the Scheme.

The surveys support a finding of a high and increasing positive attitude towards family violence information sharing over time. Between Survey One and Survey Two, there was an increase in terms of positive attitude towards family violence information sharing from 88.70 percent to 95.68 percent. Importantly, Survey Two indicates a 13 percent increase in respondents who were very positive. This positive attitude towards information sharing was reflected in respondent's assessment of the workplace attitudes towards and support for sharing. Respondents felt their work place was positive about information sharing, with 79.86 percent reporting a positive/very positive workplace attitude in Survey One, increasing to 83.78 percent in Survey Two.

Despite pro-sharing attitudes and clear commitment to the Scheme, participants particularly those in Phase One expressed reservations related to the Scheme and its implementation (see section 8.6).

Increased understanding of information sharing responsibilities and benefits

> *I think it's made people … who were a bit reluctant in the past or felt it wasn't their duty to share information, it's made them understand that they have an obligation to share. So that's been good. (Manager Interview, AOD, 10.09.19)*

Participant comments about positive sharing experiences and enhanced risk assessment processes support the contention that understanding of information sharing responsibilities and benefits has increased since the Scheme's implementation. For those working in the AOD and mental health sectors, this enhanced understanding was often referred to explicitly a shift from previous frameworks for thinking about information sharing. Evidence of a similar shift in these sectors is not as prevalent in observations from those working in the specialist family violence sector.

Any impacts on previous inappropriate informal information sharing and decreased fear of legal consequences of sharing

Impacts on previous inappropriate informal information sharing

As documented in section 8.7.1, participants who reported minimal to no change in the volume of information sharing practice post implementation noted that this was due in part to ongoing sharing via well-established informal pathways. This is supported by the survey data, set out below. For the purposes of this section these well-established pathways which preceded the Scheme are referred to as 'informal'. There is no suggestion that these practices are illegitimate; indeed, in the majority of cases as is evidenced in the quotes below, these practices were guided by privacy and information sharing legislation and had simply become common practice and therefore informal rather than inappropriate. The second period of data collection found negligible evidence of impact on any previous practices of inappropriate sharing.

These observations from the AOD, mental health and community health sectors highlight the difficulty teasing out formal from informal practices.

> *Q: In general, you would say you're not getting requests specifically under the Family Violence Information Sharing Scheme…?*
>
> *A: It's difficult, because with a Family Reunification Orders program…there's a lot of requesting the exchange of information, and because of our collaborative practice, we're not getting a formal - we occasionally get a formal, "So I want this file." [and we] say, "Look, you need to be a little bit more specific." But because we engage in collaborative practice, again, the spirit of a FVISS versus the compliance part of FVISS. (Focus Group, AOD, 07.10.19)*

I found we've still been using a little bit more of the back-door route to share information, more than information sharing scheme currently. (Focus Group, AOD and mental health, 22.10.19)

A lot of the information sharing [for the Victims Assistance Program, consisted of …checking in with police regarding safety and wellbeing. And most of the time the police will volunteer that information without having to go through a process. It's very rare that we get a police officer or someone from the court saying that you can't have this, it breaches privacy. So, we haven't really been forced to put a formal request in writing other than…Most of the information is shared through voluntarily. (Manager Interview, Community Health, 26.08.19)

This expert emphasises how informal networks have been enabling for the sharing of information and suggests the ongoing importance of cultivating these 'communication groups' alongside implementing the formal practices of the Scheme.

My impression is that the relationships between the various agencies vary dramatically from town to town and there are some towns where X will get on the phone and say to Y, "Look, I've got a bit of a worry about this, what do you think?" And it's probably done at relatively informal levels and it works. And then there are other places where you don't have those communications. So, its building those groups as communications groups…Your formal records are important of course, but it's building the contacts and the groups, I think. (Expert Interview, Mental Health, 17.09.19)

These two managers credit the Scheme with eliminating the need for and reliance on informal relationships as a pre-requisite to retrieving risk-relevant information. For these participants the Scheme means that sharing is not reliant on relationships:

…if I come back to the police, prior to the scheme, it really relied on individual relationships. Now we don't have to worry about that. So that's fantastic. And we have quite good relationships because we have the Family Violence Units. But now that's not relevant, which is great. (Manager Interview, Specialist Family Violence Service, 19.08.19)

A: Probably the [Child Protection] staff turnover, inexperienced clinicians or clinicians or practitioners who have reputation for being, let's say, I wouldn't say not professional, but clinicians have a reputation for just being a bit bullying approach to their work.
Q: …have you found that when people have asked for information…inappropriately…and when you've gone back to them has it changed the way they request information?
A: Yes, it has…they actually put in a better request…It's given – it doesn't give us more protection because we just know [how] to respond…But it does – I suppose it just give us a legislative framework rather than an ethical framework. (Manager Interview, AOD, 10.09.19)

In the second period of data collection, there were only a few reports of what participants considered inadvertent, inappropriate or non-risk relevant sharing and even when these were reported they were considered to be in the past.

So, when the scheme started, particularly police would send us reams of information. They would just send us everything they had, relevant or not. They would just dump a file with us...What we've done more recently is be very clear with our team that all that gets uploaded is the relevant risk information. (Manager Interview, Specialist family Violence Service, 19.08.19)

There were concerns raised however about Child Protection information sharing practices which are discussed in section 8.6.1.

Decreased fear of legal consequences of sharing

> *…[D]o you think…the legislation, has…decreased the fear of sharing inappropriately or legal consequences?*
> *A: I say yep. I think it has…it's made some people more confident…the legislation is important because it legitimises and authorises good collaborative practice and obligations to manage risk and safety. (Manager Interview, AOD, 10.09.19)*

When asked whether the new information sharing legislation has decreased the fear of legal consequences around sharing, many participants confirmed that it had done so. While information sharing prior to the Scheme was guided by existing privacy and health legislations, for many the Scheme was clarifying in providing a singular, coherent and concrete support.

> *…it's taking away the grey about sharing information and people fearing of where they sit within legal rights et cetera. (Manager Interview, Multi Agency, 25.11.19)*

> *I would say the fears around it, the fear of legal consequences and things, not to say that people are blasé about it, but I think some of it now does feel like, for us, business as usual. (Focus Group, Mixed, 03.09.19)*

In this example, provided by a manager from a multi-agency organisation, the legislation gave them the authority and confidence to go beyond current agency policy and establish new processes for sharing.

> *…I was quite confident about going and putting in processes, despite the fact that it conflicted with the agency, because it, technically, gives you that protection…Certainly the legislation gives you oomph to be able to go in and say, "Well, I'm wanting this under the information sharing, not just because I'm curious". (Manager Interview, Multi Agency Organisation, 08.08.19)*

A Victoria Police expert commented that members know they are permitted to share information in the interests of community safety but despite this many harbour concerns about the gravity of sharing information from LEAP and the potential consequences to their career if their sharing is deemed inappropriate. Operating with the protection of the scheme in place is seen as a clear positive for police. *(Expert Interview, Victoria Police, 04.10.19)*

Below is a comment from a health sector participant who expressed concern about current practices of informal and inappropriate sharing within workforces scheduled for prescription in Phase Two. This participant is hopeful that the Scheme will reduce such practices but warns that it could have the opposite effect in the absence of cultural change.

> *…I know [coming from a maternal and child health background]…that…in small towns or regional towns that…professionals like to share information…I'm expecting that there would be a decreased fear of sharing now because previously it was inappropriate informal sharing…I know in terms of nurses handing over to each other, for example, there's often a lot of inappropriate comments made and judgments…I really believe that this is something that needs to be looked at more closely because I'm just thinking that if nurses struggle routinely during handover and that occurs three times in a 24 hour period in a hospital setting…then I would imagine that many*

other professionals who are not used to perhaps sharing information might struggle with it too. (Focus Group, Mixed, 07.10.19)

8.8 Has the Information Sharing Scheme led to improved outcomes for victim/survivors and increased the extent to which perpetrators are in view?

There are limits on the extent to which the Review has been able to capture outcomes (see, section 6.5). However, there is clear evidence that the Scheme has led to the increased sharing of perpetrator information which in turn has led to an increase in the extent to which perpetrators are kept in view. One aspect supporting the increase to which perpetrators are kept in view, is the increased integration of men's specialist family violence services, such as MBCP into family violence risk assessment and management. There is evidence that some victim/survivors are experiencing improved outcomes, but there are concerns about Child Protection focus on victim/survivor information and low levels of family violence risk relevant information sharing with family violence services. The RCFV (2016) urged that '[c]urrent efforts to ensure that Child Protection practitioners have a better understanding of family violence so that risk can be assessed and managed, and women are given appropriate support, must be strengthened' (State of Victoria 2016a: 23). In response to RCFV recommendations, '*Tilting the Practice'* family violence training was rolled out to Child Protection practitioners in 2018 to encourage working supportively with mothers and focusing more on perpetrator behaviour. Yet, according to the evidence gathered in this Review, Child Protection did not always fully recognise or effectively respond to family violence risk, which suggest that work needs to continue to embed cultural change.

Here we consider:

- Court family violence information sharing as a means of keeping the perpetrator in view
- Case studies
- Measures of the Scheme's impact
- Adolescents
- Misidentification of primary aggressors/perpetrators

Direct answers to questions put to participants about outcomes of the Scheme produced largely positive responses, especially in relation to changed access to risk-relevant perpetrator information and the advantages of this for women and children's safety. These positive responses were recorded across all sectors. The following quote identifies both the practical and cultural change that the Scheme is considered to be producing.

> *So, it's just really opened up a big dialogue about what is family violence and what does it look like. We've done a couple of case reviews which are heavily de-identified where we're looked back at client's histories who have been in our care for maybe a decade of more, with a serious and chronic illness. You know, there's been talk about family violence or mentions of kind of relationship conflict, as it's often kind of branded. And, you know, it's been mentioned across that period of time but not really ever seriously probed into and then once we've had access to this Scheme, we've kind of got access from police information or courts and it's horrific the amount that we have missed. It's not because we were negligent, it's just that we weren't attuned to that. And, you know, in a mental health service there's so many other risks you're*

thinking of suicide and relapse and medication, all sorts of things that I think gets just re-honing the workforce's idea that this is a serious issue that has many health outcomes, or negative health outcomes especially when it's not kind of considered in amongst the bigger picture. (Expert Interview, Mental Health, 24.09.19)

Another participant reflected that information sharing training was creating benefits for clients of all services, as well as enhanced awareness about the responsibility to contribute to holding perpetrators to account.

If I think of that specifically the Scheme itself: has it improved the victim's experience? I'm – it certainly helped our clients because we as an organisation had more training and we have – I don't know if you – directly as a result of the CISS but certainly because we had it at the same time as the CISS was being introduced made our clinicians attend the Safe and Together training. So, it's a response to our clients, a response to Family Violence Royal Commission, a response to the CISS, we've certainly done a lot more training of staff. So, to say the legislation by itself no, the legislation has emerged partly in response to the Family Violence Royal Commission. So, we've been caught up in that wave and that's been useful for our clients, yes.

Q: And so in some ways it's kind of facilitated greater awareness of the -?

A: Certainly. And the sense of responsibility about the fact that we do need to hold – we do need to hold perpetrators to account and it's helped us to give a legislative framework for those either new practitioners or for those who have been a bit reluctant about how we might hold them to account, to understand that we have this obligation and if they want to work in this field they need to do this. (Manager Interview, AOD, 10.09.19)

Survey respondents were asked about the impact of the Scheme on perpetrators and victim/survivors (not children). In Survey One, of the 370 participants who did share information that might directly impact perpetrators, 40.54% believed it would assist or support perpetrators, 13.51% believed it would have negative consequences for perpetrators, and the remaining 45.95% were unsure of the impact of information sharing on perpetrators.

Of the 409 participants who said that they share information that might directly impact victim-survivors, the majority of participants (80.20%) believed that it would assist or support victim-survivors, 0.98% of respondents believed it would have negative consequences for victim-survivors, and the remaining 18.83% were unsure of the impact of information sharing on victim-survivors.

In Survey Two, respondents were asked whether they believed their family violence information sharing impacted positively or negatively on victim/survivors and perpetrators. The responses are set out in the table below. Reflecting qualitative data, there is a shared and general view that the FVISS has had a positive impact on victim/survivors. Some also felt that they would be able better work with their perpetrator clients because they had a clearer view of past behaviour and current activities.

Table 11: Survey Two respondent views on Information Sharing Practices

Percentage of respondents in Survey 2 who saw information sharing practices as positive or negative	Victim Survivors (% rounded)	Perpetrators (% rounded)

Positively- i.e. it assists or supports them, even if they are unaware of this	86%	48%
Negatively- i.e. it has negative consequences for victim/survivors	2%	6%
Unsure	12%	41%
N/A	1%	6%

Enhanced outcomes for victim/survivors

A complex picture was presented in relation to outcomes linked to the Scheme for victim/survivors. Some participants did not feel that there was clear evidence yet about any positive change for those disclosing family violence. Some of this ambivalence was related to on-going issues with service or police responses (such as those outlined in section 8.1 on women's voice); others considered that the intensified emphasis on the wellbeing and safety of children under the CISS may be working to direct attention and focus away from family violence risks to women (see section 8.1).

There was affirmation from a range of participants that being able to provide women presenting to victim/survivor services with more accurate information about their partners was a benefit that could potentially lead to better outcomes.

> *A1: No, I think it's a really good Scheme...Especially because sometimes you will have a woman in here and she's got no idea in to his background at all, and then once you sort of find out you're like wow, the risk is really high here.*
>
> *Q: So, she doesn't necessarily know what her risk is, when she's talking to you?*
> *A1: And if you didn't have that, you might think that oh she's minimising the risk to herself and her children, so it's perceived a lot differently. Whereas if you've got it, like once you tell her and you sort of see like oh my god, yeah.*
>
> *Q: So, did you have access to any of that information before that? Before the Scheme? Were you able to?*
>
> *A1: No.*
>
> *Q: No, so it has made a difference to the way you can work with your clients?*
> *A1: Yeah, definitely. (Manager Interview, Homelessness service, 17.09.19)*
>
> *And the other thing, it's done the reverse as well in a good way in that women who thought the risk was really high, because part of his method of power and control was around, you know, making all kinds of outrageous statements and stories about, you know, being connected to bikie gangs and being in prison for killing people, and blah, blah, blah, to then be able to go, 'That's actually not true.' So, to be able - that's not to say there isn't risk. But actually, all those things he's been using to scare and control you, not true. So, I think it's worked in both ways in terms of being able to provide women with accurate information, which sometimes allows them to relax a*

little bit. And also, the flipside in that there's lots of stuff they didn't know, and, actually, it's quite serious. (Manager Interview, Specialist Family Violence Service, 19.08.19)

Qualitative data from Survey Two reinforced the findings of interviews and focus groups, with more targeted and informed support for victim/survivors being identified as a positive outcome by respondents (n=31). Accessing more detailed and previously unavailable family violence risk information was noted as having a range of positive impacts for service delivery, risk assessment, and for clients.

Significant information has been requested and received that was not known to victim/survivor and has enhanced ability to address risk and safety plan. (Survey Two)

Better understanding of risk and prevention of siloed work. (Survey Two)

Assists with dynamic risk assessment and management or a person. Info disclosed about the perpetrator can better inform the decisions made with the victim and children to keep them as safe as possible. (Survey Two)

A holistic risk assessment and management plan can be created to protect victim/survivors. A plan to keep the perpetrator in view can also be actioned by sharing appropriate FV information with relevant services. (Survey Two)

It allows a more complete assessment and targeted interventions based on a proper risk assessment that is informed by all available information. Keeps Children, Victim/survivors and perpetrators in view and safe. (Survey Two)

Ensuring assessment and case management by specialist agencies in FV have all the info. they require to make decisions that improve safety and outcomes. (Survey Two)

Increases reliability of risk assessment processes and therefore the targeted nature of interventions, arguably increasing effectiveness of services for service users. (Survey Two)

Identifying the level of risk when working with families and providing the best course of action based on this. (Survey Two)

We have a better idea of what the issues are that we are working with and as a short term intervention service we hope that the FV service will follow up. (Survey Two)

Other participants reflected on indirect benefits that were likely to enhance outcomes for those who had experienced family violence. They identified these benefits as arising where the process of information sharing had an impact of everyday practice, including through better information being provided to victim/survivors and changes in case notes in the context of the AOD sector.

Particularly in situations where a parent is quite overwhelmed or is trying to navigate the legal system on their own and they either don't have the paperwork or they're not sure how to get the paperwork. So, we've been able to apply on their behalf for information about court orders, any conditions that the ex-partner or partner might be under. Or if it's something that's going to RAMP or high risk, the family violence team being able to feed that back to those programs to say, actually you need to step back in and be more present for that family. (Manager Interview, ChildFirst, 26.09.19)

The positive impact that we can see from the information sharing consent that is explained to the victim/survivor because the victim/survivor from family violence, when they come to us, one of the top barriers will be isolation. And the impact of this information sharing message that we actually need to explain to them, it kind of actually most of the time, they find empowerment, empower them to feel that they actually in the hand of services, not just one service but they know any service that engaged and potential in the future will be engaged more with local services, for example, through this information sharing scheme. (Focus Group, Mixed, 07.10.19)

[Practitioners having] the realisation that they actually have to change the way they case note things. So, rather than saying, "The victim is using drugs and alcohol," but saying, "Because of her experience of," or, "Because perpetrator is threatening her or coercing her into drug use," so shifting the language around, "She's doing this," to, "This is a response to some sort of manipulation or coercion or coping strategy." So, seems that people might need some training around writing case notes and writing reports and things where they do that shift because a lot of them say, "I never work with the perpetrator," and we're saying, "Yes, but you still hold them to account by the way you tell the story, by the narrative, by the information you pass to another organisation, rather than just saying, 'Well, the victim is doing X, Y and Z,' but providing that context. Why is the victim doing X, Y and Z?" (Focus Group, Mixed, 16.09.19)

Keeping perpetrators in view

There was a widely shared view that the Scheme is achieving its goals in achieving greater visibility of perpetrators, their histories and thus the risks that they may be posing. The volume of requests to the lead agencies carrying perpetrator information (Victoria Police, Corrections and the Courts) as outlined in section 8.7 provides evidence of the success of the Scheme. This was a prominent theme in Survey Two responses when asked "Generally, what are the benefits of family violence information sharing in your role?". Eighteen of the opened-ended responses focused specifically on the perpetrator, with statements such as:

Transparency around perpetrator behaviour. (Survey Two)

Previously we requested perpetrators to provide copies of IVOs as a requirement of attending MBCP. Now we can easily obtain IVO through FVISS. (Survey Two)

AOD clinicians have large amounts of risk relevant information about perpetrators and these men are often not engaged with any other part of the FV service system. Info sharing promotes collaboration and allows monitoring of perpetrator behaviour. (Survey Two)

Greater access to information about perpetrator patterns of behaviour. (Survey Two)

Keeping perp[etrator] in view. (Survey Two)

To have more sight over perpetrators' behaviours and to hold them to the same standard as parents for their choices that impact children. (Survey Two)

Focus groups and interviews echoed this positive outlook on keeping perpetrators in view.

I would give you multiple different case studies and particularly the information sharing across Corrections for police has been a game changer because we've done an almost set and forget

model. Our initial interaction we used to down all our paperwork, we do our enforcement and then we move on, and now that we're not doing that we're wanting to know what happened what happened with this Community Corrections order, can you do drug and alcohol testing for us if we want to see if this is a contravention of the intervention order because we're actually following through far more and delivering the offender accountability. (Focus Group, Mixed, 23.08.19)

So, I think the Information Sharing Scheme has definitely helped because as I mentioned earlier, it's allowed the Helpline now to make formal requests to police before even contacting the client, based on the suspicion that they might be a perpetrator to see if there is a history of violence. Which when they do the triage, is that they're more likely to be able to redirect them to Men's Behaviour Change Service, rather than sending them to the VAP[Victim Assistance Program]. And the request that we've had from Men's Behaviour Change Services, they're the ones working with the perpetrators, but they're also keeping the victim in mind as well; so, the perpetrator is accountable for the safety, but they're also concerned about the victim's welfare as well. I think it's definitely brought the perpetrator into the space, very much so. (Manager Interview, Specialist Family Violence Service, 19.08.19)

As this participant later reflected, however, there are some practical barriers in the extent to which specialist family violence services are able to access relevant risk information about perpetrators from the full range of services that they may be engaged with.

Yes and no. So, I think yes in terms of they're more in view to us. We can get more visibility of where they are, what they're doing to an extent. And I guess part of the to an extent is the fact that we're not requesting information from lots of those services we could...Part of the challenge with that is because we work with the woman, we often don't know where he's engaging. So, if we know, for example, that he's got a diagnosed mental health issue, we don't know which service he is engaging with, unless she knows that, which, chances are, she doesn't. So that's one of the complexities of it is we could spend a lot of time making info requests to a lot of services that have never met this person.

Q: Yes. So, you need to know where to get the information from

A: Exactly. And so, for example, we don't make a lot of requests to men's behaviour change programs because, in our region, there's I don't know how many, maybe five. That's probably wrong. But whatever at different organisations. She might not know if he's engaged in a men's behaviour change program. So, it'd be a relatively small number of women that, one, he's engaged in a program, two, she knows which one, and that he's actively engaged. So, part of the complexity of it is to get information from a lot of those services, we have to actually either know he's going to those services or spend a huge period of time asking for the information to find out if he is or he isn't.

So, in terms of keeping him in view, I think that's something that's probably, for us, from our work scope, probably not working that well. So that, again, probably feeds into why we just go to Police, Corrections, you know, because normally either she'll know if there's a criminal history, or we'll get a sense of probably there is one. But all the stuff beyond that, it's a lot of work to find out if they're engaging, unless she actually already knows. And then even if she knows, what's

the purpose and the point of getting that information? So, I'm not sure that it is quite achieving keeping perpetrators in view. (Manager Interview, Specialist Family Violence Service, 19.08.19)

A significant area where change was being felt was in services being provided to men both in Corrections and in the community, which is likely to mean victim/survivor pathways are also enhanced.

Because without the opportunity to communicate so freely – for that matter that I'm talking about - for police to introduce to the court information about - whilst there's been no police attendance, there's no reported criminal offences that we're charging anyone with at this stage - but we know x, y and z about this man, this is why we find this is a high risk, this is what we know about him in the past – to present that sort of information we actually had no legal pathway to do it; so now we do…And so we had the opportunity to then provide that information to the Legal Aid men's worker and say 'this is what we're batting with, this is what our information tells us, and they then go back and seek instructions, but also give really realistic advice to the man about 'well this is actually what it's going to look like in court'. So, you may be best to consent without an admission – and that's happening a lot more as a result. (Expert Interview, Victoria Police, 04.10.19)

We do it a lot [share information] with Community Corrections, as I was saying before, so we do it a lot with them. We also proactive share with VicPol a bit too. We had someone really high risk being released one day last week, so we did a proactive share to Victoria Police after another member of my team actually spoke with the victim themselves. She didn't want to tell police at all. This particular perpetrator has quite a lot of drug and gang connections, and so she didn't feel comfortable going to police, but we worked with her. In the end, she felt okay for us to do a proactive share to the - we've got these particular contacts from the family violence unit that we deal with, so we did a proactive share to them. (Manager Interview, DJCS, 28.11.19)

The comments of these participants reinforced the view that the FVISS has been significant in progressing the integration of men's specialist family violence services in a whole of system family violence response, as discussed in section 8.6.2.

So, they're wanting to do a thorough risk assessment before - which is positive at the Scheme because we weren't getting those types of requests before. I don't know if the Helpline directly got those requests before, but I can't recall in the six years that I've worked here, prior to this Scheme, that we had Men's Behaviour Change Services calling us saying, 'We just want to make sure that the affected family member is safe.' That wasn't happening before, so that's a change. (Manager Interview, Community Health, 26.08.19)

For me, in driving the change here, having that legislation at the back of it has really helped me to really push that understanding. It's not just because I think that it should occur. It's because that's what's happening in the sector and I can push that and that's been really helpful. Things like the men's behavioural change standards have been – like before it was a 'No To Violence' standards and they're now men's behavioural change standards which have incorporated the information sharing unit, which make it a lot clearer - particularly agencies that were the Initial Tranche agencies are making it really clear about that expectation. (Manager Interview, Multi Agency, 08.08.19)

This participant reflected on the extent of the change in professional culture that was occurring and still needed to happen.

> *Q: So, the question is have the aims of the scheme been achieved in terms of keeping perpetrators in view …?*
>
> *A: Dribs and drabs. I've heard some examples of information sharing, but dribs and drabs, one here, two there. I think it's a learning experience and not just for our sector but also for other sectors. So how can we collaborate with the police? And what does it mean to hold someone accountable? We don't hold someone accountable in the AOD sector, we work with them to hold themselves so they hold themselves accountable. So that's a turnaround process. We hold up the mirror, we don't hold up the handcuffs. So – what were we talking about? So, I think there's potential, but we're not there yet, we're a long way away from it, and I think this is a long term – long term. (Expert Interview, AOD, 14.08.19)*

Addressing the misidentification of primary perpetrators/aggressors

The RCFV (2016) noted concerns about the misidentification of primary perpetrator/aggressors by police. Recommendation 41 was focused on enhanced training for Victoria Police to reduce such misidentification. Although the issue of misidentification of the primary perpetrator/aggressor was not prominent in the first period of data gathering, many participants in the second period were positive about the ways in which the FVISS was reducing the impact of misidentifications by allowing police and other services to better identify and corrected any misunderstanding.

> *When we have the application lodged at court and then the police justice lawyer comes to us and says 'look, this woman's actually really really been beset and this was reactive violence and this that and the other thing happened'. The response from police is because the relationships have been built up over time it's not defensive at all, whereas I'm aware in times past that it used to be very much 'no, we've got our position, we're stuck with it - this is what the police saw, this must be it' and we wouldn't listen… So now because we've got more of the collaborative to and fro of information, we can make adjustments and get it fixed early in the piece – either withdraw the application, encourage the other party to initiate their own cross application, abandon our own and so some of those creative solutions have been coming up.*
>
> *Q: And so that's to do with the collaborative relationships and also the information sharing? They go together?*
>
> *A: Yes – and accepting that the information coming from the other agency is actually valid – it's as valid as whatever the constable saw on day one and that is a shift for us; we hadn't been so strong in that. (Expert Interview, Victoria Police, 04.10.19)*
>
> *So, every day at the Orange Door there'll be L17's where there will be a woman named as the respondent and a man named as the AFM. And police, we've had this discussion with Victoria Police about can you please check your LEAP database and see who's the primary aggressor? And they go, yeah we will do that, but the L17 will still be a record of the incident that they attended. And they have a responsibility to investigate that incident. So often they get a call, they turn up, he says, 'She hit me over the head with the frying pan' and he's got a big dint in his head. And she says, 'I hit him over the head with the frying pan'. She gets charged with assault, he gets to [unclear] L17 and comes to us at the Orange Door and then Men's checks their*

database and says, 'Actually he's been the primary aggressor in the last seventeen L17s with her being named as the AFM'. So, I think there's an opportunity, if there's information sharing and people have got access to the database and police are checking LEAP we can identify who's the primary aggressor. However, there can still be misidentification and there can be, what we would call systemic abuse. (Manager Interview, Specialist Women's Family Violence Service, 05.09.19)

Victim Support Agency workers are now able to screen potential Victim's Assistance Program clients with more accuracy to determine where they have been misidentified as victims rather than primary perpetrators. An important aspect of this changing terrain with regards to misidentification was the positive and proactive involvement of men's services. Participants identified benefits in enhanced identification of the primary aggressor, in agency ability to work with that perpetrator and in more collaborative relationships with other agencies.

Case studies of positive outcomes

This section includes positive case studies of changed outcomes that were attributed to the Scheme. These emerged are taken from the second period of data gathering in late 2019.

The family violence court liaison officer from [xxx] court – she operates out of there as well and on Thursdays, Fridays, when they've got the court hearing days for the civil listings, she pops along to court. Yesterday she had a case where it was an application initiated by the mother at court – no involvement with police at all – and the information in the complaint was quite concerning for the exposure of the children to family violence and to high conflict. So, she took that back to the detectives at the sex offence and child abuse unit who were there and they had an immediate little roundtable with the Child Protection workers as well.

It launched a quick response from Child Protection and they were able to actually head down and have some discussion with the mum about exactly what the implications would be for her from a protection status, should she withdraw from an order, did she need any further help and support with it. Previous to that kind of immediacy of case planning, what would have happened was police would have said 'look, we're going to notify Child Protection, we don't think it's a great idea if you actually still remain with this person and yada yada ya – because she was seeking a safe contact non-exclusion intervention order, even though there was significant harm for both her and the children. (Expert Interview, Victoria Police, 04.10.19)

Has the information sharing scheme led to improved outcomes for victim/survivors and increased the extent to which perpetrators are in view?

Female: I would say yes.

Female: Yes.

Female: Yeah, the number of people that in AOD services that now feel comfortable to be able to talk, even if it's just by having the poster say in reception or in the kind of rooms, it elicits

conversation that previously probably wouldn't have come out and clinicians are getting more skilled at asking and exploring the situation of what's going on, risk kind of assessment, so definitely and people are - we're referring more to specialist family violence services, I would say.

Female: I agree, yeah, I'm seeing the same. Yeah, benefits, it's working. When it works, it works well and it will save lives.

Participant: I have a really great example of a clinician working with a perpetrator who was really minimising the violence and focusing this whole hour on the ex-partner who was potentially current partner as well and the clinician just really cluing into what's going on here. Spoke to advisors and then called police to share information because of the risk that he was kind of seeing. And the police were able to say oh, there's actually a warrant out for his arrest and nothing's happened around it, so we'll get onto that. So, I mean that's not great, it shouldn't be that way but at least we're contributing to some of this stuff being like addressed, yeah. (Focus Group, AOD, 07.10.19)

So, it would have been six months ago or something and I was actually sharing so that's why I can say it so easily. The Orange Door from [xxx] had sent an email just saying that they had a victim that the perpetrator had advised that he was coming to [xxx] and he had located her and was coming. So, as soon as I got that email, I was like, 'Hang on, there's more to this than just I want a copy of the Order. What's going on?' And the confidence that [xxx] had we would reply is the fact that they email us versus calling so they needed that information straightaway and … sent an email. Otherwise, if they had called, we would have obviously been there but they knew that we would be there to respond straight away.

So, we got the email, I quickly shared the Order because of what the email said they were literally waiting to send her to South Australia, they were sending her over the border to get her safe. So she had the Order straight away and then from there I got more research into the perpetrator and what was going on and discovered that he had located multiple victims in safe houses and had been recently in jail for offence against this woman, that the Order was originally done in Melbourne, in Collingwood, and that she had obviously fled to [xxx] and he had told her family members that he knew where she was and he was on his way to. . . So, I was able to ring The Orange Door and to say, 'I have given you the Order because that's what you asked. You have asked for it and I got it to you ASAP so that you could do what you needed to but we have actually discovered all this other information that we think is really valuable and will assist you in your risk assessment. And in keeping her safe because I think it is important that, if we have got narratives of past women where thy have said you have located me at my safe house, you located me here, you followed me here, they need to know that information. So, it was literally a phone call, I picked up the phone and just spoke to the worker. She knew some of the information but not all of it and she said that she had the victim outside in the car with her children and the police were about to escort her over the border. And so the fact that we were able to share the Intervention Order, they needed a copy ASAP and then to be able to give them that further information to keep her safe in the future was really, really valuable to them and they did express that and they - I wouldn't say

extradite but they were able to move her across the border as soon as possible with lots of information to then give to the other State to help her. (Manager Interview, MCV, 17.09.19)

While there was limited data that emerged in relation to adolescent family violence in the Review process overall, one participant described a new model of practice with young people that was being enabled by the Scheme.

So, there's an operating model in this division where the proactive youth-focused officers are working with [X] youth workers and that's five days a week they work with them. And there's a tiered response to anything to do with young people as they come in contact with police and in a criminal offending way. On the first level those that are single issue – shop stealing, lower level, not many other particular problems –the sergeant will have a conversation with them at the station and that's it. At the next level, where this is a not suitable for a caution, as complex matter, there's offences of violence, then the youth-focused officers will get involved with the family and just check in with what's going on for them and what's happening… At the very higher end, our high- risk youth perpetrators for the high harm crimes - that has a full investigation response and our youth specialist officers deal with those and work with those families.

But what they're noticing is because they're actually now spending more time with the families and in doing a follow-up, we can actually see whether we're getting sustained results, or changes, and we're actually getting people into the homes to understand how the dynamics are working. So we're finding for all of those high end offenders, who are causing quite high harm in a lot of ways, the detective sergeant in charge of the unit would definitely say 'you can hear the disrespect in their language towards their elders'…Their curfew bail isn't working for them because of their approach and their attitude and you can see the fear for many of their siblings and the way it plays out in their households.

So for those kinds of young people, the enforcement response is the prime tactic because we want to enforce charge, get to court, charge, get to court, charge, get to court, get to remand – get to a point where we've actually delivered consequences and we want to do that in a reasonably quick period of time, both for meaningful and also before they leave youth justice and become adults because then the chance for change is less and the consequences are less…Through applying those tactics we've actually had some pretty strong results – we've actually turned quite a few around who many, on first meeting, would have figured 'no, he'll go to hell in a handbasket and we'll be seeing him at Barwon quite soon'. So that wouldn't work without the police going into the family unit, having the discussion with the family about 'well what's going on, how is everyone getting on here, what are the things that are causing us tension' and then whatever it is that they nominate – whether it's around education, whether it's around other things – police then go and have a chat with that agency… And so, it's that kind of information exchanged where we are actually able to bring to another agency 'look, there are some serious risks here, this investigation pathway for this young person, this trajectory is heading to County Court within two years if we don't do something here'. That we have to have a different way of influencing them because they're not listening to us and they're not listening to their parents and so we're able to give some really specific information, we're able to give a lot of background information. (Expert Interview, Victoria Police, 04.10.19)

Jane, a specialist family violence caseworker, had a client who, with her young daughter, feared further family violence after her ex-partner's release from prison. The organisation is a RAE under the Scheme and therefore, Jane can request and receive relevant information for family violence assessment and protection purposes. Together with her client, Jane (the caseworker) decided to request information from Justice Health as part of a comprehensive risk assessment and management plan.

Jane requested the following information about her client's ex-partner (the perpetrator) from Justice Health:

- mental health assessments, diagnoses, and engagement with treatment
- information on his involvement in alcohol and other drug programs, and broader services
- identified risk factors, such as fixation on or homicidal thoughts towards the victim/survivors, and
- any signs of responsibility or remorse

Outcome

Justice Health received this request from Jane and shared relevant information, such as mental health assessments and medication history. Jane's client felt relieved that there were trained professionals assessing and managing her ex-partner's mental health. She also felt more confident that services were looking out for risks to the safety of her and her daughter. Jane included the information provided by Justice Health as part of a comprehensive risk assessment that confirmed the perpetrator posed a significant threat to the client and her daughter. This led to ongoing information sharing and risk management, including an enhanced safety plan for Jane's client and her daughter.

Recommendation 20

Case studies which demonstrate positive outcomes of the Scheme should be used to illustrate the value of family violence information sharing in meeting its aims of enhancing women and children's safety and keeping perpetrators in view. These case studies will be useful for enhancing practitioner understanding of the responsibilities of information sharing and the benefits of risk relevant sharing.

8.9 Has the Scheme had any adverse impacts?

The adverse impacts of the Scheme include concerns about women victim/survivors as well as perpetrators disengagement from support services. There are concerns that as part of the Mental Health Tribunal processes, the sharing of perpetrator information under the Scheme may be disclosed to a perpetrator applicant and that this could potentially impact on the safety of victim/survivors. There were also concerns about data security. The concerns were, in many cases, based on hypothetical scenarios.

There was a concern that these adverse impacts would be heightened for particular communities, including Aboriginal and LGBTIQ communities. This section presents participants' experience and views of the adverse impacts or potential adverse impacts of the Scheme. Where possible we have sought to delineate between adverse impacts that have been experienced and those which were offered as a hypothetical of what was considered may be experienced in the future.

Women's disengagement from support services

Some participants were concerned that victim/survivors might disengage from specialist family violence services in light of the Scheme, due to a fear of their information being shared without consent. This issue has been covered in detail in other sections of the report, especially in relation to the concerns of Aboriginal service providers (see section 8.2).

Some feared that women would not trust them if they shared their information without consent. This concern was often related to Child Protection.

> *We're a voluntary service, we lose engagement with women if they think the things that they tell us go automatically to Child Protection who then blame her or punish her. Or go to police and then she gets charged with doing something. Or go to a real estate agent or go to a Maternal and Child Health nurse when she hasn't given permission, we lose trust. We lose relationship and she withdraws and she goes to New South Wales and we've lost her and she's at risk. (Manager Interview, Specialist Women's Family Violence Service, 05.09.19)*

> *But if that's actually going to diminish that trust and that relationship and she's possibly going to disengage and they're both going to be at further risk then you could actually put a case together to not share that information based on that. (Expert Interview, Specialist Family Violence Service, 21.08.19)*

In particular, participants emphasised the likelihood of heightened fear of information sharing for specific communities, such as women from migrant and refugee backgrounds.

> *The concept of sharing information to other agencies quite commonly bring[s] out the fear of authorities, like fear of police, fear of going to gaol because she was victimised in the relationship or being deported back to the country. (Focus Group, Mixed, 07.10.19)*

Participants were especially fearful of disengagement by members of Aboriginal communities.

> *When I think about the impact from diverse communities and Aboriginal women, I don't think the information sharing scheme has filtered down to the level of understanding their communities. It's where the practice of them shield community and maybe a culture of not disclosing information and sharing it and they still hold all the fear of what will happen because they feel they might be deported or that they may be excluded from their community or even that as a cultural norm that information sharing scheme I don't think has consciousness. (Focus Group, Mixed, 23.08.19)*

A participant was asked whether this was a hypothetical risk or one that they had seen play out as a result of the Scheme.

> *I don't know if I could say that it's as a result of the Scheme. But historically women are very wary, they're wary of Child Protection, they're wary of police. You add into that mix an*

> *Aboriginal woman, young people who are scrutinised and seen much more critically in terms of their choices. A woman who speaks English as a second language who's had difficult experiences as a refugee or a migrant. Difficult experience with police or Child Protection or a school. If we're being used to share information without having an informed conversation with women about why this request has happened and what the impacts are. Then we become part of the system of scrutiny and we lose that really hard won relationship and reputation in the community as a safe place for women to come to talk about hard stuff. If I can't have a good relationship with a client or one of my colleagues, which means she can talk about the fact that she's spending more money on this and that's having an impact on the kids. Or she's seeing her ex-partner because she loves him and that's having a negative impact on the kids. Or she's breached privacy and given the address of a refuge or crisis accommodation and breached all safety. If our staff can't have that conversation with her because she thinks she's going to get blamed and charged and her kids are going to be taken away from her, then we've lost her. So, it's that really interesting relational part of the work. (Manager Interview, Specialist Family Violence Service, 05.09.19)*

Some service providers raised particular concerns about the operation and potential impacts of Part 5B - Information sharing relating to Support and Safety Hubs (or Orange Doors) - of the *Family Violence Protection Act*. This provision was introduced without broad consultation and creates a deeper sharing environment within the Hubs. Some participants considered this provision meant that historical information about women, not relevant to current family violence risk assessment, might be more readily accessed and shared, with consequent impacts for women's privacy and security. As information sharing practice is expanded to organisations without pre-existing family violence risk knowledge this potential will need to be carefully monitored.

Other participants reflected that the barriers and risks of information sharing have always been present and highlighted the need for practitioners to adopt effective strategies for engaging with women victim/survivors.

> *I think that that is always a risk but I don't think the fact that we are talking about information sharing. I think that's a little bit like Child Protection. They have to tell people, that you are required to contact Child Protection if you hear something that would put a child at risk. And so, one of the things we say is that we will try and work with them around that so it's also with information sharing. There is a purpose of it so, if you can speak to the purpose of it, they feel more comfortable with that. (Manager Interview, Community and Family Service, 19.11.19)*

Participant views about potential victim/survivor disengagement with specialist support services were varied, but the concerns expressed by service providers mirrored those raised by women who had experienced family violence (see section 8.1 on women's voices). These views reflect the critical nature of accurate and effective conversations about information sharing with victim/survivors. Several participants were unclear about how best to have a conversation about information sharing requirements that would not lead to disengagement.

Perpetrator disengagement from services

Some participants shared stories – either their own professional experiences or from colleagues – of how the Scheme had resulted in higher levels and increased risk of perpetrator disengagement from services. Participants were uncertain as to what the impact of a conversation on information sharing would be and

how they would navigate that conversation without compromising the strength of the practitioner-client relationship.

> *One bad story from a different sector so that's not necessarily up to me to disclose, but it was about a very junior worker that talked to a perpetrator, "I need to share this information", and he got up and left. So, who knows what happened at home … So, we don't know what happened when he went home, what the impact was for the person at home. (Expert Interview, AOD, 14.08.19)*

> *So they [AOD practitioners] are very reluctant to do anything that might cause that person to disengage from them and then, with the mandated clients, there is probably an additional glare of the client just doesn't want to be there in the first place but they are going through the motions so they tend to work quite tentatively with those clients. So, I think that changes their perception around what they can actually do … I think there's the other piece around the history of working in that sector that, because their clients are quite marginalised, criminalised and have often been discriminated against where information which should be treated as health information, is actually treated as criminal justice information or stigmatisation. So, I think they are very reluctant to add another label to their clients, which I completely get but I think it affects the context of how we are working in this space. (Expert Interview, Specialist Family Violence Service, 17.09.19)*

> *The concern is more around consent in how to actually address that issue with the clients themselves working with men who use family domestic violence, that is a huge, huge problem for them. Like, what are you going to do? It kind of raises the kind of - the concern that we have is that if we don't provide that information properly to them, they're not going to engage with us, they're not going to open with us. (Focus Group, Mixed, 07.10.19)*

Some participants expressed a concern that risk of perpetrator disengagement was particularly high for male Aboriginal service users.

> *In the two instances where information was requested. One of those was an Aboriginal man who was engaged with the service, and he ended up disengaging once this, I guess there were some concerns, and once some information was requested, and then shared with him, that that process had happened, he then chose to disengage from the service. And I query, I guess, whether there was any other space that he would then have access to that therapeutic support. Yeah. But I mean, the other end of that, the outcome was, potentially, that the victim/survivor was, you know, her safety was managed appropriately. So yeah, it's a tricky balance. (Focus Group, Mixed, 03.09.19)*

This heightened fear of disengagement among Aboriginal communities is not unwarranted given the legacies of state intervention and colonialization in these communities alongside the high rates of criminalisation. It does however bring to the fore the need for practice strategies to be developed to assist practitioners in developing best practice conversations around information sharing that effectively and transparently communicate privacy safeguards. We note that there may be a need to consider a range of practice guidance for different cohorts of perpetrator.

Participant views on the risk of perpetrator disengagement were not unanimous. Others felt certain that client disengagement in MBCP was not an issue, given that previous legislation and men's participation in programs already required consent to contact and seek information from partners:

> *We had - well, I guess concerns from the outset but through needing to change consent forms and such for things like Men's Behaviour Change that perhaps would result in them disengaging and then actually not being visible to them to be able to share information, but a number of people have reported that that actually hasn't been the case, that they're well and truly aware with those updates to the consent form that hasn't resulted in what they were fearful it might have [been], so that's interesting. (Focus Group, mixed, 23.08.19)*

This experience in MBCP is likely distinct from the experience of Alcohol and Other Drugs and mental health services because the MBCP have always shared perpetrator family violence risk related information without consent and have always told men engaging in such programs that they would be doing this. In addition to this many of the men engaging in these programs are mandated to attend the programs.

As the Review did not include perpetrators as participants (see section 6.2.1) it is not possible to gather direct evidence about perpetrator concerns about family violence information sharing. Participants who worked directly with men reflected on the difficulty of balancing their legislative requirements to share information under the Scheme and the need to protect the therapeutic relationship established with the client.

> *I think the point here is that there are some underlying practice approaches that are clashing with the FVISS. If someone comes in our door and there's a IVO in place because of family violence, and he is discussing that they're meeting up regularly, we would not report that to the police because it further criminalises our clients. So we don't want that, and it's also not beneficial for therapeutic relationships. So that was one of the, and it still is, one of the big concerns of practitioners in our field, that they're concerned about the therapeutic relationship. I think there's that very fine line between collusion and building rapport. (Expert Interview, AOD, 14.08.19)*

These concerns connect with Recommendation 16 from the Advisory Committee on Perpetrator Interventions Final Report which underlines the importance of developing capability and engaging with perpetrators to support the FVISS Scheme (State of Victoria (Expert Advisory Committee on Perpetrator Interventions) 2018).

Impact on lesbian, gay, transgender, trans, intersex and queer (LGBTIQ) communities

One of the areas of focus of the diverse community work of the Royal Commission into Family Violence (2016) was the attention paid to understanding how responses to family violence may differently impact upon members of the LGBTIQ community. While the Review did not have a specific focus on diverse sexualities, some practitioners did address adverse impacts specific to these communities. Before exploring those, we do note the point made by one practitioner that it is as yet difficult to understand the impact that this scheme has had on the LGBTIQ community given data limitations.

> *Well I couldn't say from my perspective because I think for – there's only a very small amount of LGBTIQ – the data for LGBTIQ people is abysmal and so even collecting data where it might have had a negative impact like … (Expert Interview, Specialist Family Violence Service, 21.08.19)*

Of those practitioners that did speak to the impacts of FVISS on both perpetrators and victim/survivors from the LGBTIQ community there was a belief that any adverse impacts of the Scheme would be heightened for members of this community.

> *If you get it wrong for anybody it's really, really bad, if you get it wrong for LGBTIQ people that has ramifications that go really into the community as a whole and people will know and they do know. (Expert Interview, Specialist Family Violence Service, 21.08.19)*

> *For rainbow families it's even more concerning. (Expert Interview, Specialist Family Violence Service, 21.08.19)*

> *I'm really keen that we not only present the rosy picture, when it goes wrong I want to know what the – because that was so damaging to her as an individual and the information got back to the community, don't trust hubs, don't trust the information that they're sharing. (Expert Interview, Specialist Family Violence Service, 21.08.19)*

These comments highlight the importance of ensuring that the Scheme does not alienate the community from the family violence service sector. Practitioners working with the LGBTIQ community were acutely aware of the ease with which a negative interaction with the family violence system would be communicated back to the entire community.

> *You've got a whole historical system that has been against LGBTIQ system, the justice system, the police system, all of these systems we're now saying trust and your information is going to be safe and yet when I ask some of those questions around how are you going to ensure X, Y and Z is safe or whatever and some of the glaring gaps get … they said use your professional judgement, you're professionals. That just sent alarm bells ringing to me because there hadn't been the capacity development and this – and that's a slow process and it's just starting to take off in specialist family violence services. (Expert Interview, Specialist Family Violence Service, 21.08.19)*

> *So, their information has been used against them constantly, constantly. Because of their inherent bias that we know happens, whether you're in a specialist family violence service or you're working – that happens as transphobia, homophobia, and how you direct that particular information, can be based on a lot of unconscious bias even though I know we do say that – we do best practice and we try not to be. (Expert Interview, Specialist Family Violence Service, 21.08.19)*

Some participants expressed concern that any adverse impacts for the LGBTIQ community will be amplified following the Phase Two rollout of the FVISS given that a wider number of universal services will have information sharing responsibilities without pre-existing family violence risk knowledges or community experience to understand what disclosures are being made. In light of those concerns the need for training around inclusion and family violence risk literacy (including material specific to LGBTIQ relationships) was raised as important to developing a community specific practice that would serve to support members of the LGBTIQ community through the family violence system.

Information security

Information security and a concern that the Scheme might result in adverse impacts should information shared be accessed by unauthorised people, perpetrators in particular, was a theme in the first period of

data collection. It was not such a prominent theme in the second period of data collection, possibly because organisations had developed systems to share data and to date there is no evidence of any security breaches.

However, the use of email as a primary means of information sharing, adopted in a range of organisations, while recognised as useful and a means of enabling the operation of the Scheme continued to raise concerns for some.

> *And the other thing that I think's really important that I think a few organisations have kind of thought about, but it just seems big and hard, and I don't think anyone's done anything about it, is a lot of this information is shared by email. Email's not that secure. And we're sharing pretty sensitive information. Well, we're not sharing a lot. We're receiving a lot, and often we're just getting it in a PDF. So I don't know. I feel like in an ideal world, if you look at this scheme, there should be some kind of secure way of transmitting the information. And even we toyed around with briefly password protections for emails, and blah, blah. But that's a huge piece of work, and cost, and takes more time. So, from - and, you know, we're getting information from, yeah, police, Corrections. So we're getting some pretty significant information. I'm confident that within our powers, we're managing the privacy and importance of that well. But in terms of IT security and that sort of stuff, yeah. (Manager Interview, Community health, 26.08.19)*

> *And the other thing that I thinks' really important that I think a few organisations have kind of thought about, but it just seems big and hard, and I don't think anyone's done anything about it, is a lot of this information is shared by email. Email's not that secure. And we're sharing pretty sensitive information. Well, we're not sharing a lot. We're receiving a lot, and often we're just getting it in a PDF. So I don't know. I feel like in an ideal world, if you look at this scheme, there should be some kind of secure way of transmitting the information. And even we toyed around with briefly password protections for emails, and blah, blah. But that's a huge piece of work, and cost, and takes more time. So, from - and, you know, we're getting information from, yeah, police, Corrections. So, we're getting some pretty significant information. I'm confident that within our powers, we're managing the privacy and importance of that well. But in terms of IT security and that sort of stuff, yeah. (Manager Interview, Community health, 26.08.19)*

While the FVISS has not changed the privacy and data security standards under which organisations operated (due to prior legislated obligations), one of its main aims is to increase the level of sharing of often sensitive risk relevant family violence information. An increased volume of family violence information sharing increases the risk of a security breach with potential adverse outcomes for victim/survivors. FSV provides no specific practice guidance in relation to data security standards, though the Ministerial Guidelines do address both information security and privacy. In addition to this FSV reports that government departments with prescribed workforces have agreed to create resources for their sectors on their current requirements under the Victorian Protective Data Security Standards. At time of writing only Victoria Police has done this. Given the victim/survivors' concerns about privacy (see section 8.1 on women's voices and Recommendation 1, this Report) and the further rollout of the Scheme to 370,000 workers, further practice guidance should be made available on data security standards prior to the Phase Two rollout.

Recommendation 21
Prior to Phase Two specific practice guidance on and templates for family violence data security standards should be developed by FSV. These should reinforce existing legislative privacy obligations and create clear expectations on data security standards for family violence information and information sharing. These standards and associated processes should form part of the induction of Phase Two organisations into the FVISS. Measures should be put in place to ensure these standards are transparent to victim/survivors.

Mental Health Tribunal

Some participants expressed concern as to how information shared under the Scheme could become visible to perpetrators when entered into their medical records and/or when accessed as part of a Mental Health Tribunal case file. Unless a redaction is requested, where an individual requests access to their mental health record ahead of a Mental Health Tribunal hearing the file will be provided in full. In these circumstances, information shared about perpetrators under the Scheme without their knowledge could by disclosed by a third party, that is the Mental Health Tribunal. This could create risks for a victim/survivor. A number of practitioners flagged this risk.

> *So, for me that's been a challenge at times where we've, you know, someone's a family member made a disclosure about family violence offending. We've sought further information via the Scheme, we've documented any medical record and now we're like, oh this client [perpetrator] can access their file. How can we minimise that risk to the victim, survivor who's disclosed? Yeah and I think the other thing, of course, the Mental Health Tribunal, the clients have full access to their medical record unless there's an application prior to omit part of the record. So, it's just been making sure that process has been followed if that's required. (Expert Interview, Mental Health, 24.09.19)*

> *So Mental Health Tribunal... there has been a request for information on a perpetrator's file and the perpetrator is a client of mental health service and seeks [their] file. It is being given in most cases completely unredacted so the service that sought the information or victim has disclosed some information, that's all being handed to the perpetrator in our risk lens so I think there is something around lining that proofing across other pieces of legislation, particularly something that is that risk-loaded. (Expert Interview, Specialist Family Violence Service and AOD, 17.09.19)*

Another participant reflected on several cases where they had applied to Mental Health Tribunal to have information on the mental health record redacted prior to the file being shared with the applicant/perpetrator. While they had experienced positive outcomes in these cases the participant expressed concern that the process is not 'foolproof' and relies heavily on mental health treatment teams and individual practitioners understanding family violence and the risk to victim/survivors that disclosing certain information may create. That participant commented:

> *It's quite a flawed place where we want to do information sharing but if we're sharing information or we're requesting information or if we're having to keep information about a victim/survivor or as a different person, like although we don't have consent from that person, but we need to keep that information somewhere that's safe. And so, do we need to create a new client file? Like all those kinds of things are really - it's really grey and really it doesn't feel*

very safe. But it is necessary, so it's like - yeah, and it depends on your clinicians as well. There's so many cases that we're missing, I'm sure. (Focus Group, AOD and Mental Health, 22.10.19)

These concerns and an awareness of the potential adverse impact on victim/survivor safety that the Scheme could have in the context of the Mental Health Tribunal processes highlights the importance of family violence risk literacy across the Victorian mental health system.

Recommendation 22

The Victorian Government should work with the Mental Health Tribunal to ensure that victim/survivor safety is prioritised as part of its processes and to avoid the risk of any adverse consequences arising from the Scheme. In particular it should communicate with the Mental Health Tribunal about the family violence risks associated with disclosing to perpetrator/applicants any part of their file which indicates that family violence risk information has been shared without their knowledge under the Scheme.

9 Recommendations

Recommendation 1

Privacy policy updates related to family violence information sharing are in development or have been developed by all relevant sectors in the Initial Tranche and Phase One. Phase Two sectors and organisations should update privacy policies to address family violence information sharing prior to prescription. Organisations should be encouraged to communicate these policies to victim/survivors to ensure they are informed about relevant privacy protections.

Recommendation 2

Monitoring of the interaction and impacts of the FVISS and the CISS on Aboriginal people, especially mothers experiencing family violence, should be undertaken centrally to produce robust specific datasets of these interactions and outcomes. The development of these datasets is critical to ensure any adverse effects on First Nations peoples and communities are addressed.

Recommendation 3

The strategies that Family Safety Victoria has put in place to ensure that Aboriginal perspectives are included in the FVISS and MARAM (Multi-Agency Risk Assessment and Management) reforms, including sector grants, working groups, the Dhelk Dja partnership forum, regional coordinators and Aboriginal Practice Leaders at Orange Door sites should continue to be funded and resourced.

Recommendation 4

In order to ensure best practice support for Aboriginal people experiencing family violence, increased funding should be provided to Aboriginal Community Controlled Organisations (ACCO) to address existing and emerging service needs associated with family violence reforms generally and the Family Violence Information Sharing Scheme in particular.

Recommendation 5

ACCO need more resources to contribute to the development and delivery of training on Family Violence Information Sharing so all training builds cultural safety and competence across all mainstream services in order to better support good outcomes for Aboriginal women and children experiencing family violence.

Recommendation 6

In order to ensure that Aboriginal people receive culturally safe and appropriate services when they disclose family violence the continuing shortage of Aboriginal workers in the family violence sector should be addressed urgently.

Recommendation 7

In consultation with Aboriginal organisations, Family Safety Victoria should ensure that there is an annual forum or other opportunity where key stakeholders consider any adverse impacts of the Scheme on Aboriginal people. This forum or other opportunity should specifically consider the impacts of the Scheme on mothering and any issues related to Child Protection.

Recommendation 8

Timing and sequencing issues must be addressed before the prescription of Phase Two organisations in order to allow for the development of quality training content, including quality accompanying materials. Adjustments from piloted training need to be made prior to prescription. Training timelines will need to take into account the limited number of family violence expert trainers.

Recommendation 9

Those engaged to deliver training should be both expert trainers and experts in family violence. A distinct training pipeline for expert family violence trainers will need to be established to serve the training needs of Phase Two.

Recommendation 10

In order to be effective cross sector training needs to be more oriented towards experiential learning based on best practice adult education strategies, such as case studies and practice specific exercises.

Recommendation 11

All training and training materials need to emphasise the circumstances in which it is appropriate to use either the FVISS or the CISS and that both schemes have the same consent requirements. In particular the Ministerial Guidelines on this issue should be highlighted and practical exercises and case studies developed focused on this aspect.

Recommendation 12

In the prescription of Phase Two organisations, Family Safety Victoria and other relevant departments should communicate the training strategy, plan, content and timing clearly and well in advance of the scheduled training.

Recommendation 13

Consideration should be given to extending the operating hours of the telephone aspect of the Enquiry Line to business hours. Where there is the need for expert legal advice, an appropriate referral to obtain such advice should be provided to the enquiring organisation, where that organisation does not otherwise have ready access to such advice. The Enquiry Line should be fully resourced for at least two years after the prescription of Phase Two organisations.

Recommendation 14

The on-line list of ISEs should be completed and made available to all ISEs prior to the prescription of Phase Two.

Recommendation 15

The sector grants need to be continued for the Initial Tranche and Phase One organisations until at least June 2023 to continue the process of embedding the Scheme. These grants will be critical for Phase Two. The level of these grants should recognise the scale of the organisational work and cultural change required, particularly for organisations that have not previously been directly engaged in family violence work.

Recommendation 16

Timing and sequencing for Phase Two needs to ensure the training of a sufficient number of Phase Two workers prior to prescription.

Recommendation 17

Consideration should be given to how the perpetrator aspect of risk assessment will be incorporated into Phase Two training. The sequencing and timing of the implementation of Phase Two, particularly in relation to the perpetrator aspects of MARAM, and the rationale for this, should be communicated clearly to key stakeholders.

Recommendation 18

Prior to the implementation of Phase Two, resources and policies should be in place in all prescribed and all soon to be prescribed organisations to support workers who disclose family violence.

Recommendation 19

In the lead up to Phase Two, a thorough audit of existing schemes promoting family violence literacy in Phase Two organisations should be undertaken. Careful consideration should be given to extending existing government initiatives such as the Strengthening Hospitals Response to Family Violence Initiative so they remain in place as Phase Two organisations are prescribed and in the process of embedding the Scheme.

Recommendation 20

Case studies which demonstrate positive outcomes of the Scheme should be used to illustrate the value of family violence information sharing in meeting its aims of enhancing women and children's safety and keeping perpetrators in view. These case studies will be useful for enhancing practitioner understanding of the responsibilities of information sharing and the benefits of risk relevant sharing.

Recommendation 21

Prior to Phase Two specific practice guidance on and templates for family violence data security standards should be developed by FSV. These should reinforce existing legislative privacy obligations and create clear expectations on data security standards for family violence information and information sharing. These standards and associated processes should form part of the induction of Phase Two organisations into the FVISS. Measures should be put in place to ensure these standards are transparent to victim/survivors.

Recommendation 22

The Victorian Government should work with the Mental Health Tribunal to ensure that victim/survivor safety is prioritised as part of its processes and to avoid the risk of any adverse consequences arising from the Scheme. In particular it should communicate with the Mental Health Tribunal about the family violence risks associated with disclosing to perpetrator/applicants any part of their file which indicates that family violence risk information has been shared without their knowledge under the Scheme.

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11 Appendices

11.1 Appendix One: List of entities prescribed at each stage of the Scheme

FVISS Initial Tranche (26 February 2018)	**FVISS Phase One (September 2018)**
Risk Assessment and Management Panels	Integrated Family Services
Support and Safety Hubs	Homelessness services*
Community Based Child Protection (Hubs)	Out of home care*
Specialist Women's Family Violence Service	Youth Justice and funded services
Specialist Men's Family Violence Service	Child Protection
ChildFIRST	Maternal and Child Health
Sexual Assault Services	DHHS Housing*
Victoria Police	Mental Health*
Magistrates' Court	AOD*
Children's Court	Youth Parole Board
Victims of Crime Helpline	Sate Funded Financial Counselling Program
Central Information Point (DHHS employee)	State Funded Tenancy Assistance Program
Family Violence Counselling	Justice Health
Corrections Victoria and Correctional Services (including Adult Parole Board)	Victims Support Agency

** Partial workforce only (exact roles TBD) (FSV)*

11.2 Appendix Two: List of documents reviewed

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11.3 Appendix Three: List of relevant Australian and international information sharing schemes/legislation and evaluations

A summary of existing legislation governing information sharing in the context of family violence was identified by the RCFV in 2016 (see Table 7.4, State of Victoria 2016a: 183-184). As this is a rapidly evolving area, this Appendix replicates the RCFV's table (see grey-shaded boxes), adding additional legislation that has been introduced since 2016, implements child information sharing schemes similar to the FVISS, or has been identified in other literature (e.g. see table summarising legislation in the DFV bench book, itself adapted from Taylor et al. 2015, p. 15), along with identification of additional relevant evaluations of existing schemes in Australian and relevant international jurisdictions. For a more comprehensive overview of the contexts in which the following Australian state and territory provisions operate (see Glanfield 2016).

Australia			
Jurisdiction	**Legislation**	**Description**	**Evaluation (2012 – 2018)**
Australian Capital Territory	s18, *Domestic Violence Agencies Act 1986*	This section provides for a police officer or a staff member of the Australian Federal Police to disclose information to an approved crisis support organisation for the purpose of rendering assistance to victim/survivors of family violence or their children.	No specific evaluation identified, although the 2016 Glanfield Inquiry noted that: 'The Inquiry is of the impression that this provision is underutilised as no non-government organisation has been approved since the DVCS in 1992 and instead section 136, discussed below, is relied upon' (Glanfield 2016, p. 81).
	s136, *Crimes (Sentencing Act) 2005*	This section applies to any information in relation to an offence (including an alleged offence) in a record of a criminal justice entity (including specific agencies and prescribed crisis support services), including information about a person charged with the offence; and a victim/survivor of the offence; and a person convicted or found guilty of the offence. The criminal justice entity may give the information to another criminal justice entity for the purposes of the other entity. According to the Glanfield Inquiry, 'This is the basis upon which the FVIP members share information' (Glanfield 2016).	No specific evaluation identified
	Divisions 25.3.2 and 25.3.3, *Children and Young People Act 2008*	As a result of three ACT inquiries relating to family violence, these divisions were introduced in 2016 by the Reportable Conduct and Information Sharing Legislation Amendment Bill 2016. These divisions enable prescribed entities to	No specific evaluation identified

		share safety and wellbeing information and reportable conduct information relating to children, including about a child's family members, relevant to the health, safety or wellbeing of the child or young person. The ACT Government has also indicated further legislation specifically for family violence may be considered after further consultation (ACT Government 2016, p. 9)	
New South Wales	Part 13A, *Crimes (Domestic and Personal Violence) Act 2007*	This part establishes an information-sharing regime for family violence. It specifically overrides NSW information privacy legislation by authorising the disclosure of personal information and health information relating to both victim/survivors and perpetrators of family violence. Because the information-sharing regime integrates with the NSW Safer Pathway reforms, information can be shared with a central referral point (to electronically manage and monitor family violence referrals) and a statewide network of local coordination points (non-government family violence services). Most information sharing requires the consent of the victim/survivor but not the consent of the perpetrator or alleged perpetrator. In situations of serious threat, the consent of the victim/survivor can be overridden. The legislation also expressly prevents perpetrators from gaining access to information collected about them under the regime.	In 2017, BOCSAR evaluated the NSW's Safer Pathway program's effectiveness, however information sharing was not evaluated specifically, and was identified as an area for future research (Trimboli 2017, pp. 2, 16). A second evaluation of longer-term outcomes is currently underway (see Coote & Clift 2017).
	Chapter 16A, *Children and Young Persons (Care and Protection) Act 1998*	This chapter establishes an information sharing regime to facilitate the provision of services to children and young persons by agencies that have responsibilities relating to their safety, welfare or wellbeing. The chapter authorises those agencies to share information and requires them to take reasonable steps to coordinate their services. The regime applies to certain prescribed bodies and provides protection from civil or criminal liability for persons, acting in good faith, who provide information in accordance with the legislation. Other laws prohibiting or restricting the disclosure of information are expressly overridden so as not to operate	Evaluated by Cassells et al. (2014) and Keeley et al. (2015). Cassells et al. (2014, p. 83) concluded: 'Information sharing between agencies has improved across the board.' Keeley et al. concluded: 'the existence of specific legislative authority for sharing information in certain circumstances such as Chapter 16A of the *Children and Young Persons (Care and Protection Act) 1988 (NSW)* … has clearly been helpful in the ongoing development of a culture of appropriate information sharing in

		to prevent information sharing under the regime.	New South Wales.' (Keeley et al. 2015, p. 88).
Tasmania	s37, *Family Violence Act 2004*	This section provides that 'a personal information custodian, within the meaning of the Personal Information Protection Act 2004, acting in good faith, does not commit a breach of that Act by reason only of collecting, using, disclosing or otherwise dealing with personal information for the purpose of furthering the objects of this Act'. The effect of this provision is to override Tasmania's information privacy legislation where information is shared, in good faith, to further the 'safety, psychological wellbeing and interests of people affected by family violence'.	In 2014, Tasmania's Safe at Home project was reviewed by the Tasmanian Government. Section 37 was briefly noted to be a key enabler of information sharing (Department of Justice (Tas) 2015, p. 56), The provision otherwise does not appear to have been evaluated in depth recently.
	ss14 and 53B, *Children, Young Persons and Their Families Act 1997*	These provisions enable the sharing of information relating to children between entities, including where there are concerns about being affected by family violence.	As above.
Western Australia	s70A, *Restraining Orders Act 1997* and r 15 Restraining Orders Regulations 1997	This section provides for the exchange of 'prescribed information' between a limited number of 'interested parties' (government organisations). … An interested party may provide to another interested party prescribed information if the parties agree that the provision of such information is necessary to ensure the safety of a person protected by a violence restraining order or the wellbeing of a child affected by such an order. The information must be provided in confidence, and there are protections from exposure to civil or criminal liability, or professional standards if information is shared in accordance with the section.	No specific evaluation identified.
	Memorandum of Understanding (Government of Western Australia)	Also see the Government of Western Australia's (2011) Memorandum of Understanding which outlines the commitments of signatory agencies until 2022, including the interaction of a number of legislative provisions for sharing information (see section 8.3).	
	s28B of the *Children and Community Services Act 2004*	Section 28B of the *Children and Community Services Act 2004* was updated in 2015 to allow non-government organisations to share information, including relating to the safety of a person subjected or exposed to family violence.	The *Children and Community Services Act 2004* was reviewed in 2012 by the WA Parliament, which found that: 'the information sharing provisions are generally operating effectively to support

			the objects of the Act. However, as referred to in several submissions, there is a need to strengthen information sharing particularly between government and non-government agencies' (Parliament of Western Australia 2012, p. 10), and recommended 'sections 34 and 24A should expressly enable the sharing of information relevant to the provision of services to persons experiencing family and domestic violence' (Parliament of Western Australia 2012, p. 2). It also appears to have been internally reviewed in 2015: 'In 2015, the Department [for Child Protection and family Support] internally reviewed its family and domestic violence practice and casework practice guidance … The majority of the Family and Domestic Violence review's findings were implemented through changes to the Department's policy and case practice guidance. However, a small number of findings related to the adequacy of the Act for supporting the safety of child and adult victim' (Department for Child Protection and Family Support (DCPFS) (WA) 2016, p. 23). Recent Family Law Council reports also recommend increased family violence information sharing (Department of Communities (WA) 2017, p. 63).
South Australia	N/A	South Australia does not have information privacy legislation equivalent to the Privacy and Data Protection Act or the Health Records Act. Instead, the South Australian Cabinet has issued an administrative instruction, requiring government agencies and contracted service providers to comply with a set of Information Privacy Principles.219 Consistent with the administrative instruction, the South Australian Ombudsman has issued the	Discussion papers of the South Australian Ombudsman's Information Sharing Guidelines were released in 2013 (Ombudsman SA) and 2016 (Government of South Australia).

		Information Sharing Guidelines for Promoting Safety and Wellbeing, which 'provide [for] a consistent statewide approach to appropriate information sharing practice wherever there are threats to safety and wellbeing'	
Victoria	Part 5A, *Family Violence Protection Act 2008*	Similar to NSW family violence and child safety information sharing regimes, this part sets ups an information sharing regime that enables prescribed entities (including government agencies and support services) to share information voluntarily and when requested with other prescribed entities for risk assessment and protection purposes. The information can be about victim/survivors, perpetrators or third parties. Consent is required from the victim/survivor and third parties, unless the victim/survivor is a child. Consent is not required from the perpetrator. Information sharing and risk assessment entities are prescribed as staff from certain agencies and organisations. The legislation includes a defence for disclosing information in good faith.	Currently being evaluated by the Monash Gender and Family Violence Prevention Centre.
	Part 6A of the Child Wellbeing and Safety Act 2005	The Child Information Sharing Scheme (CISS) allows prescribed organisations and services working with children, young people and families to share information to promote the wellbeing or safety of a child's or group of children. The CISS does not affect reporting obligations created under other legislation, such as mandatory reporting obligations under the Children, Youth and Families Act 2005.	Currently being evaluated by ACIL Allen Consulting.
Queensland	Part 5A, *Domestic and Family Violence Protection Act 2012*	Amendments commenced in 2017 to enable prescribed entities and specialist DFV service providers to give information to each other where they reasonably believe a person fears or is experiencing domestic violence and there is a threat to their life, health or safety, or for risk assessment or protection purposes.	No specific evaluations identified; however, Guidelines were issued in 2017. (see Department of Communities 2017)
	Chapter 5A, *Child Protection Act 1999*	'The *Child Protection Act 1999,* chapter 5A, allows the sharing of relevant information between government agencies, and between government agencies and non-government service providers, who provide	No specific evaluations identified.

		services to children and families.' (DCDSS and DCSYW 2017)	
Northern Territory	ss124A and 125, *Domestic and Family Violence Act (NT)*	These sections impose a duty on all adults to report concerns about harm or threats of harm because of domestic violence to the police.	No specific evaluations on information sharing identified.
	Chapter 5A, Domestic and Family Violence Act 2007 (NT)	Amendments commenced in 2019 to enable certain government and non-government agencies to share information for the purposes of assessing whether there is a serious threat to a person because of domestic violence, responding to threats and making referrals to specialist domestic violence services. The regime is based on the information sharing provisions of the Care and Protection of Children Act, as well as the new Part 5A of the Domestic and Family Violence Protection Act 2012 (Qld) and the Family Violence Protection Amendment (Information Sharing) Act (Vic).' (NT Government 2017: 1).	N/A

International			
Jurisdiction	**Legislation**	**Description**	**Evaluation (since 2012)**
British Columbia	ss26(f) and 33.1(1)(m.1), *Freedom of Information and Protection of Privacy Act 1996*	These provisions specifically authorise public bodies to collect and disclose information if it is necessary for the purpose of 'reducing the risk that an individual will be a victim/survivor of domestic violence, if domestic violence is reasonably likely to occur'. The Act also enables public bodies to share personal information for delivering or evaluating a common or integrated program or activity such as those dealing with family violence.	No specific evaluation identified.
New Zealand	Part 9A, *Privacy Act 1993*	This part allows for the creation of an Approved Information Sharing Agreement similar to the information usage arrangement under the *Privacy and Data Protection Act*. The Commission considered the 'Information Sharing Agreement for Improving Public Services for Vulnerable Children' (dated 25 June 2015), which modifies relevant New Zealand privacy legislation.	No specific evaluations identified since its implementation in 2013, however the Office of the Privacy Commissioner has a statutory monitoring role of AISAs (see Privacy Commissioner (NZ) 2017: 5)

	Part 2, Family Violence Act 2018	Part 2 of the Family Violence Act 2018 (NZ) came into effect on 1 July 2019 and enables family violence agencies and social service practitioners to request, use or disclose personal information for purposes related to family violence need or risk assessments, to make/contribute/carry out a decision or plan related to family violence and to help ensure that victims are protected from family violence. The Act states that decisions should be guided by the principle that helping to ensure a victim is protected from family violence should take precedence over any applicable duty to keep information confidential or limit under the information privacy principle 11 in section 6 of the Privacy Act 1993 (NZ).	No evaluations identified since operation commenced in July 2019.
The United Kingdom	*Data Protection Act 1998*	The Commission examined UK information-sharing arrangements such as Multi-Agency Safeguarding Hubs, or MASHs, which rely on specific statutory gateways in legislation. For example, some MASHs rely on the implied statutory gateway in section 11 of the *Children Act 2004* (UK), which obliges relevant agencies to ensure that their 'functions are discharged having regard to the need to safeguard and promote the welfare of children'. This duty is said to satisfy the condition in the Data Protection Act that states that information can be processed if 'the processing is necessary for the exercise of any functions conferred on any person by or under an enactment'.	
		The United Kingdom also has a number of non-legislative multi-agency arrangements between agencies and services involved in Multi-Agency Risk Assessment Conferences since 2003. These multi-agency collaborations rely on broad interpretations of provisions of the *Data Protection Act 1998*, *Human Rights Act 1998*, *Care Act 2014*, *Children Act 1989/2004*, *Crime and Disorder Act 1998*, along with the common law duty of confidence and Caldicott Guidelines (see Southend, Essex and Thurrock against Domestic Abuse 2017: 3) It should be noted that the General Data Protection Regulations are due to commence	Broader evaluations of multi-agency collaboration in MARACs and MASHs generally, such as Joint Targeted Area Inspections (JTAI) (HM Inspectorate of Probation et al. 2017), sometimes encompass information sharing. However, this literature review limited its scope to information sharing evaluations and therefore has not comprehensively reviewed evaluations of

		in 2018, and may impact information sharing arrangements more broadly in the UK.	multi-agency collaborations more generally in the UK.
United States	*Violence Against Women Act 1994*	The United States *Violence Against Women Act 1994* allows for organisations receiving grants under the Act to sharing information in specific circumstances, including approved activities such as collaborating with government agencies reduce domestic violence.	No specific evaluations identified.

11.4 Appendix Four: Semi-structured questions for Interviews and Focus Groups

ISEs Service Providers, Managers and Experts

1. Has the scheme been implemented effectively to date?

Consider: effectiveness of training, the Enquiry Line, guidelines, change management and sector grants, extent that legislative requirements have been embedded in practice guides and procedures of information sharing entities.

2. Has the scheme been implemented as intended to date?

Consider: have elements been delivered on time, to the necessary work forces and parts of work forces.

3. Has the implementation of the scheme had any adverse organisational impacts?

Consider: any adverse impacts on workforces in information sharing entities e.g. increased workload (additional time taken each time information is shared and/or greater volume of information sharing), changes in ways of working with clients.

4. What were the key barriers and enablers for implementation?

Consider: What are the key lessons to inform further roll out of the scheme, including:

Has the process of training staff in how to effectively share information under the scheme been manageable and what have been the costs of this?

Have existing systems (including IT) been sufficient to facilitate the retrieval, storing and recording of information under the scheme, or has it been necessary to invest in new/upgraded system and, if so, at what cost?

What level of upfront effort has been required to update policies, procedures and practices in order to effectively and appropriately share information under the scheme?

We found that participants often tended to cover question three and particularly question four in their answers to questions one and two. Where this was the case, and time permitted, the below additional question was posed.

5. If you could recommend changes in order to improve the implementation of the Scheme to the next phase what would you recommend? What would be your number one recommendation?

Women affected by family violence

THEME: Has the information sharing scheme led to improved outcomes for victim survivors and increased the extent to which perpetrators are in view?

Tell us about your experience accessing and engaging with services.

Were you aware of other services becoming involved with your situation? How were you made aware of this?

Tell us about your experience of additional services beyond your primary service becoming involved in your case.

How did you feel about the process of information about your situation being shared? Do you think this benefitted you or your situation?

THEME: Has the scheme had any adverse impacts?

What is your knowledge of information sharing in the family violence system? Have any changes in this system been explained to you?

Did you have any concerns about the use of information about you?

Have you been worried about information about you being shared without your consent?

What was the impact of the sharing of your information and other services becoming involved? Has it had a positive or negative impact?

11.5 Appendix Five: List of focus groups and interviews (practitioner, manager and expert)

Acronyms

FG	Focus Group
PI	Practitioner Interview
MI	Manager Interview
EI	Expert Interview

Initial Tranche - data collection period one

Number & type	Date	Place of focus group/interview or method	No of participants	ISE category	DHHS area of participants
FG1	24.04.2018	Urban	11	Specialist men's family violence services	Metro, Gippsland, Eastern
FG2	24.04.2018	Outer metropolitan	5	Mixed ISE services including specialist women's family violence case management services, DJCS services and Victim's Support Agency	Outer Metro, Southern Metro, Gippsland
FG3	26.04.2018	Urban	5	Mixed ISE services including Victoria Police and specialist women's family violence case management services	Melbourne, Bayside Peninsula
FG4	1.05.2018	Urban	6	Mixed ISE services including Victoria Police and specialist women's family violence case management services, Magistrates' Court or Children's Court	Metro - Southern Metro, Northern Metro and Barwon

FG5	3.05.2018	Urban	14	Risk Assessment and Management Panel (RAMP) members	Various not recorded.
FG6	3.05. 2018	Urban	5	Mixed ISE services including specialist women's family violence case management services, specialist men's family violence services and ChildFIRST	Loddon, Mallee, Metro, West Metro and East Metro
FG7	7.05.2018	Urban	4	Mixed ISE services including Victoria Police and specialist women's family violence case management services	Metro
FG8	8.05. 2018	Urban	16	Sexual assault services for victims	Metro, Eastern (Metro), Northern (Metro), South Eastern (Metro), West (Metro); Regional – Ballarat, Barwon-Wimmera, Ovens Murray, Gippsland, Goulburn Valley, Loddon Campaspe, Mallee, South Western
FG9	11.05. 2018	Urban	9	Mixed ISEs including specialist women's family violence case management services, specialist men's family violence services	Central Highlands, Eastern Metro, Western Metro, Mallee and North East Metro
FG10	14.05.2018	Regional	12	Mixed ISE services including specialist women's family	Goulburn

				violence case management services and community based child protection	
FG11	15.05.2018	Urban	8	Mixed DJCS services, offender rehabilitation and reintegration services and programs, prisoner services or programs provider	Metro, Barwon, Loddon
Total FG participants data collection period one = 95					
PI1a	13.02.2018	Urban	1	DJCS	Metro
PI1b	13.02.2018	Urban	1	DJCS	Metro
PI2	13.02.2018	Urban	1	Specialist women's family violence case management service	Metro
PI3a	24.04.2018	Urban	1	Mixed group - Victim Support Agency and specialist women's family violence case management services	Metro, Bayside Peninsula
PI3b	24.04.2018	Urban	1	Mixed group - Victim Support Agency and specialist women's family violence case management services	Metro, Bayside Peninsula
PI3c	24.04.2018	Urban	1	Mixed group - Victims Support Agency and specialist women's family violence case management services	Metro, Bayside Peninsula
PI4a	1.05.2018	Urban	1	Specialist women's family violence case management services	Metro
PI4b	1.05.2018	Urban	1	Specialist women's family violence case management services	Metro
PI4c	1.05.2018	Urban	1	Specialist women's family violence case management services	Metro
PI5	9.05.2018	Urban	1	Specialist men's family violence service	Metro

PI6a	9.05.2018	Urban	1	Specialist men's family violence services	South East Metro
PI6b	9.05.2018	Urban Phone	1	Specialist men's family violence services	South East Metro
PI7	17.05.2018	Regional	1	Manager of organisations including multiple ISEs including Child FIRST and community based child Protection.	Western district
PI8	18.05.2018	Regional	1	Manager of organisations including multiple ISEs including community based child protection workers and Child FIRST	Outer Metropolitan Eastern Victoria and Southern Victoria
PI9	4.06.2018	Regional	1	Specialist women's family violence service	Gippsland.
PI10	4.06.2018	Urban	1	Specialist women's family violence case management services	Metro
Total PI participants data collection period one = 16					
MI1	16.01.2018	Urban	1	Specialist women's family violence service	Metro
MI2a	18.01.2018	Urban	1	Specialist men's family violence service	Metro
MI2b	18.01.2018	Urban	1	Specialist men's family violence service	Metro
MI2c	18.01. 2018	Urban	1	Specialist men's family violence service	Metro
MI3a	22.01.2018	Urban	1	Integrated family service	Metro
MI3b	22.01.2018	Urban	1	Integrated family service	Metro
MI3c	22.01.2018	Urban	1	Integrated family service	Metro
MI4a	22.01.2018	Urban	1	Victoria Police	Metro
MI4b	22.01.2018	Urban	1	Victoria Police	Metro
MI4c	22.01.2018	Urban	1	Victoria Police	Metro
MI5	12.02.2018	Urban	1	Family Service	Metro
MI6a	14.02.2018	Urban	1	Specialist women's family violence service	Metro

MI6b	14.02.2018	Urban	1	Specialist women's family violence service	Metro
MI6c	14.02.2018	Urban	1	Specialist women's family violence service	Metro
MI7	20.02.2018	Urban	1	Community health organisation	Metro
MI8	23.02.2018	Urban	1	Community health organisation	Metro
MI9	23.02.2018	Urban	1	Indigenous organisation	Metro
MI10a	01.03.2018	Urban	1	Magistrates' Court of Victoria	Metro
MI10b	01.03.2018	Urban	1	Magistrates' Court of Victoria	Metro
MI11	02.03.2018	Urban	1	Community health	Metro
Total MI participants data collection period one = 20					
EI1a	23.11.2017	Urban	1	Specialist women's family violence expert	Metro
EI1b	23.11.2017	Urban	1	Specialist women's family violence expert	Metro
EI2a	19.12.2017	Urban	1	Specialist women's family violence expert	Metro
EI2b	19.12.2017	Urban	1	Specialist women's family violence expert	Metro
EI3	19.12.2017	Urban	1	Government family violence expert	Metro
EI4	19.12.2017	Urban	1	Specialist men's family violence expert	Metro
EI5	20.12.2017	Urban	1	Family violence legal expert	Metro
EI6	16.01.2018	Urban	1	Community family violence service expert	Metro
EI7a	16.01.2018	Urban	1	Specialist women's family violence expert	Metro
EI7b	16.01.2018	Urban	1	Specialist women's family violence expert	Metro
EI8	18.01.2018	Urban	1	Magistrate' Court of Victoria expert	Metro
EI9	19.01.2018	Urban	1	Community family violence service expert	Metro
EI10	30.01.2018	Urban	1	Specialist men's family violence expert	Metro

EI11	22.05.2018	Urban	1	Family violence expert	Metro
Total EI participants data collection period one = 14					

**Victoria – Department of Human Services' 'Local Government Areas' designations used to determine area.*

***Where participants were not able to attend a focus group or interview in person phone interview/group teleconference was offered as an alternative. Zoom audio conferencing was used to facilitate these interviews/focus groups.*

Phase One - data collection period two

Number & type	Date	Place of focus group/ interview or method	No of participants	ISE category	DHHS area of participants
FG1	23.08.2019	Urban	7	Mixed ISE services including Victoria Police, specialist women's family violence and homelessness service, Magistrate's Court of Victoria, Integrated family violence service, Homelessness service, RAMP	Metro
FG2	03.09.2019	Urban	6	Mixed ISE services including specialist men's family violence service, Victim's Support Agency, DJCS, Sexual assault service, Integrated family services	Metro
FG3	16.09.2019	Regional	10	Integrated Family Services	Inner Gippsland
FG4	19.09.2019	Urban	9	DJCS	Metro
FG5	07.10.2019	Urban	4	Mixed ISE services including Men's behavioural change, Local city council,	Metro

				Multicultural family violence service	
FG6	07.10.2019	Urban	11	Alcohol and other drugs	Metro
FG7	09.10.2019	Urban	6	Indigenous family violence service	Metro
FG8	22.10.2019	Regional	7	Alcohol and other drugs and Mental health	Barwon
Total FG participants data collection period two = 60					
MI1	08.08.2019	Urban	1	Multi-agency	Metro
MI2	19.08.2019	Urban	1	Specialist women's family violence and homelessness service	Metro
MI3	26.08.2019	Urban	1	Community health service	Metro
MI4	29.08.2019	Urban	1	Victoria Police	Metro
MI5	03.09.2019	Urban	1	Mental health	Metro
MI6a	05.09.2019	Urban	1	Specialist women's family violence service	Metro
MI6b	05.09.2019	Urban	1	Specialist women's family violence service	Metro
MI7	10.09.2019	Urban	1	Alcohol and other drugs service	Metro
MI8a	17.09.2019	Urban	1	Department of Health and Human Services	Metro
MI8b	17.09.2019	Urban	1	Department of Health and Human Services	Metro
MI9a	17.09.2019	Urban	1	Magistrates' Court of Victoria	Metro
MI9b	17.09.2019	Urban	1	Magistrates' Court of Victoria	Metro
MI10a	17.09.2019	Urban	1	Community health	Metro
MI10b	17.09.2019	Urban	1	Community health	Metro
MI10c	17.09.2019	Urban	1	Community health	Metro
MI11a	17.09.2019	Urban	1	Homelessness service/refuge	Metro

MI11b	17.09.2019	Urban	1	Homelessness service/refuge	Metro
MI12	20.09.2019	Urban	1	Alcohol and other drugs service	Metro
MI13a	20.09.2019	Urban	1	Alcohol and other drugs service	Metro
MI13b	20.09.2019	Urban	1	Alcohol and other drugs service	Metro
MI14	23.09.2019	Urban	1	Department of Health and Human Services	Metro
MI1	26.09.2019	Urban	1	ChildFirst	Metro
MI156	04.10.2019	Urban	1	DJCS	Metro
MI16	19.11.2019	Urban	1	Community and family service	Metro
MI17	20.11.2019	Urban	1	Department of Health and Human Services Housing	Metro
MI18	25.11.2019	Urban	1	Multi-agency service	Metro
MI19	28.11.2019	Urban	1	DJCS	Metro
MI20	29.11.2019	Urban	1	Multi-agency service	Metro
MI21	04.12.2019	Urban	1	Specialist women's family violence and homelessness service	Metro
MI22	18.12.2019	Urban	1	Child service	Metro
Total MI participants data collection period two = 30					
EI1	15.04.2019	Urban	1	Alcohol and other drugs expert	Metro
EI2	14.08.2019	Urban	1	Alcohol and other drugs service expert	Metro
EI3	21.08.2019	Urban	1	Specialist women's family violence expert	Metro
EI14	21.08.2019	Urban	1	Specialist women's and LGBTIQ family violence expert	Metro

EI15	30.08.2019	Urban	1	Specialist men's family violence expert	Metro
EI16	06.09.2019	Urban	1	Homelessness service expert	Metro
EI17	11.09.2019	Urban	1	Specialist women's family violence expert	Metro
EI18a	12.09.2019	Urban	1	Specialist women's family violence expert	Metro
EI18b	12.09.2019	Urban	1	Specialist women's family violence expert	Metro
EI18c	12.09.2019	Urban	1	Specialist women's family violence expert	Metro
EI19	17.09.2019	Urban	1	Mental health expert	Metro
EI20	20.09.2019	Urban	1	Specialist women's family violence and alcohol and other drugs expert	Metro
EI21	24.09.2019	Urban	1	Mental health expert	Metro
EI22	04.10.2019	Urban	1	Criminal Justice Sector expert	Metro
EI23	07.10.2019	Urban	1	Family violence expert	Metro
EI24a	17.12.2019	Urban	1	Indigenous family violence service expert	Metro
EI24b	17.12.2019	Urban	1	ACCO service provider expert	Metro
EI25a	18.12.2019	Urban	1	Specialist women's family violence expert	Metro
EI25b	18.12.2019	Urban	1	Specialist women's family violence expert	Metro
EI25c	18.12.2019	Urban	1	Specialist women's family violence expert	Metro

EI25d	18.12.2019	Urban	1	Specialist women's family violence expert	Metro
Total EI participants data collection period two = 21					

11.6 Appendix Six: Participant workplaces in Survey One and Survey Two

	SURVEY ONE (2017) Phase One		SURVEY TWO (2019) Initial Tranche and Phase One (combined)	
	Number	**% of survey respondents***	**Number**	**% of survey respondents***
Victoria Police	41	7.55	20	7.75
DHHS	7	1.29	2	0.78
Specialist women's FV case management	88	16.2	25	9.69
Specialist men's FV case management	36	6.63	10	3.88
Health Care Worker	23	4.24	5	1.94
Child FIRST	23	4.24	0	0.00
Child Protection	7	1.29	4	1.55
Sexual assault services for victim/survivors	26	4.79	3	1.16
Victims Assistance Program	4	0.74	3	1.16
Correctional services	28	5.16	0	0.00
Refuge	7	1.29	2	0.78
Offender rehabilitation and reintegration services and programs	4	0.74	5	1.94
Prisoner services or programs provider	1	0.18	0	0.00
Magistrates' or Children's Court	36	6.63	4	1.55
Victim Support Agency	5	0.92	5	1.94
Risk assessment and management panel (RAMP)	15	2.76	3	1.16
Alcohol and other drug services	67	12.34	17	6.59
Family violence service – counselling	5	0.92	17	6.59
Family violence service – therapeutic response program	16	2.95	24	9.30
Homelessness service – access point, outreach or accommodation services	4	0.74	3	1.13
Integrated Family Service	9	1.66	29	11.24
Maternal and Child Health Service	18	3.31	16	6.20

Mental Health Service	12	2.21	18	6.98
Youth Justice	6	0.91	0	0.00
Out of home care service	5	0.92	0	0.00
Other	46	8.47	35	13.57
Total	543	100.00	258	100.00

**Rounded, so total may not be 100.*

***Other includes Aboriginal organisations, specialist children's workers, housing services, and organisations that work across many of the above services.*

11.7 Appendix Seven: FVISS Information Sharing Activity of Lead Agencies

FVISS Information Sharing Activity of Lead Agencies including MCV, Victoria Police, DHHS, and Corrections Victoria 2018-2019.

Magistrates' Court of Victoria and Children's Court of Victoria

Figure 11: MCV & CCV Information Sharing Activity 2019

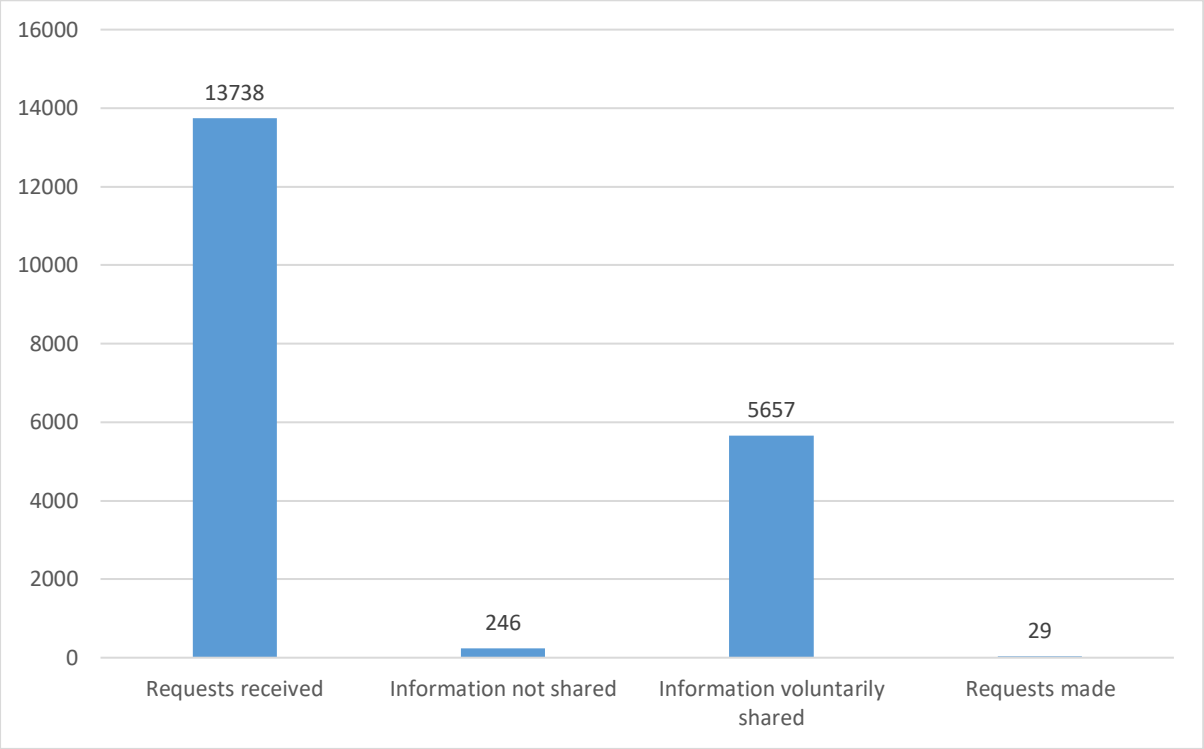


Figure 12: 2019 MCV & CCV Information Sharing Activity by Month

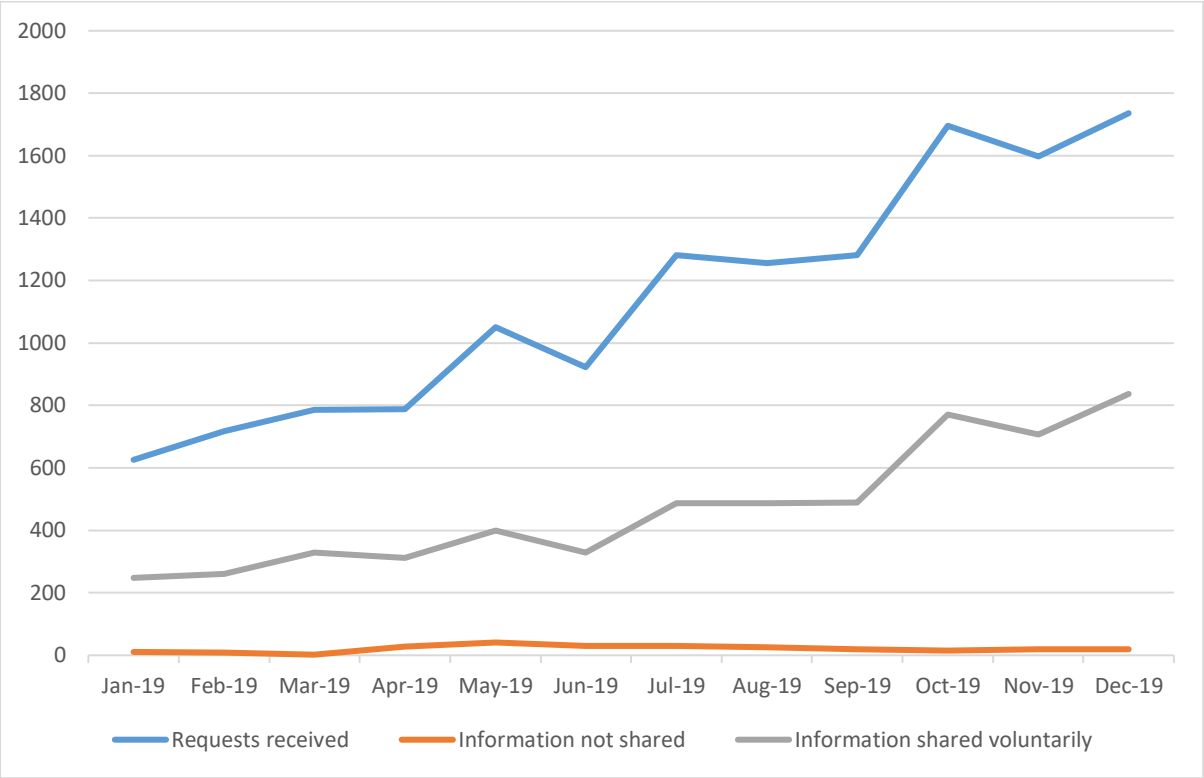


Figure 13: 2019 ISEs that most frequently request information from MCV & CVV

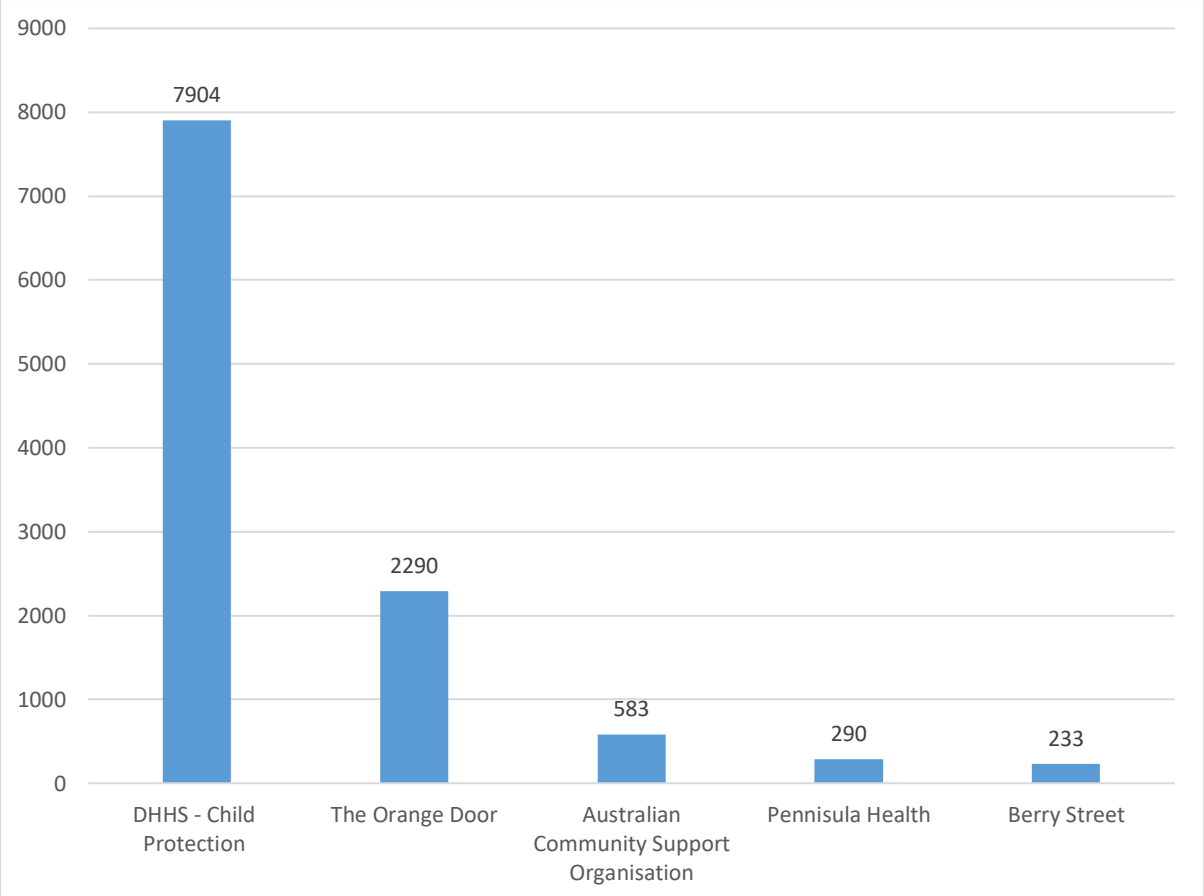


Figure 14: MCV & CCV Information Sharing Activity 2018

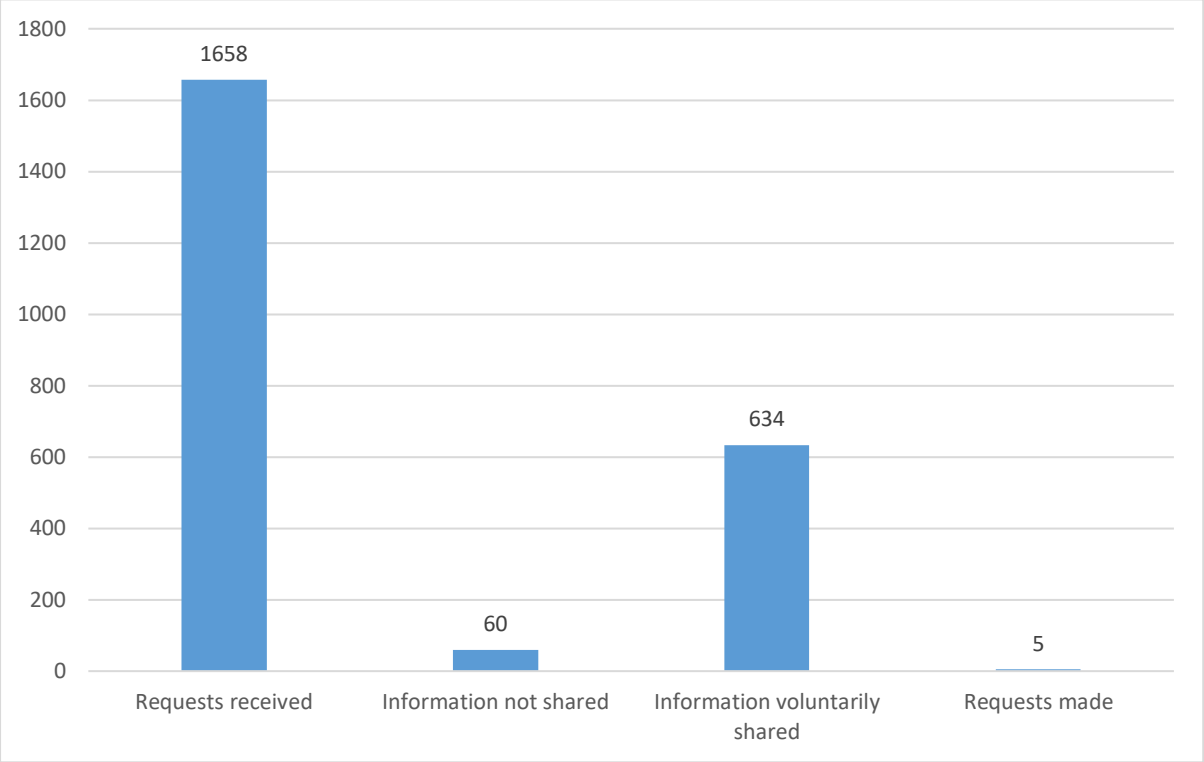


Figure 15: 2018 MCV & CCV Information Sharing Activity by Month

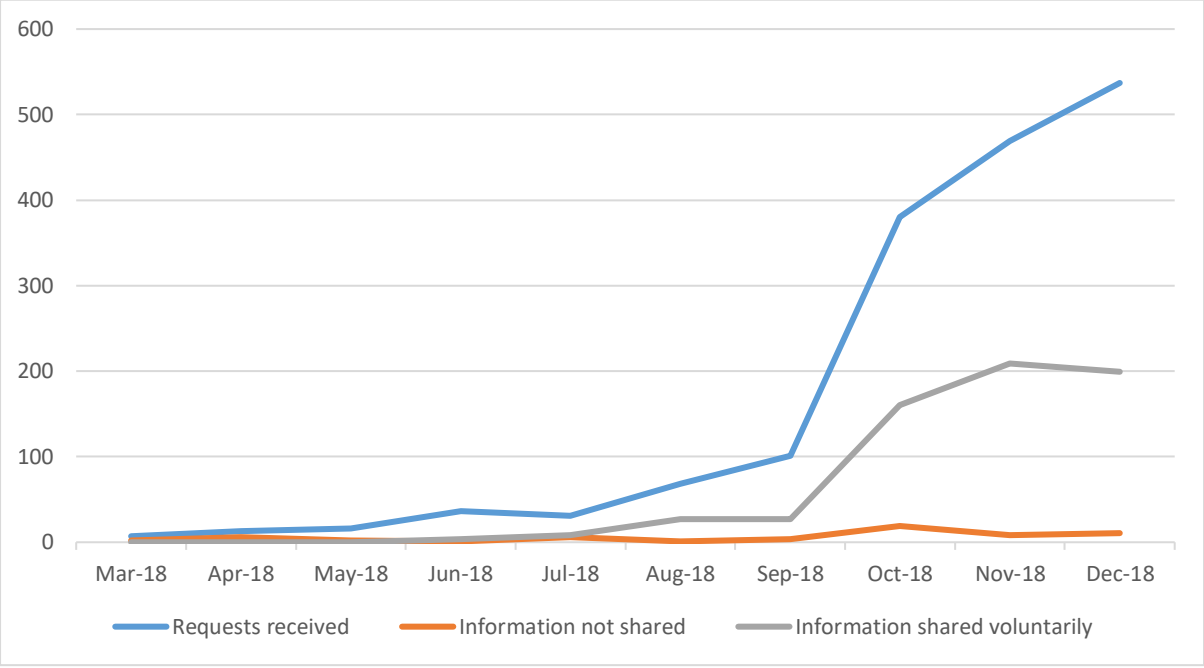
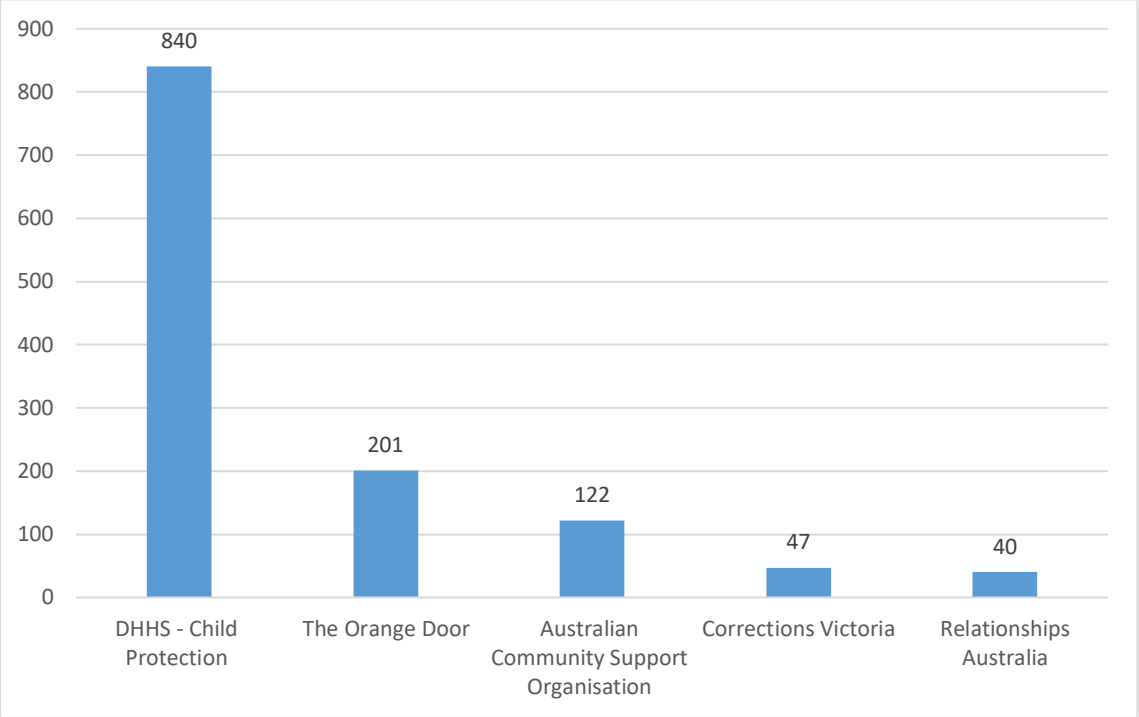


Figure 16: 2018 ISEs that most frequently request information from MCV & CVV



Department of Health and Human Services Information Sharing Unit

Figure 17: Requests for Information Received by DHHS in 2019

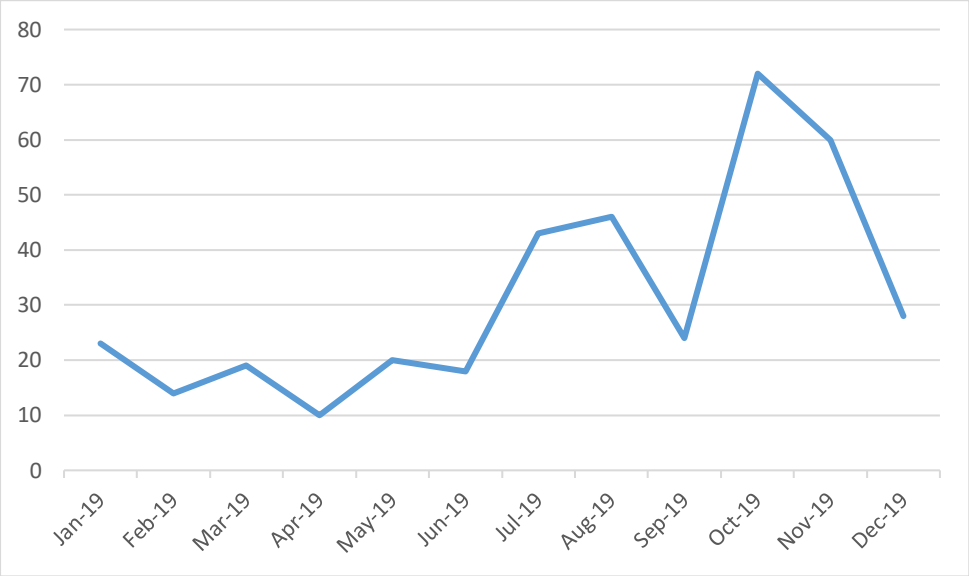


Figure 18: Subject of Information Request Received by DHHS

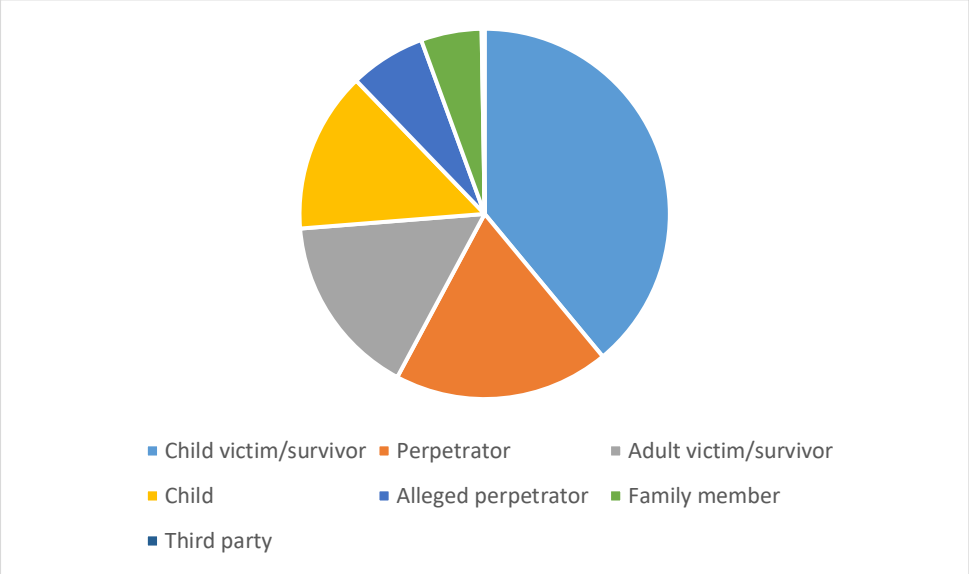
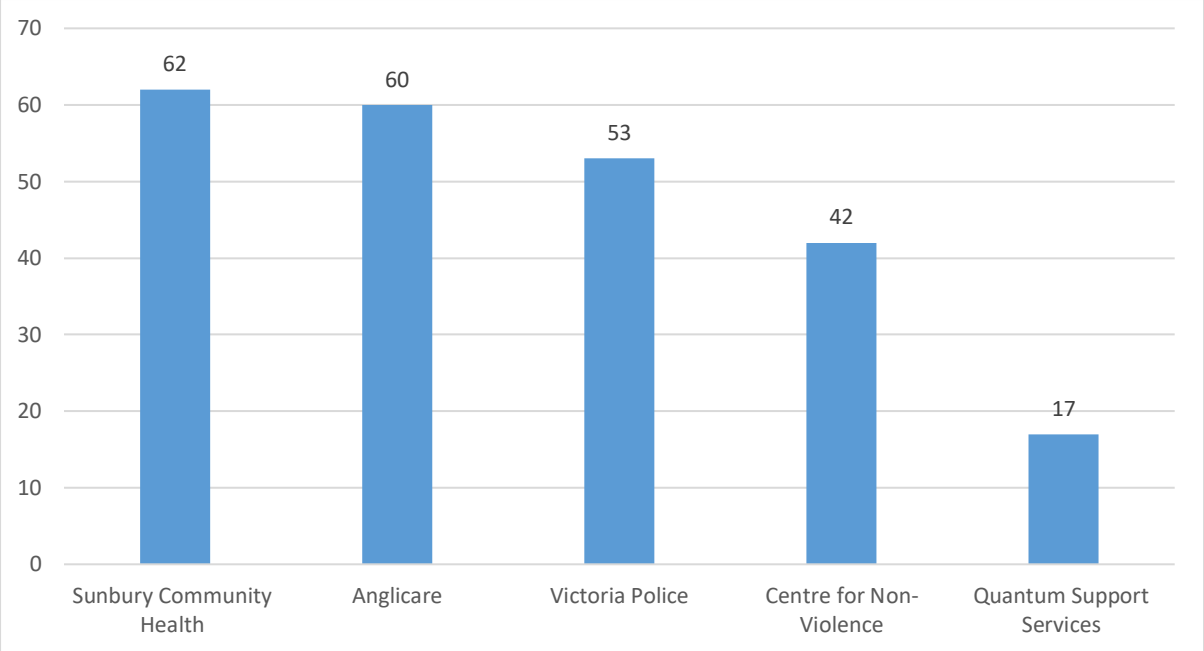


Figure 19: 2019 ISEs that most frequently request information from DHHS



Victim Support Agency

Figure 20: Victim Support Agency Information Sharing Activity, September 2018 - December 2019

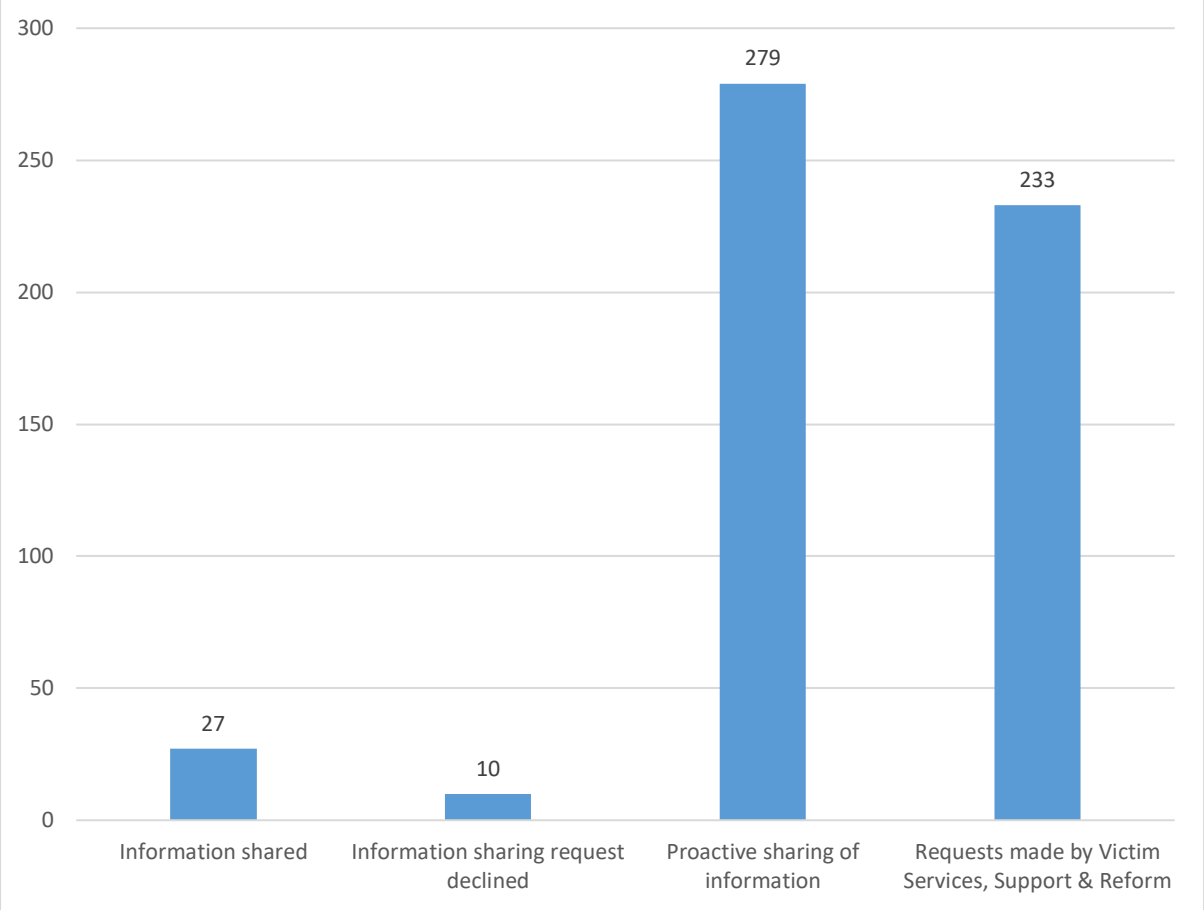


Figure 21: Victim Support Agency Information Sharing Activity by Month

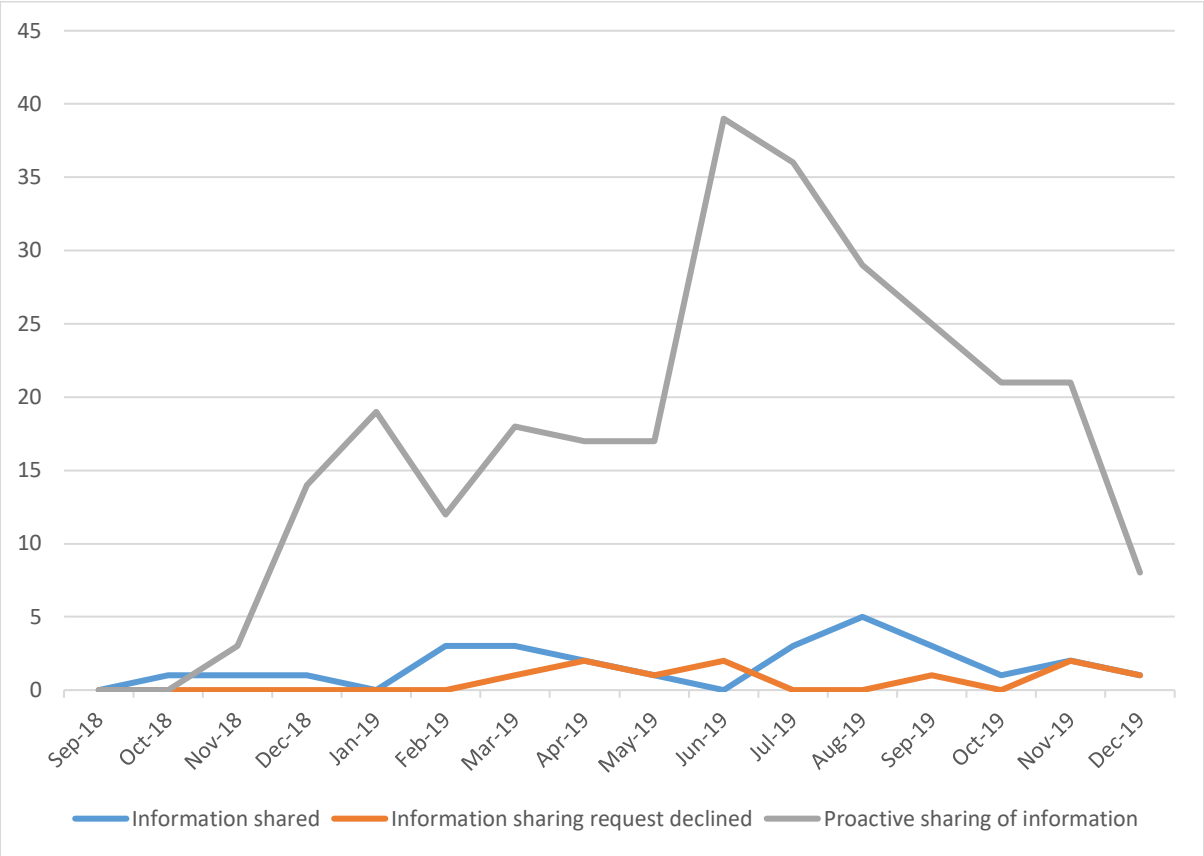
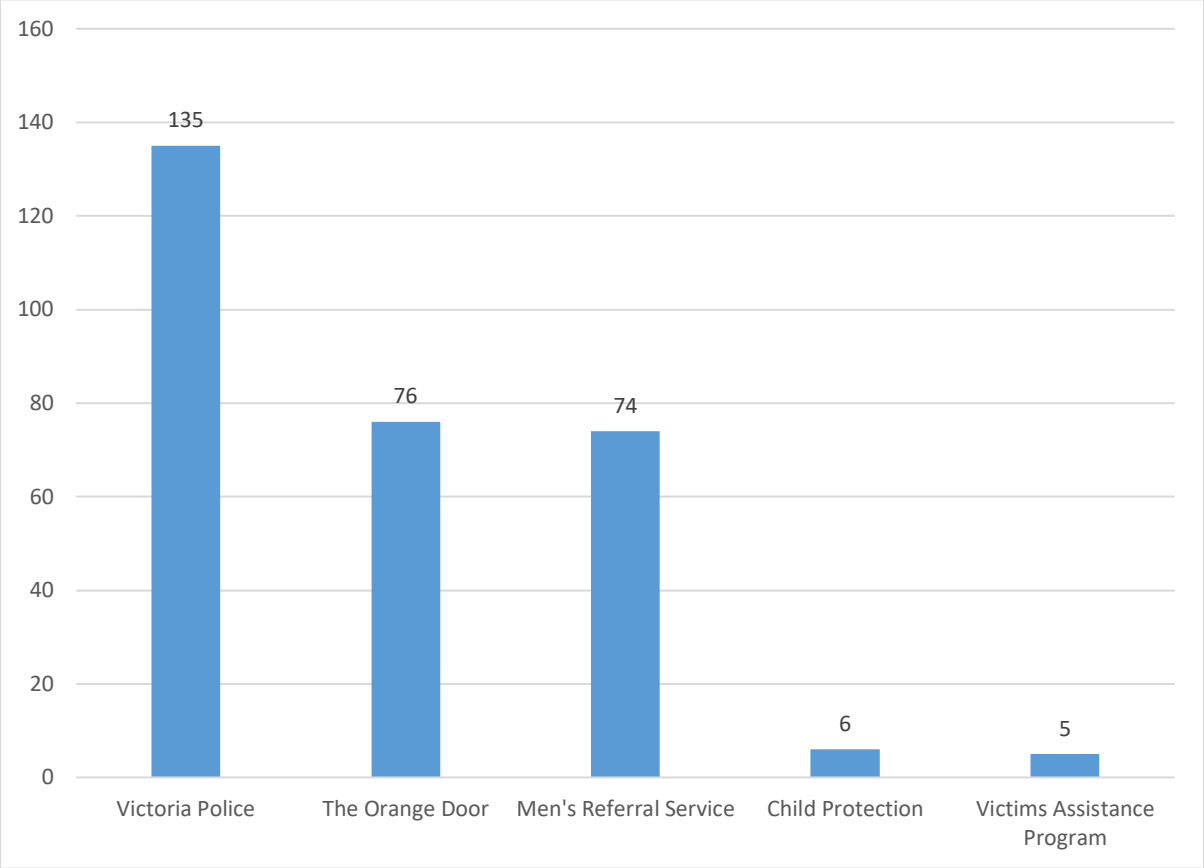


Figure 22: Number of Requests Received by Victim Support Agency



Justice Health

Figure 23: Justice Health Information Sharing Activity 2018-2019

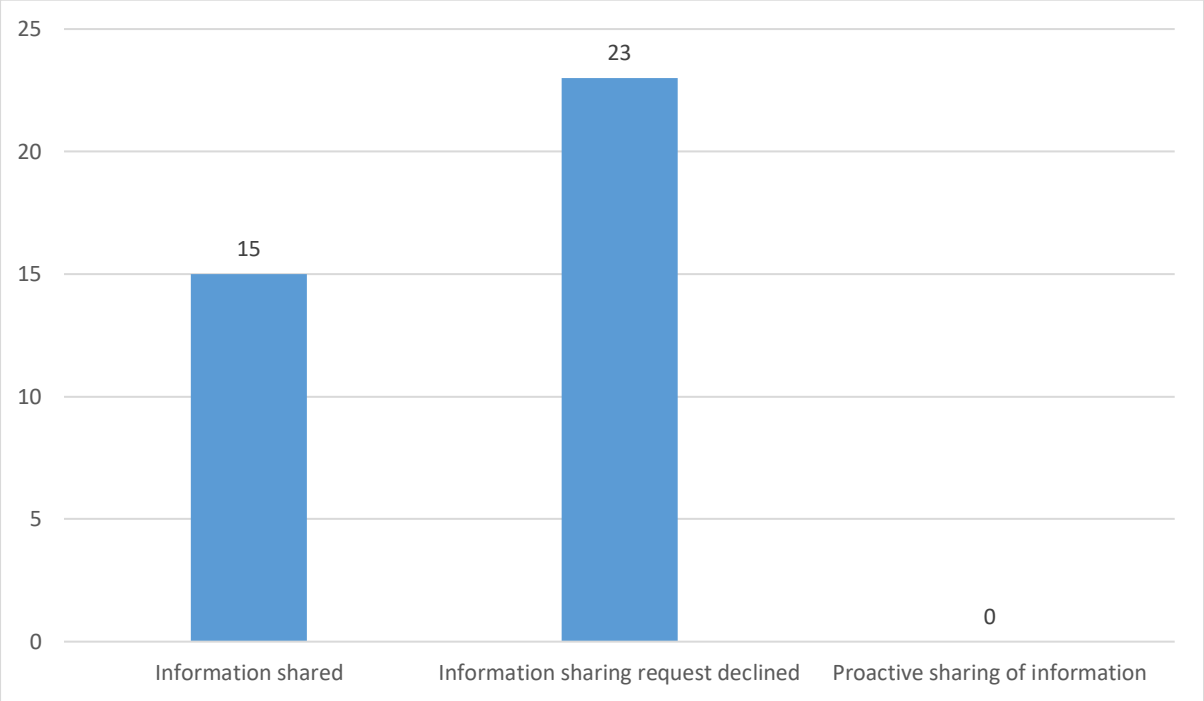


Figure 24: Justice Health Information Sharing Activity by Month

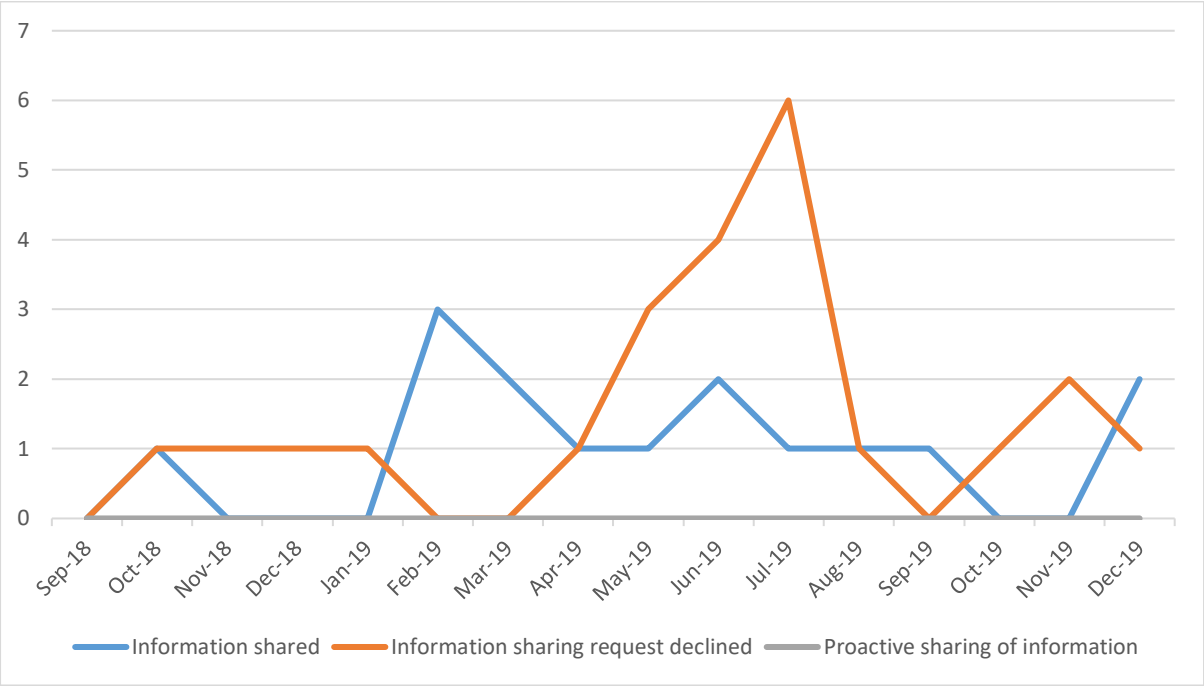
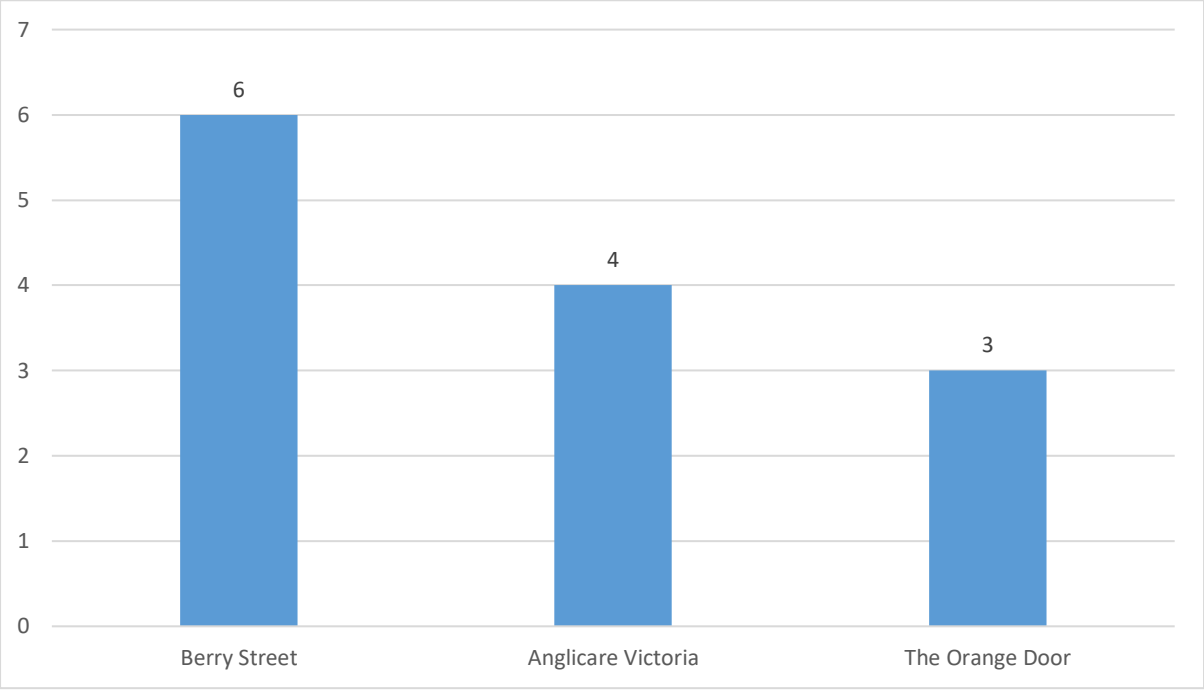


Figure 25: ISEs that most frequently request information from Justice Health



Corrections Victoria

Figure 26: Corrections Victoria Information Sharing Activity, September 2018 - December 2019

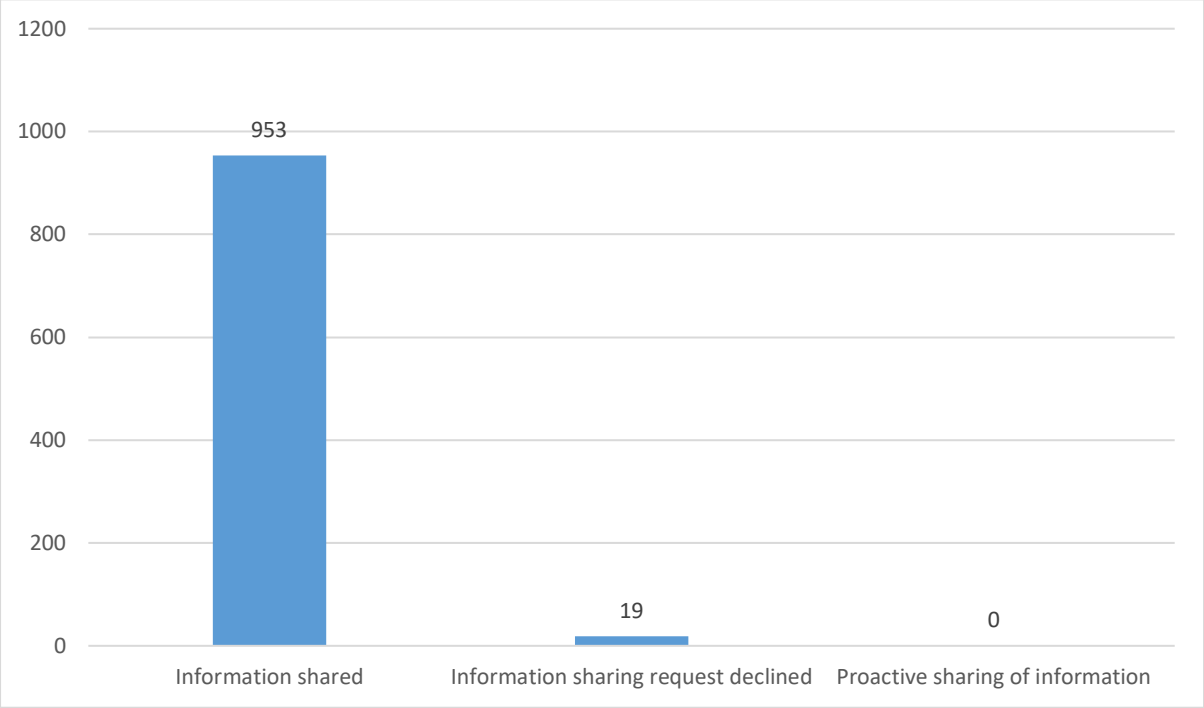
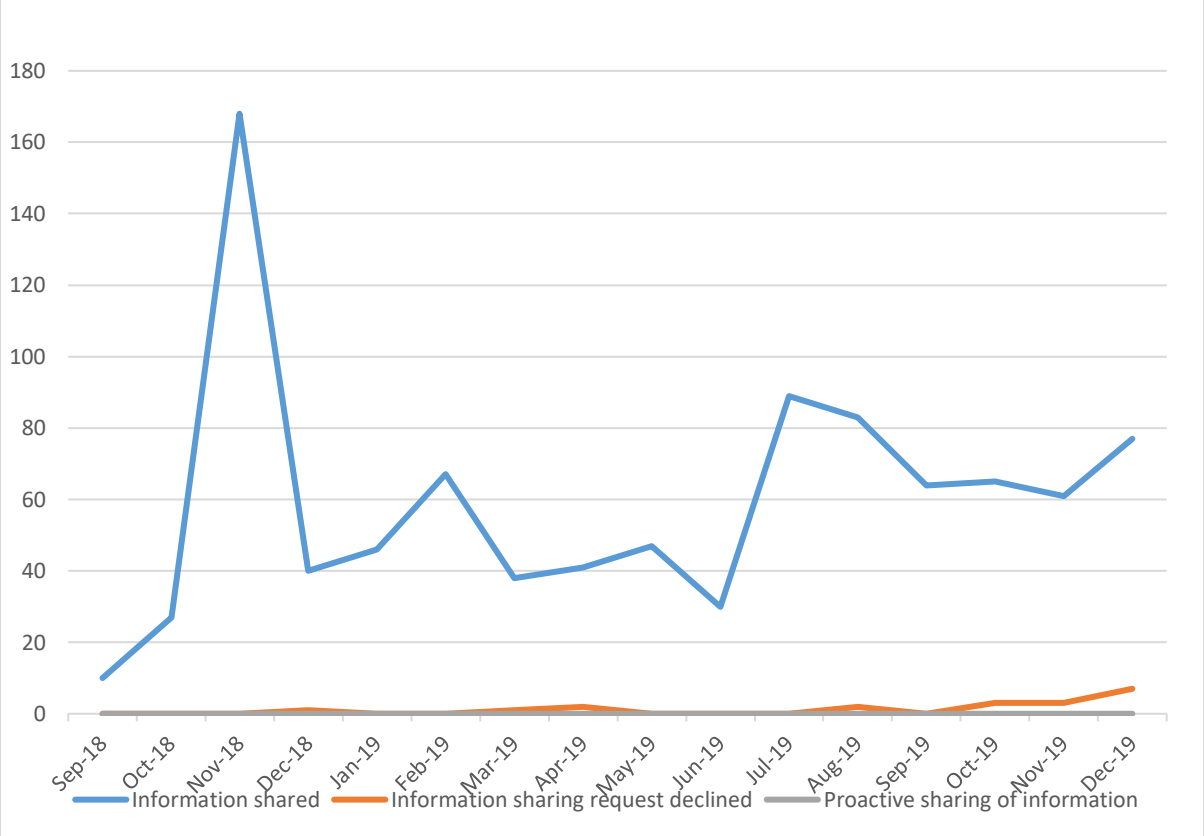


Figure 27: Corrections Victoria Information Sharing Activity by Month



Victoria Police

Figure 28: Victoria Police Information Sharing Activity, October 2018 - January 2020

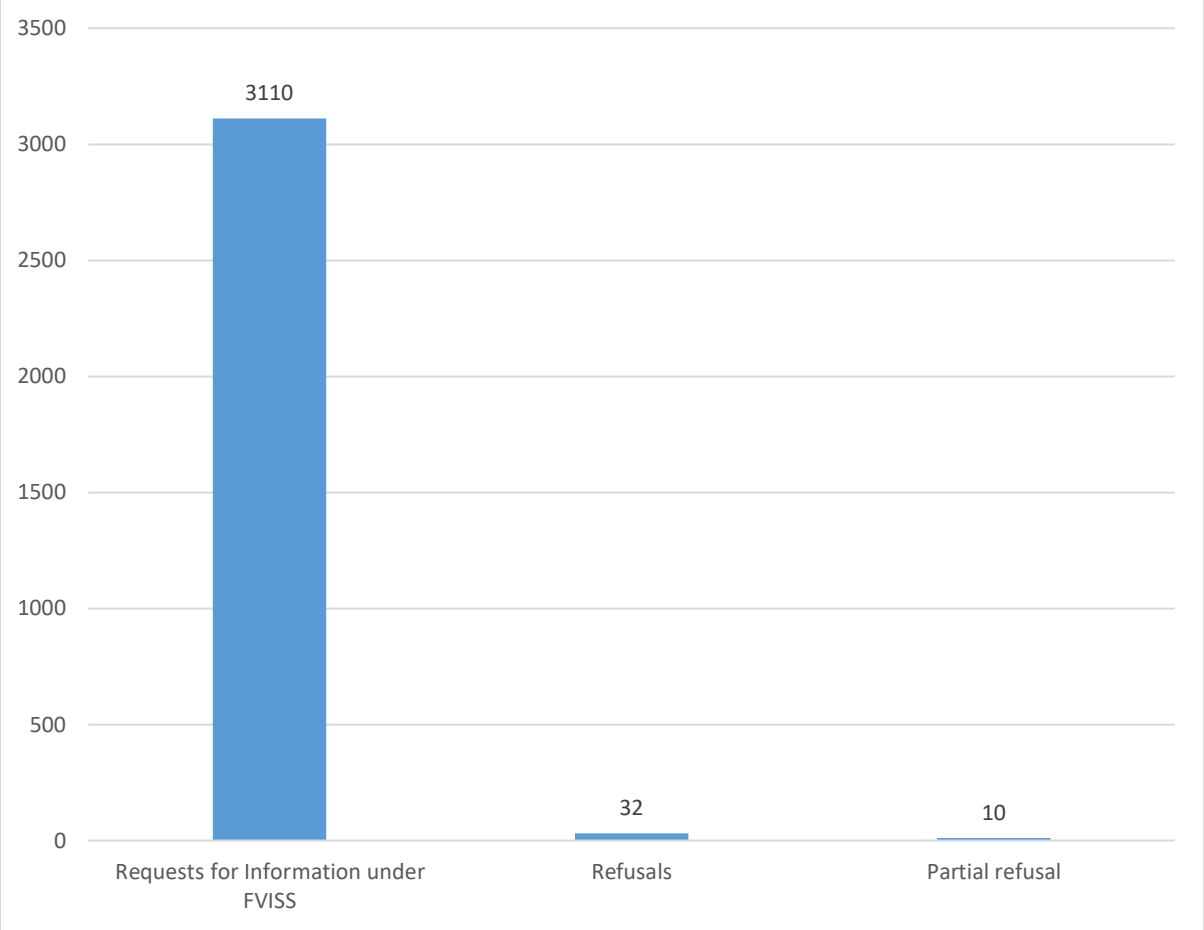


Figure 29: Victoria Police Information Sharing Activity by Month

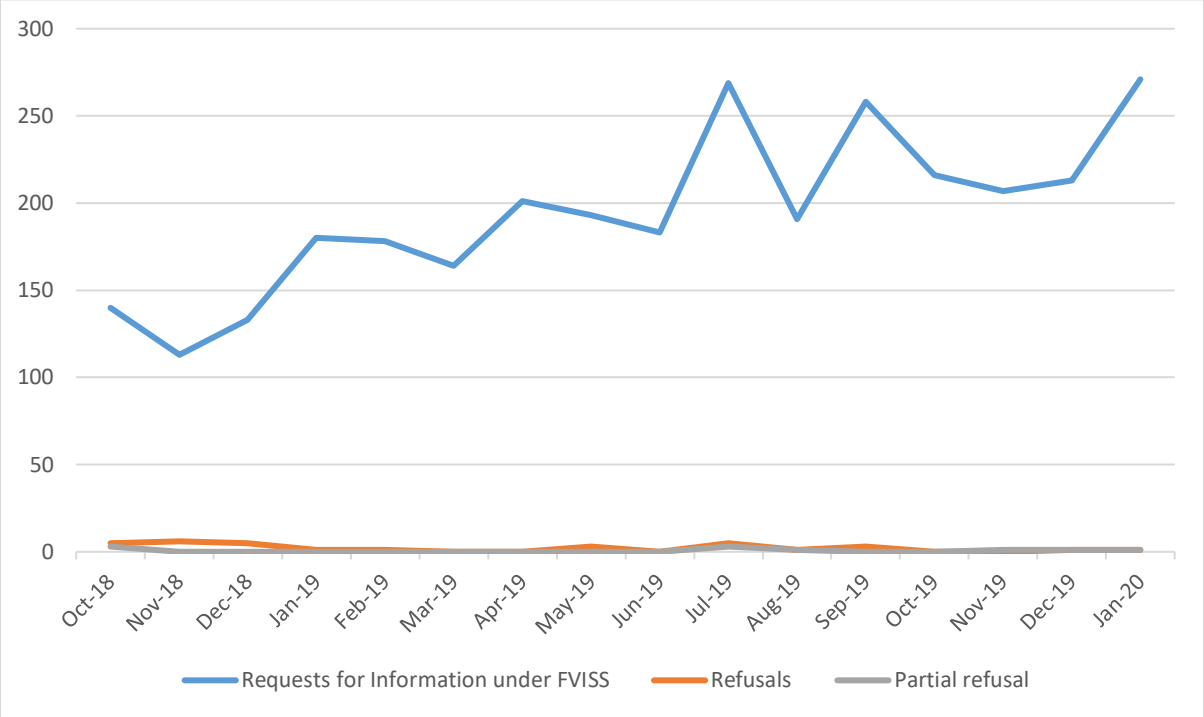


Figure 30: ISEs that most frequently request information from Victoria Police

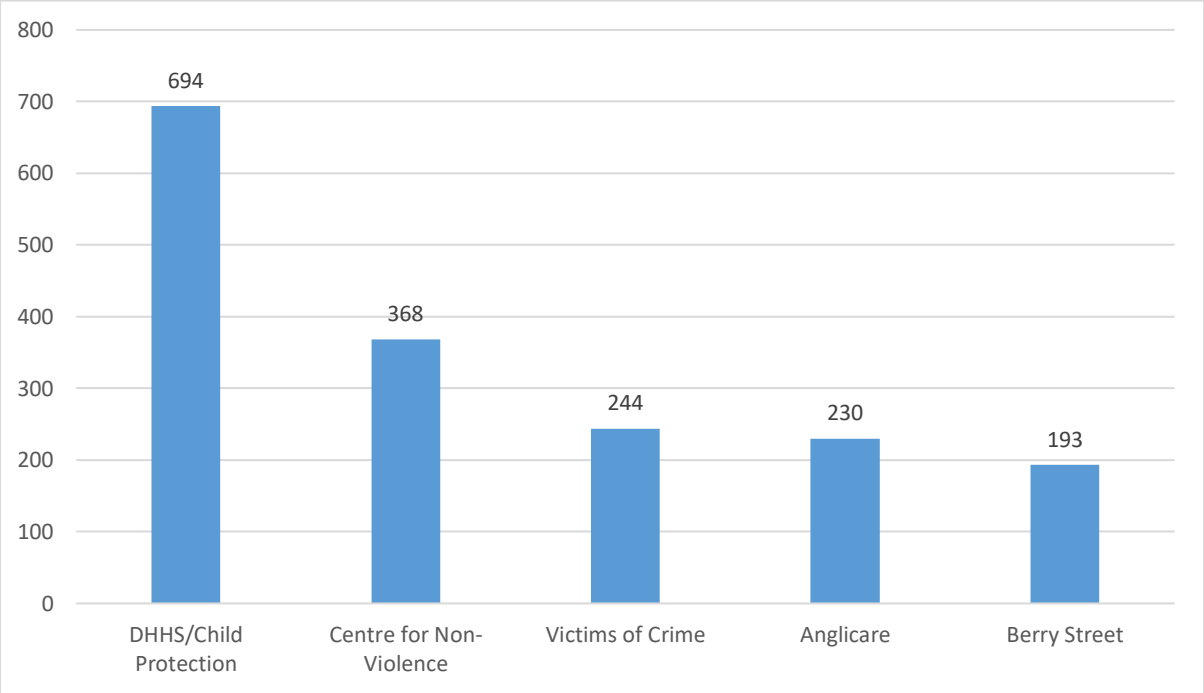
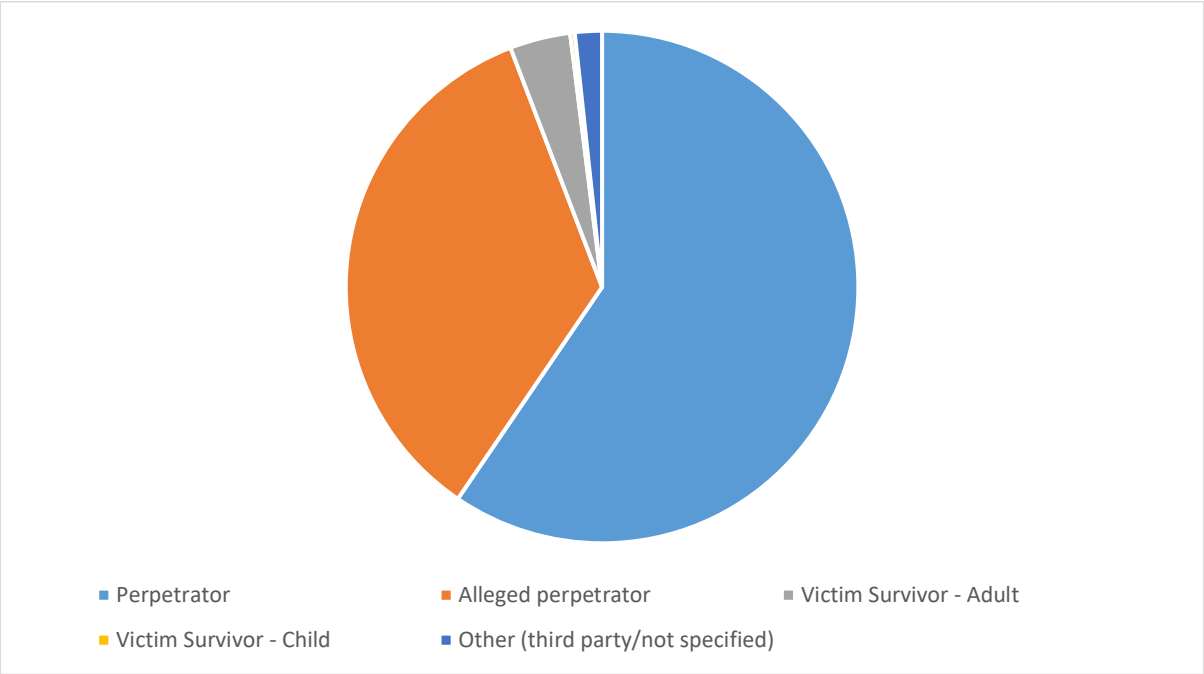


Figure 31: Subject of Information Requests made to Victoria Police



11.8 Appendix Eight: Interim Report Recommendations

Recommendation 1

A training needs assessment and a training plan for Phase One ISEs should be developed by FSV with all relevant departments as soon as possible. The training needs assessment should include:

- the identity of organisations that will be involved and/or contracted to develop and/or deliver training;
- the identification of numbers to be trained from each category of ISE and whether they will be trained separately or as part of cross-sectoral training;
- training strategies, including strategies to effectively deliver cross-sectoral training and any 'train the trainer' activities;
- the number of workers to be trained before and after commencement of Phase One; and
- the timing of every aspect of the training including delivery, development and relevant communications with key stakeholders.

Recommendation 2

The training plan should:

- provide sufficient time for training organisations to develop and pilot training that addresses the needs of the range of workforces in Phase One;
- provide sufficient notice to training organisations of delivery requirements;
- where training organisations are required/expected to engage in 'train the trainer' activities or develop 'train the trainer' materials, provide sufficient notice to ensure such training is effectively developed;
- should inform all relevant organisations the training strategy in a clear, timely and consistent way so it is understood who should attend training, when this should happen and whether those who attend are expected to train others in their organisations;
- communicate the schedule for training to all relevant organisations in a timely way to allow organisations to schedule training into the rostering of staff without interrupting core services; and
- ensure sufficient training is available prior to the rollout of the FVISS to Phase One organisations allowing such organisations to meet their legal obligations under the FVISS.

Recommendation 3

Training evaluation forms should include the same evaluation questions and be used consistently across all training sessions; and

all contracted training organisations should be required to provide a training evaluation report as part of the training contract or arrangement and other trainers should be requested to provide such evaluations.

Recommendation 4

Training should be revised to emphasise:

- how the new legislative obligations intersected with other legislation;

- the meaning of the term 'alleged perpetrator';
- the distinction between the risk assessment phase and the protective phase; and
- guidance about seeking the views of the child and/or non-violent parent.

Recommendation 5

Cross-sectoral training in FVISS is practical and desirable. The training developed for Phase One ISEs should:

> include a recognition that to be effective cross-sectoral training in FVISS requires training strategies that acknowledge the different understandings and needs of different workforce groups involved in joint training.

Recommendation 6

All key information (a complete and accurate online list of ISEs, contact details for the Enquiry Line and practice guidance) about FVISS needs to be available at the time training is delivered and clearly communicated to training attendees and all stakeholders.

Recommendation 7

The Ministerial Guidelines should be revised to clarify the distinction between the 'alleged perpetrator' and the 'perpetrator'; and in order to avoid 'version confusion' the Ministerial Guidelines should be clearly dated.

Recommendation 8

The sector grants should be finalised and administered by FSV within a timeframe that allows organisations the opportunity to employ additional staff prior to the rollout to Phase One ISEs.

Has the scheme been implemented as intended to date?

A number of elements of the FVISS, and the FVISS itself, have been delayed. The impacts of delays to elements of the implementation of the FVISS include fewer workers trained than intended. Sector grants designed to support implementation were delayed so that key staff appointments to assist with implementation did not occur until after the scheme started.

Recommendation 9

All FSV plans in relation to implementation to Phase One should:

- include clear timelines for all material activities;
- be reconciled against completed activities;
- clearly note and/or explain where activities are not completed within the planned timeframe or date. The plan's timings should also be amended and, where material, communicated directly to all stakeholders; and
- all implementation relevant documents should be clearly dated.

Has the implementation of the scheme had any adverse impacts?

The implementation of the FVISS has created time pressures for ISEs leading to unreasonable imposts on worker/organisational time and worker anxiety around the impacts and processes of the new scheme.

What were the key barriers and enablers for implementation?

The timing of the rollout of the FVISS and communication about the FVISS' implementation were key barriers to implementation. Ineffective and delayed communication impacted ISEs' ability to manage staff training and necessary internal implementation procedures.

Participants were widely of the view that the practice guidance provided prior to the commencement of the FVISS was inadequate, resulting in inefficiencies that added to upfront effort and acted as a barrier to the FVISS' effective implementation.

There were concerns about data security which may create a barrier for information sharing.

Recommendation 10

Attention needs to be directed to the pace, timeframes and sequencing of implementation activities to ensure that Phase One organisations have the time needed to meet their legal obligations under the FVISS and to put it into practice in the most efficient and effective way. (See also Recommendation 9); and

Careful consideration should be given to delaying the rollout of the FVISS to Phase One organisations until the MARAM is (sufficiently) complete so that the training in FVISS and family violence risk assessment and risk management can be aligned.

Recommendation 11

A final detailed communications plan needs to be completed by FSV as soon as possible for the rollout to Phase One. The plan should cover communications on every aspect of implementation including the development and finalisation of key documents, practice guidance, training, the ISE online list and the FVISS' rationale and aims. The communications plan should be monitored and reconciled against actions. The communication plan should include:

- key timings for communication;
- identification of those responsible for communication;
- key pathways to communication, whether via ISE organisations, peak bodies or relevant departments;
- the identification of key communication loops so that feedback expectations around key issues are met;
- the role of social media, including the FSV website, newsletter, and tweets; and
- the role of mainstream media.

Recommendation 12

Clear guidelines about each ISE organisation's legal obligations under section 5A of the Family Violence Protection Act and practice guidance about how legal and policy settings are to be translated into every day practice must be provided for all relevant organisations. This should at a minimum include:

- frequently asked questions and answers that includes how to resolve disputes regarding the identity of the primary perpetrator;
- worker fact sheets;
- fact sheets for victim/survivors, perpetrators, adults, and young people;
- model conversations for victim/survivors and perpetrators with intellectual disability;

- easy English resources for victim/survivors and perpetrators;
- a 'ready reckoner' which sets out what kinds of information relevant organisations/ISEs hold and how to access that information;
- a summary of the relevant chapter of the Ministerial Guidelines, in the form of a flow chart or other appropriate easy-to-navigate guidance that assists in explaining the interaction of the FVISS with other relevant legislation, particularly privacy legislation;
- guidance on what is considered a reasonable time for responding to a request for family violence information and the process for following up when information is not received in a reasonable time.

Recommendation 13

FSV should consult with the Office of the Victorian Information Commissioner and the Health Complaints Commissioner to develop practice guidance in relation to the secure exchange and storage of family violence information. This consultation could consider:

- the appropriateness of developing a minimum standard in relation to the secure exchange and storage of family violence information, and
- guidance on whether, and in what circumstances, family violence information collected prior to the commencement of the FVISS should be shared.

11.9 Appendix Nine: Submissions to the family violence information sharing reforms during consultation

Aboriginal Family Violence and Prevention Service. (2017). Submission to the family violence information sharing reforms. [unpublished].

Ambulance Victoria. (2017). Submission to the family violence information sharing reforms. [unpublished].

Anglicare Victoria. (2017). Submission to the family violence information sharing reforms. [unpublished].

Australian Psychological Association. (2017). Submission to the family violence information sharing reforms. [unpublished].

Centre for Excellence in Child and Family Welfare Inc. (2017). Submission to the family violence information sharing reforms. [unpublished].

Commissioner for Children and Young People. (2017). Submission to the family violence information sharing reforms. [unpublished].

Domestic Violence Victoria, Family Youth and Children's Law - Victoria Legal Aid, Women's Legal Service Victoria, Federation of Community Legal Centres, No To Violence/Men's Referral Service, Safe Steps Family Violence Response Centre, Domestic Violence Resource Centre Victoria, Berry Street. (2017). Submission to Department of Health and Human Services: Child Information Sharing Consultation Paper, 6 October.

Domestic Violence Victoria. (2017). Submission to the Family Violence Information Sharing Guidelines, Regulations and Regulatory Impact Statement. Submission to the family violence information sharing reforms, 13 October.

Domestic Violence Victoria, NTV, Domestic Violence Resource Centre Victoria, Djirra, in Touch Multicultural Centre against Family Violence, Women with Disabilities Victoria. (2018). Submission to Family Safety Victoria: Family Violence Information Sharing and Risk Assessment and Risk Management Framework, 10 July.

Eastern Metropolitan Region: Regional Family Violence Partnership. (2017). Submission to the family violence information sharing reforms. [unpublished].

G4S Correctional Services Victoria. (2017). Submission to the family violence information sharing reforms. [unpublished].

Humphries, Cathy, Co-Director Melbourne Research Alliance to End Violence Against Women and Children. (2017). Submission to the family violence information sharing reforms. [unpublished].

Integrated Family Violence Partnership. (2017). Submission to the family violence information sharing reforms. [unpublished].

Integrated Family Violence Services Goulburn. (2017). Submission to the family violence information sharing reforms. [unpublished].

inTouch Multicultural Centre against Family Violence. (2017). Submission to the family violence information sharing reforms. [unpublished].

No to Violence and Men's Referral Service. (2017). Submission to the family violence information sharing reforms. [unpublished].

Office of the Victorian Information Commissioner. (2017). Submission to the family violence information sharing reforms. [unpublished].

Royal Children's Hospital Melbourne. (2017). Submission to the family violence information sharing reforms. [unpublished].

Safe Steps. (2017). (2017). Submission to the family violence information sharing reforms. [unpublished].

South East Community Links. (2017). Submission to the family violence information sharing reforms. [unpublished].

The Royal Women's Hospital. (2017). Submission to the family violence information sharing reforms. [unpublished].

VCOSS. (2017). Sharing information to promote safety and protect women and children VCOSS submission on the Family Violence Information Sharing Regulations and Guidelines. Submission re Draft Ministerial Guidelines and Regulations, 16 October.

Victorian Aboriginal Child Care Agency (VACCA). (2017). Submission to the family violence information sharing reforms. [unpublished].

Victorian Centres Against Sexual Assault Forum. (2017). Submission to the family violence information sharing reforms. [unpublished].

Victorian Healthcare Association. (2017). Consultation on the family violence draft information sharing ministerial guidelines, regulations and the regulatory impact statement. Submission to the family violence information sharing reforms, 13 October.

Victoria Legal Aid. (2017). Submission to Family Safety Victoria: Family violence information sharing guidelines. Submission to the family violence information sharing reforms, October.

Victoria Police. (2017). Submission to the family violence information sharing reforms. [unpublished].

Women's Health in the North. (2017). Submission to the family violence information sharing reforms. [unpublished].

Women's Legal Service Victoria. (2017). Submission to the family violence information sharing reforms. [unpublished].

12 Annexure

12.1 Annexure One: Department and Agency Comments on Draft Report and Monash Response

Page / Section	Department / agency comment	Monash response Indicate: Is change accepted? Is change appropriate? Significance of amendment.
P 2, rec 1	FSV requests clarification about whether this recommendation relates to ISEs updating their pre-existing privacy policies and procedures (that they are required to have under State and Commonwealth privacy laws).	Accepted. Change is appropriate for clarification. Recommendation amended.
P 3, rec 2	FSV seeks clarification about the nature of the monitoring proposed in this recommendation, that is distinct from the mechanism proposed in recommendation 7.	Accepted. Change is appropriate for clarification. Recommendation amended. This recommendation specifically addresses developing datasets to measure outcomes. Recommendation 7 relates to the development of practice.
P 3, rec 7	DHHS suggests that the Aboriginal Children's Forum, held quarterly, and constituted by all funded children and family Aboriginal Community Controlled Organisations (ACCOs), DHHS and FSV, would be the appropriate forum to consider impacts of the Scheme on Aboriginal people in relation to Aboriginal children and young people involved with Child Protection.	Accepted. Change is appropriate for clarification. The wording has been altered to allow for this suggestion. Note the data collected in the Review suggests that current opportunities for discussion were not considered optimal. For this reason, the recommendation of a specific forum is retained for consideration.
P 4, rec 11	FSV seeks clarification about the reference to 'the implications for seeking victim/survivor consent' in this recommendation. Is this referring to circumstances where consent is required or not required under both schemes? The FVIS and CIS schemes have the same consent requirements.	Accepted. Appropriate amendment. Recommendation reworded for clarity.

P 4 rec 13, pages 93-94	FSV seeks clarification about the proposal that legal advice is sought and provided by the Enquiry Line. A government agency cannot source and provide legal advice to a non-government agency, as this could raise issues of a conflict of interest (particularly where some ISEs are government agencies and others are not). A good faith defence exists to protect practitioners where they have shared in good faith and using reasonable care.	Accepted. Appropriate amendment. Reworded for clarity and feasibility.
P 6	DHHS seeks that the report clarify that the child protection practice advice was updated on 27 September 2018 to provide guidance to child protection practitioners on how to respond to requests for information under the Scheme.	Accepted. Appropriate amendment. Additional information included as suggested.
P 7 rec 21, pages 150-151	FSV seeks clarification of this recommendation given that FSV does not have policy responsibility for privacy and data security laws. FSV is seeking clarification whether this recommendation is for the Victorian Government more broadly. Sectors and workforces may be subject to specific data security standards for their sector. Data security standards apply to all information held by an organisation regardless of how that was obtained. Such information is likely to have been obtained under many different permissions unrelated to the FVISS.	Partially accepted. Appropriate amendment Recommendation reworded. The recommendation does not locate FSV as the agency responsible for the laws but as a lead agency responsible for training and practice guidance relevant to the FVISS.
P 8 rec 22, pages 151-152	FSV seeks clarification of this recommendation, as FSV is not able to provide guidance or advice on the processes of an independent Tribunal. FSV suggests that this recommendation could focus on the Victorian Government working with the Tribunal to ensure that victim survivor's safety is prioritised.	Accepted. Appropriate amendment. Recommendation reworded.
Training	DHHS: The impact of COVID-19 will affect modes of training, and possibly content. This should be acknowledged in the sections and recommendations that relate to training.	Accepted. Appropriate amendment. Amended to include reference to the potential impact on training of COVID-19
P 2: '…ongoing…punitive state intervention in Aboriginal lives, especially child removal'	DHHS acknowledges that the over-representation of Aboriginal children in care, in Victoria, and nationally, is unacceptable. Progress is being made to address this, and the number of Aboriginal children entering care in Victoria is slowing.	Partially accepted. The word 'punitive' is removed.

	The statement does not consider how structural disadvantage leads to over representation of Aboriginal children and families in all systems, which is acknowledged by the Victorian Government. Child protection has specific roles and responsibilities under the Children, Youth and Families Act 2005 (CYFA), together with the Children's Court, to provide for the protection of children, and the Children's Court must approve any application to remove a child from parental care. The statement does not acknowledge the legislated roles of Aboriginal Community Controlled Organisations (ACCOs) within child protection, or the legislative requirements recognising the principle of Aboriginal self-management and self-determination such as the Aboriginal Child Placement Principle and the additional decision-making principles for Aboriginal children in the CYFA. These legislative requirements inform best practice advice that requires child protection practitioners to seek assistance from ACCOs in critical decision-making, and the preparation of cultural support plans for children in care. The Victorian Government is committed to Aboriginal self-determination through the Wungurilwil Gapgapduir: Children and Families Agreement. National leading initiatives in Victoria include the Aboriginal Children in Aboriginal Care program which commenced in November 2017 that enables implementation of section 18 of the CYFA for ACCOs to take full responsibility for Aboriginal children on Children's Court protection orders, including orders where the children are placed with one or both of their parents.	Sentence added on Aboriginal structural disadvantage and the relevance of this to child removal/child protection reports. The Report focuses on practitioner, expert and manager perspectives and experiences. The pertinent discussion is focused on practice. The Report notes throughout that policy intent does not always match practice. It also highlights at numerous points that the FVISS (and CISS) do not intend in any way to negatively impact Aboriginal people and that this is made clear in Ministerial Guidelines. Aboriginal perspectives are highlighted in a separate section and throughout the Report with the understanding that the prominence of Aboriginal voices matches the Government commitment.
P 6, section 4 P 7, para 6 P 104 'Issues were also identified with child protection which is perceived as not readily sharing family violence risk	DHHS requests the report clarify that: • while child protection can request and is required to share risk relevant information under the Scheme, the information sharing provisions in the *Children, Youth and Families Act 2005* (CYFA) are also available to child protection when they are exercising their functions and powers under the CYFA to protect children, including assessing risks to	Partially accepted. Amended to include reference to the specific CYFA provisions. The Report is presenting the views of participants in interviews and focus groups and respondents to the

relevant information, while continuing to seek high levels of victim/survivor information.'	children, and are different to those under the Scheme • Child protection is only able to share information in accordance with legislation such as the Scheme and CYFA. This means that some requests for information may be refused where legislation does not permit certain information to be shared.	survey and the text makes this clear.
P 7 'The RCFV (2016) urged that '[c]urrent efforts to ensure that Child Protection practitioners have a better understanding of family violence so that risk can be assessed and managed, and women are given appropriate support, must be strengthened … This remains a critical challenge.'	DHHS requests the report clarify that '*Tilting the Practice'* family violence training was rolled out to child protection practitioners in 2018 following the Royal Commission into Family Violence. This training includes working with survivors with a trauma informed lens, working with the mother, and focusing more attention on the perpetrator's behaviour. There is no evidence to support the conclusion that child protection practitioners' understanding of family violence remains a 'critical challenge', and DHHS requests that the sentence be removed or reworded.	Partially accepted. Amended. Reference to *Tilting the Practice* included. The sentence has been reworded as requested. However, note that the data collected as part of the Review provides evidence to suggest that there is a need to continue to work to build family violence informed practice in Child Protection.
P 35, section 7.3 "As of January 2020, the following states and territories currently have legislative provisions enabling information sharing in family violence contexts: Victoria (2017)…."	DHHS requests: • the report clarify that before the introduction of the Scheme in 2017, information sharing in 'family violence contexts' was, and still is, permitted under other Acts, specifically the *Children, Youth and Families Act 2005* (CYFA) and the *Privacy and Data Protection Act 2014*, and that the thresholds for sharing information under these Acts are different to the Scheme. • that the specific roles and responsibilities of child protection under the CYFA, including child protection's responsibility to focus on the protection of the child, be identified in this section The purpose of the Scheme is to make it easier for professionals to collaborate and share information with each other to facilitate assessment and management of family violence risk to children and adults. The Scheme does not affect child protection's ability to collect, use, and share information in accordance with the information sharing	Partially accepted. The scope of the literature review is clarified to indicate that it is focused on specific family violence sharing legislative schemes rather than broader schemes that allow for the sharing of information that may include family violence information.

	provisions under the CYFA in 'family violence contexts'.	
P 54 'The intention of the Scheme was to make women and children facing family violence safer'	DHHS suggests adding 'by facilitating assessment and management of family violence risk to children and adults'	Accepted. Amended. Minor.
P 54, quote from the Victim/Survivor Focus Group, 21.9.18	DHHS: It is unclear if the experience of the victim/survivor is from 2013 or is current. If it is from 2013, *Tilting the Practice* has been introduced since then and is aimed at addressing some of these issues about maintaining a focus on the actions of the perpetrator.	Not accepted. The Report states that this participant left her relationship five year ago, so no confusion arises.
P 55, para 1	DHHS: The Victorian Government accepted all 227 Recommendations of the Royal Commission into Family Violence. As at December 2019 154 have been implemented and 73 are 'in progress'. All recommendations in relation to 'family violence and the child protection system' have been implemented. DHHS has focused on developing family violence expertise in child protection by adopting *Tilting the Practice* training and establishing the roles of the Family Violence State-wide Principal Practitioner and Senior Practitioners Family Violence.	Partially accepted. Amended to indicate that Royal Commission recommendations have been implemented and reference made to T*ilting the Practice* training.
P 57, quote from 'Catharine'	DHHS: It is unclear who Catharine's information was 'passed on to'. DHHS requests that the report clarify that the *Children, Youth and Families Act 2005* provides that anyone can report concerns about the wellbeing of a child, or that a child is in need of protection, to child protection, and that some professionals are mandated to do so.	Not accepted. Catharine's story makes her concerns clear. The specific legislation is not relevant here.
P 64 "A central focus of this concern is tied to systematic ongoing practices of removal of Aboriginal children since colonisation"	The Victorian Government does not have a 'systematic' practice of removing Aboriginal children. All removals of Aboriginal children must be approved by the Children's Court following grounds being found that they are in need for protection. The Victorian Government is committed to Aboriginal self-determination which is reflected by its partnerships with Aboriginal Community Controlled Organisations (ACCOs). These partnerships have enabled legislation and developed policies and programs that allow	Partially accepted. The word systematic has been removed. The Report makes it clear that Aboriginal organisations remain concerned about the removal of Aboriginal children. The basis of this concern in history and

	ACCOs to inform child protection on matters relating to Aboriginal children involved with child protection, undertake case management for Aboriginal children and/or take full responsibility for Aboriginal children in care. This aims to address the over-representation of Aboriginal children involved with child protection. Whilst the over-representation is unacceptable, progress is being made, and the number of Aboriginal children entering care is reducing.	ongoing practice are set out and evidence from recent relevant reports is integrated into the analysis.
P 70	DHHS: Child protection practitioners receive enhanced training in relation to the structural disadvantages for many Aboriginal children and families. Unconscious bias is also addressed in training.	Accepted. This detail added. Minor amendment.
P 75 'it is widely accepted that family violence risk assessment training is essential for effective family violence information sharing…'	FSV seeks clarification as to whether MARAM training was considered essential rather than risk assessment, noting the different responsibilities that services that might have under MARAM.	Accepted. Minor amendment.
P 108, 'Many participants remained concerned that Child Protection continued to be primarily focused on monitoring mothers rather than supporting women and children experiencing family violence to find safety together.' P 108 'Participants commented that Child Protection rarely request information in a way that is family violence risk relevant.'	DHHS requests that the: • specific roles and responsibilities of child protection under the *Children, Youth and Families Act 2005* (CYFA), including child protection's responsibility to focus on the protection of the child, be identified. • report clarify that while child protection can request, and is required to share, risk relevant information under the Scheme the information sharing provisions in the CYFA are available to child protection when they are exercising their functions and powers under the CYFA to protect children, including assessing risks to children, and are different to those under the Scheme • Child Protection is also prescribed as a MARAM framework organisation and is aligning to the MARAM Framework.	Partially accepted. Information added on CYFA. The Report is based on the data collected from participants and the statements reflect those perceptions as the statement makes clear.

P 132, first paragraph under section 8.8		
P 108 'As this manager suggests, having an excess of information can lead to inappropriate forward sharing that may increase family violence risk'	• Consistent with the role and responsibilities of child protection under the *Children, Youth and Families Act 2005,* it is appropriate for child protection to know the details of a child's therapist. DHHS requests that the sentence be removed or re-worded. • It is unclear what 'inappropriate forward sharing' of information is referring to. The information contained in the report does not support a conclusion that a breach of the information sharing provisions in the Scheme and/or other Acts has occurred. Depending on the circumstances, the father may be entitled to know where the child is receiving therapy, unless there are grounds to withhold that information.	Partially accepted. The wording has been changed and the word inappropriate deleted. Clarified that the concern from the family violence specialist's perspective is with sharing information that may potentially increase risk to victim/survivors.
P 109 'This specialist family violence expert reported that Child Protection have utilised the FVISS to obtain information and establish protective concerns based on family violence victim/survivor information. It was suggested that this fails to achieve one of the key aims of the Scheme which is to bring the perpetrator into view.'	DHHS acknowledges this is the view from an Expert Interview. However, this section does not acknowledge the role and responsibilities of child protection under the *Children, Youth and Families Act 2005,* including child protection's responsibility to focus on the protection of the child. DHHS requests that this is clarified. Child protection is not prohibited from using information collected under the Scheme to inform a decision about whether a child is in need of protection. Child protection is also prescribed as a framework organisation and is aligning to the MARAM Framework.	Partially accepted. Wording has been amended to highlight this is the view of the expert. There is no suggestion that Child Protection was acting outside its legal remit, only that sharing in the context set out, could in the view of the expert, undermine the safety of the victim/survivor.
PP 109-110 "Other agencies saying they can't share information eg: CP [Child Protection] refusing to provide court orders to family services.."	While child protection can request, and is required to share, risk relevant information under the Scheme, they are only able to share information in accordance with legislation such as the Scheme and the *Children, Youth and Families Act 2005.* This means that some requests for information may be refused where legislation does not permit certain information to be shared.	Not accepted. The comment is contextualised. It clearly represents the view of the respondent on a barrier to the effective implementation of the FVISS.

P 124	DHHS: 'Maternal and Child Health', not 'Maternal Child Health'.	Accepted. Minor amendment.
PP 130-131, quote from Manager Interview, AOD, 10.9.19	DHHS requests that the report identifies the specific example of 'inappropriate information sharing practice'. The conclusion that child protection is a key organisation involved in 'inappropriate information sharing practice' does not acknowledge that the information sharing provisions in the *Children, Youth and Families Act 2005* (CYFA) are available to child protection when they are exercising their functions and powers under the CYFA, and therefore may not be 'inappropriate information sharing practice'. DHHS requests that this sentence be removed.	Accepted. Sentence removed.
P 2 & 60	The Department of Education and Training (the Department) notes that the draft review report refers throughout to perceptions from community participants of a fear that information sharing and the CISS may increase Child Protection activity. The Department agrees it is critical to acknowledge and address these perceptions, and requests that the report outlines the availability of any relevant data on community outcomes in this respect. The Department requests that the report makes it clear that the CISS has been designed to enable early supports and assistance to reduce or remove the need for more acute Child Protection interventions, and there is no evidence to the contrary.	Not accepted. There is no data on community outcomes that was made available to the Review team and it is our understanding that none exists. The Report recommends (recommendation 2) that data on the outcomes of the Scheme for Aboriginal people and families in particular be gathered to better monitor the impacts of the Scheme so than any negative or that any negative or unintended consequences can be addressed. The Report makes it clear throughout the policy intentions of each information sharing scheme. Evidence from experts, practitioners and managers speaks to concern about the impact of the legislation that remains despite policy intent.

P 4, rec 8 and 9 Pages 71-80	The Department provides the following additional information on planned training delivery, related to recommendations 9 and 10. In relation to recommendation 9, the Department advises that a group of expert trainers has been recruited, who are engaging in a range of professional development and other activities that will prepare them for delivering integrated Information Sharing training to education portfolio workforces. In relation to recommendation 10, the Department will provide a tailored workforce training program including experiential training, both online and face to face. In addition, the Department will provide trainer resources to enable ISE leaders and managers to provide more localised staff training where appropriate and desirable.	Not accepted. This information was provided outside of the data collection period and is not or may not be relevant to the timeframe of the Review.
P 60-62	The Department notes that the report refers to a perception of CISS having consequences for the implementation of FVISS. The Department agrees it is critical to acknowledge these perceptions and that it is critical to address and resolve them. The Department requests it to be made clear in the report that information sharing in a family violence context, whether using CISS or FVISS, takes place in exactly the same manner, as required by MARAM. The CISS Ministerial Guidelines Chapter 3, require ISEs who are sharing information in a family violence context to comply with the FVISS Guidelines and in consideration of MARAM. The Department further offers that CISS was designed to work with FVISS in a complementary way and is intended to increase the ability for organisations like Aboriginal Community Controlled Organisations (ACCOs) and other services working with children and families to provide support early, before a situation escalates to Child Protection. There has been no evidence to the contrary. As such, CISS was supported by Aboriginal organisations.	Partially accept. The Report makes clear the policy intent of the FVISS and the CISS and is reviewing the extent to which the intent has been realised for the FVISS as implemented concurrently with the CISS. The Ministerial Guidelines (FVISS and CISS) are referred to a number of times throughout the Report.
P 62 & 65	The Department notes that the report raises the remit of CISS provisions, and a perception of ACCO service providers relating to assumptions	Not accepted. Clear throughout the Report that the concerns remain despite the policy intent.

	about wellbeing or safety that may not recognise or build in cultural frameworks. The Department agrees that these perceptions are critical to acknowledge, address and resolve. The Department seeks to clarify that the CISS requires all ISEs to: • be respectful of and have regard to a child's social, individual, cultural identity and any vulnerability relevant to their safety • promote a child's cultural safety and recognise the cultural rights and familial and community connections of the child. The Department wishes to clarify that the majority of Aboriginal organisations consulted during the formulation of CISS policy and legislation, including the Commissioner for Aboriginal Children and Young People and the Victorian Aboriginal Child Care Agency, supported CISS and highlighted the benefits it could bring for Aboriginal children and families, combined with the reinforcement of cultural safety training and cultural safety practices.	The report gives space to the perspectives of Aboriginal Organisations on the implementation and outcomes of the FVISS (in combination with the CISS).
P 75-76	The Department offers clarification in relation to the discussion around timing and sequencing leading to recommendation 8. It is the position of the Department that the report should note the following information for context and clarification: • a suite of online learning modules for ISE Leaders and Sharers have been available for prescribed workforces on the Victorian government's Learning Management System, accessible from the Victorian Government's Information Sharing and MARAM website, from late 2018. This online e-learning is currently being reviewed ahead of the commencement of Phase 2. • Guidance materials and resources have been available online since September 2018. These will be updated ahead of the commencement of Phase 2 and additional materials provided to reflect the broader range of organisations being prescribed.	Not accepted. The DET comments/information are provided outside the timeframe of data gathering for the Review and in addition may not be relevant to the timeframe of the Review. There is reference to e-learning and practice guidance under question 1 with regard to training

	Updated e-learning resources will be available on the Victorian Government's Information Sharing and MARAM website prior to the commencement of Phase 2. Phase 1 e-learning training materials continue to be available online.	
p. 76-80	The Department provides the following clarifications in relation to the discussion about training quality ahead of Recommendations 9 & 10: • The authors reference the DET report prepared from evaluation data collected during WOVG Phase 1 training, including positive outcomes, however, as per page 78, place much greater focus on quotations the authors gathered from focus groups and surveys conducted between eight months and one year after the relevant training concluded. • It is important that relevant context is acknowledged in the report, for example, that the WOVG Phase 1 training was not intended to be Family Violence specialist training, nor training in Family Violence (which was to follow with MARAM training), but rather to help develop shared language and understanding about family violence and child wellbeing and safety across the prescribed sectors, and to encourage those sectors to move towards more shared practices. • It was found that a key strength of the WOVG Phase 1 training was in drawing a number of workforces together to jointly explore how information sharing across sectors might enhance their practice and improve outcomes for their clients. The Department requests that the report clarifies that Initial Phase 1 training was not intended to be tailored to the needs of individual workforces, and also that the report acknowledges that workforce specific training was provided by agencies, including DHHS, DJCS and VicPol.	Partially accepted. The positive qualitative training feedback data is highlighted up front and is framed positively. The qualitative information • Requires more space as it is text based • The Report focuses on lessons for phase Two and the critical feedback on training provides insights in relation to this. The Report indicates that the focus of the training was not as well communicated as it might have been. The report focuses on the effectiveness of the training in relation to the Scheme. The report discusses the issues of tailored and generic training in detail under s. 8.3.4 where a sentence has been added re workforce specific training and the language has been amended slightly.
p. 81	The Department provides the following clarification in relation to recommendation 11, that guidance relating to the application of and intersection of the CISS and FVISS is already expressed in all WOVG training materials,	Partially accepted. The recommendation has been reworded for clarity. However, the recommendation focuses on

	guidance materials and in the Guidelines for both Schemes. The Department requests that Recommendation 11 take this information into account.	training delivery as well as training materials and is in line with the feedback received from participants about training. The Report notes that the Ministerial Guidelines while clear and comprehensive are not a sufficient basis for translating policy intent into practice.
P 94	The Department provides the below clarifications and requests that these be taken into account, as the report refers to CISS at a contextual level: • The report refers to the CISS however omitting essential context regarding its history, inception and its intended alignment with the FVISS. CISS was designed to be aligned with and complementary to FVISS and was implemented together with FVISS. The reforms support and reinforce each other. • At page 94 the Report first acknowledges that development of the CISS was a response to the Royal Commission into Institutional Responses to Child Sexual Abuse and a decade of independent reviews and inquiries. This reform landscape is critical to consider together with the RCFV and in light of the Victorian Government's policy agenda. • In response to this reform landscape and agenda, and since the CISS was conceived, it has been developed in close collaboration with FSV and designed to sit alongside the FVISS. It is requested that the report provide a more fulsome description of the purpose of CISS and the complementarity of CISS and FVISS, in both design and implementation.	Partially accepted. Context about the introduction of the CISS is provided earlier in the Report. The intent of the CISS is set out in a number of places throughout the Report. It is indicated in a number of places that the CISS and the FVISS have been developed in collaboration. The CISS is the subject of a separate review and the additional detail about its design and implementation are not within scope of this Review.
P 94	The Department notes findings made regarding the coordinated implementation of the CISS and FVISS, and that CISS is perceived to have made the FVISS more complex and may have delayed implementation of the FVISS. The Department clarifies that CISS has been delivered on the schedule agreed by the relevant	Partially accepted. Deleted the reference to delay.

	implementation governance body sitting across all portfolio agencies and at all times in alignment with FSV agreed timeframes. The Department notes that no evidence to clarify or support the abovementioned claim is provided in the report.	

12.2 Annexure Two: Conflict of Interest Table

Name	Role/Title	Conflict of Interest Status (potential, perceived, or actual conflict)
Jude McCulloch	Monash University, Professor of Criminology, Project Director	Perceived FSV notified by Monash 28 August 2019 that Monash initiated discussions about Monash potential input into family violence education with Review team members could be perceived as a conflict of interest.
JaneMaree Maher	Monash University, Professor of Sociology, Chief Investigator	Perceived FSV notified by Monash 28 August 2019 that Monash initiated discussions about Monash potential input into family violence education with Review team members could be perceived as a conflict of interest.
Kate Fitz-Gibbon	Monash University, Senior Lecturer Criminology, Chief Investigator	Potential/Perceived Member of the Expert Advisory Committee on Perpetrator Interventions (November 2016 - August 2018) Director, Respect Victoria (July 2018 - present) MARAM Expert Advisory Group (August 2018 - present)
Marie Segrave	Monash University, Associate Professor Criminology, Chief Investigator	Nil
Kathryn Benier	Monash University, Senior Lecturer Criminology, Chief Investigator	Nil
Kate Burns	Monash University, Senior Lecturer Criminology, Chief Investigator	Nil
Jasmine McGowan	Monash University, Monash Gender and Family Violence	Nil

	Prevention Centre, Centre Manager	
Naomi Pfitzner	Monash University, Monash Gender and Family Violence Prevention Centre, Research Fellow	Nil

VICTORIAN GOVERNMENT RESPONSE TO REVIEW OF THE FAMILY VIOLENCE INFORMATION SHARING LEGISLATIVE SCHEME

VICTORIA
State Government

Acknowledgment of Aboriginal people and communities in Victoria

The Victorian Government proudly acknowledges Aboriginal people as Australia's First Peoples and as the Traditional Owners and custodians of the land and waterways upon which we depend. We acknowledge Victoria's Aboriginal communities and culture and pay respect to their Elders past and present.

Aboriginal culture is founded on a strong social and cultural order that has sustained up to 60,000 years of existence. Victorian Aboriginal communities and peoples are culturally diverse, with rich and varied heritages and histories pre- and post-invasion. The impacts of colonisation — while having devastating effects on the traditional life of Aboriginal Nations — have not diminished Aboriginal people's connection to country, culture or community.

The Victorian Government recognises the long-standing leadership of Aboriginal communities in Victoria to prevent and respond to family violence, supported through self-determination and self-management, to improve outcomes for Aboriginal people and families, whilst also acknowledging the devastating impacts and accumulation of trauma across generations as a result of colonisation and the dispossession of land and children.

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In this document, 'Aboriginal' refers to both Aboriginal and Torres Strait Islander people.

VICTORIAN GOVERNMENT RESPONSE TO REVIEW OF THE FAMILY VIOLENCE INFORMATION SHARING LEGISLATIVE SCHEME

PRIVACY

Recommendation 1

Privacy policy updates related to family violence information sharing are in development or have been developed by all relevant sectors in the Initial Tranche and Phase One. Phase Two sectors and organisations should update privacy policies to address family violence information sharing prior to prescription. Organisations should be encouraged to communicate these policies to victim/survivors to ensure they are informed about relevant privacy protections.

RESPONSE:
SUPPORT IN FULL

The *Family Violence Information Sharing Guidelines* were developed to ensure entities internal policies and practices are consistent with the FVISS. The Guidelines state that information sharing entities must update their privacy and other organisational policies accordingly. The Guidelines also clarify that information sharing entities are obliged to follow privacy laws, which include communicating to clients how their information may be used or disclosed.

In addition to the information provided in the Guidelines, the Victorian Government will endeavour to ensure that Phase Two organisations and services are made aware of this requirement through additional communications by early 2021 prior to commencement of Phase 2 of the reforms.

IMPACT ON ABORIGINAL VICTORIANS

Recommendation 2

Monitoring of the interaction and impacts of the FVISS and the CISS on Aboriginal people, especially mothers experiencing family violence, should be undertaken centrally to produce robust specific datasets of these interactions and outcomes. The development of these datasets is critical to ensure any adverse effects on First Nations peoples and communities are addressed.

RESPONSE:
SUPPORT IN PRINCIPLE

The Dhelk Dja Partnership Forum meets three times per year to address the impacts of family violence and drive action to deliver Dhelk Dja within the principles of self-determination and is the appropriate forum to consider how to monitor any adverse impacts of the Family Violence Information Sharing Scheme. The Victorian Government will consult with the Dhelk Dja Partnership Forum on the Scheme by the end of 2020.

Implementation of the Victorian Family Violence Data Collection Framework will standardise the way Aboriginal identification is recorded in client records across government, further supporting government and organisations understanding of the involvement of Aboriginal people in the family violence system.

Victoria Police supports opportunities to improve any adverse effects of FVISS and CISS on First Nations people. The Australian Bureau of Statistics Standard Indigenous Question is captured under the Victorian Family Violence Data Collection Framework. Victoria Police is required to ask the Standard Indigenous Question at every family violence incident attended by police. Though it should be noted that this record is attached to each incident and not recorded as the 'status' of a person, in recognition of a person's willingness to self-identify as being of Aboriginal or Torres Strait Islander origin to police may change over time. The new Family Violence Report (L17) also asks whether a person of interest prefers a mainstream or Aboriginal-specific service response.

Collection of Victoria Police datasets will need to be requested directly from the Crime Statistics Agency as the body responsible for processing, analysing and publishing Victorian crime statistics.

Aboriginal Justice in the Department of Justice and Community Safety and the Aboriginal Justice Caucus will ensure to partake in robust discussions with Dhelk Dja on the impacts of FVISS and CISS on Aboriginal people and the development of datasets.

The Victorian Government is currently developing monitoring and outcomes measurement frameworks for the Child Information Sharing reforms and these frameworks will inform continuous improvement of reform implementation and embedding change.

Recommendation 3

The strategies that Family Safety Victoria has put in place to ensure that Aboriginal perspectives are included in the FVISS and MARAM (Multi-Agency Risk Assessment and Management) reforms, including sector grants, working groups, the Dhelk Dja partnership forum, regional coordinators and Aboriginal Practice Leaders at Orange Door sites should continue to be funded and resourced.

RESPONSE:

SUPPORT IN PRINCIPLE

The Victorian Government recognises the importance of initiatives to ensure that Aboriginal perspectives are included in the Family Violence Information Sharing and MARAM reforms.

In addition to, and more broadly than funded initiatives, we are ensuring that Aboriginal perspectives and self-determination is incorporated in the MARAM Framework through consultation with Aboriginal practitioners and organisations at key stages.

Aboriginal perspectives gathered through consultation are embedded as a core principle in the MARAM Framework (principle 7), as well as in practice guidance, tools and training. For example, the approach to practice stresses application of an intersectional lens as a component of Structured Professional Judgment to address potential barriers and adopt culturally sensitive and safe practices when undertaking risk assessment and management. The prevalence and manifestations of family violence towards Aboriginal communities are addressed, including through tailored comprehensive risk assessment questions and suggested approaches to secondary consultation, referral, risk management and safety planning stressing collaboration and close engagement with Aboriginal organisations. The Dhelk Dja Partnership Forum, regional coordinators and Aboriginal Practice Leaders at The Orange Door all have ongoing funding. Continued funding for other initiatives will be considered as part of the Victorian State Budget process.

Recommendation 4

In order to ensure best practice support for Aboriginal people experiencing family violence, increased funding should be provided to Aboriginal Community Controlled Organisations (ACCOs) to address existing and emerging service needs associated with family violence reforms generally and the Family Violence Information Sharing Scheme in particular.

RESPONSE:
SUPPORT IN PRINCIPLE

The Dhelk Dja Partnership Forum has long advocated for appropriate resourcing to meet the needs of Aboriginal Community Controlled Organisations to address existing and emerging service needs. Increased funding for specific initiatives will be considered as part of the Victorian State Budget process.

Recommendation 5

ACCOs need more resources to contribute to the development and delivery of training on Family Violence Information Sharing so all training builds cultural safety and competence across all mainstream services in order to better support good outcomes for Aboriginal women and children experiencing family violence.

RESPONSE:
SUPPORT IN FULL

The Victorian Government has provided funding to six Aboriginal Controlled Community Organisations under the MARAMIS Sector Grants program. Priorities for 2020-21 include further development of information sharing training on cultural safety and competence for all mainstream organisations.

Under the Aboriginal Workforce Development Initiative, the Victorian Government will work with ACCOs to provide training opportunities for mainstream organisations through the Dhelk Dja Family Violence fund.

Recommendation 6

In order to ensure that Aboriginal people receive culturally safe and appropriate services when they disclose family violence the continuing shortage of Aboriginal workers in the family violence sector should be addressed urgently.

RESPONSE:

SUPPORT IN FULL

Under the Aboriginal Workforce Development Initiative, the Victorian Government will work with the Aboriginal Community Controlled family violence sector to build the Aboriginal family violence workforce.

Implementation of mandatory minimum qualifications for family violence specialist practitioners will include a pathway through which individuals who bring significant lived or cultural knowledge and expertise will be able to commence work under the supervision of an appropriately skilled and experienced practitioner. These practitioners will be able to work towards the achievement of a minimum qualification while also working in the sector.

Building from Strength: 10 Year Industry Plan for Family Violence Prevention and Response articulated many of the challenges for the specialist family violence and primary prevention sectors in attracting and retaining suitably qualified staff. To address this, Family Safety Victoria has worked in close partnership with sector partners to develop an attraction and recruitment campaign which includes specific advertising for Aboriginal audiences to help grow the family violence workforce. This campaign has been informed by research over several months involving potential candidates, existing family violence workers and key stakeholders.

The campaign aims to promote awareness of the sector and its values, the types of jobs that currently exist and provide links to a dedicated recruitment website and jobs portal. The Centre for Workforce Excellence has commenced a range of advertising strategies focusing on digital platforms, such as Facebook, LinkedIn, Probono Australia, YouTube, NITV and Google search. Advertisements will also be placed in regional newspapers.

Such initiatives will be critical to support the delivery of *Dhelk Dja: Safe Our Way – Strong Culture, Strong Peoples, Strong Families* (Dhelk Dja) which was released in October 2018 and is a 10-year Victorian Agreement that commits Aboriginal communities, Aboriginal services and the Victorian government to work together and be accountable for ensuring that Aboriginal people, families and communities are stronger, safer, thriving and living free from family violence.

Recommendation 7

In consultation with Aboriginal organisations, Family Safety Victoria should ensure that there is an annual forum or other opportunity where key stakeholders consider any adverse impacts of the Scheme on Aboriginal people. This forum or other opportunity should specifically consider the impacts of the Scheme on mothering and any issues related to Child Protection.

RESPONSE:

SUPPORT IN FULL

Dhelk Dja: *Safe Our Way – Strong Culture, Strong People, Strong Families* is the key Aboriginal-led Victorian Agreement that commits the signatories – Aboriginal communities, Aboriginal services and government – to work together and be accountable for ensuring that Aboriginal people, families and communities are stronger, safer, thriving and living free from family violence.

The Dhelk Dja Partnership Forum meets three times per year to address the impacts of family violence and drive action to deliver Dhelk Dja within the principles of self-determination and would be the appropriate forum to consider how to monitor any adverse impacts of the Scheme. The Victorian Government will consult with the Dhelk Dja Partnership Forum by the end of 2020 to consider the Forum's views.

In addition, the Aboriginal Children's Forum will consider issues that relate to Child Protection and information sharing.

Aboriginal Justice hold two Aboriginal Justice Forums per calendar year. The forum brings together leaders in the Aboriginal community and the most senior representatives of the Justice, Health and Human Services, and Education government departments and Aboriginal Victoria (within the Department of the Premier and Cabinet). Aboriginal community representation at the Forum includes each of the nine RAJAC chairs as well as senior representatives from a number of key Aboriginal community organisations and peak bodies.

Aboriginal Justice have strong relationships with Djirra and Dardi Munwurro who both operate in the Aboriginal Justice and Health space. Aboriginal Justice will consult with both organisations as well as other Victorian Government departments to ensure their voices are heard at the forum.

IMPLEMENTATION

Recommendation 8

Timing and sequencing issues must be addressed before the prescription of Phase Two organisations in order to allow for the development of quality training content, including quality accompanying materials. Adjustments from piloted training need to be made prior to prescription. Training timelines will need to take into account the limited number of family violence expert trainers.

RESPONSE:
SUPPORT IN FULL

The Victorian Government is committed to providing high quality training and implementation support to workforces proposed for Phase Two prescription, delivered both through current training programs and programs planned for delivery closer to the time of prescription.

Online training on the information sharing schemes has been available since late 2018 and is available to any person, including those within Phase Two organisations who are wanting to prepare for the reforms in advance. As distinct from the period before Phase 1 commenced, specific MARAM training is now available across all levels of responsibility for various workforces and provides a model for more tailored delivery to these groups. Additionally, online delivery modes are being trialled in response to the COVID-19 pandemic and may provide further training options for Phase Two workforces.

The first accredited course in MARAM has commenced delivery, and his course is targeted at the level of MARAM responsibilities held by the majority of Phase Two workforces. This is being supported by targeted professional development for TAFE trainers delivered through the Vocational Education and Training (VET) Development Centre.

More broadly, The Victorian Government is working to enhance Victoria's training architecture to grow the supply of high-quality and expert-led family violence training, , as detailed in response to recommendation 9.

Recommendation 9

Those engaged to deliver training should be both expert trainers and experts in family violence. A distinct training pipeline for expert family violence trainers will need to be established to serve the training needs of Phase Two.

RESPONSE:

SUPPORT IN PRINCIPLE

The Victorian Government agrees that there needs to be a pipeline developed to ensure there are a sufficient number of skilled family violence trainers. Family violence trainer capability is a high priority for the Victorian Government reform program, as articulated through *Strengthening the Foundations: First Rolling Action Plan 2019-22* under *Building from Strength: 10 Year Industry Plan for Family Violence Prevention and Response*.

The Victorian Government is considering training solutions that balance the increasing need for qualified, front-line response workers and for specialist trainers. This includes the development of expert-led family violence training resources and professional development for trainers through the VET Development Centre, to ensure the appropriate level of specialist family violence technical knowledge. The Victorian Government will also develop a new education model for family violence training that ensures it is appropriately delivered with relevant family violence specific expertise. This education model will be the first of its kind for family violence training and will underpin the approach to mainstream family violence training.

Government will continue to explore other options with regard to supply, such as the use of expertise from trainers in like jurisdictions, and ways in which training can be offered more flexibly to make better use of this expertise. It is noted that such options will be subject to future budget considerations.

Recommendation 10

In order to be effective cross sector training needs to be more oriented towards experiential learning based on best practice adult education strategies, such as case studies and practice specific exercises.

RESPONSE:
SUPPORT IN FULL

The Victorian Government is committed to providing a tailored workforce training program for workforces proposed for Phase Two prescription under the information sharing schemes, including experiential training, both online and face to face. In addition, The Victorian Government will provide trainer resources to enable ISE leaders and managers to provide more localised staff training where appropriate and desirable. The move to accredited VET will mean that training participants will be required to prove their competency to undertake the family violence skills within the courses. This will include the use of learning-based case studies and scenarios, such as the use of workplace or simulated environments that reflect real workplace conditions.

Recommendation 11

All training and training materials need to emphasise the circumstances in which it is appropriate to use either the FVISS or the CISS and that both schemes have the same consent requirements. In particular the Ministerial Guidelines on this issue should be highlighted and practical exercises and case studies developed focused on this aspect.

RESPONSE:
ACQUITTED

The *Family Violence Information Sharing Guidelines, Child Information Sharing Ministerial Guidelines*, resources and training provide that consent is not required from any person in relation to risk to a child under both schemes but that a child should be consulted where safe, appropriate and reasonable to do so. The *Family Violence Information Sharing Guidelines* further provides case studies and advice on preserving the agency of children and adult victim survivors in this context.

The enabling legislation of both schemes was designed to ensure that sharing in relation to children would be consistent. This approach is further emphasised by joint online training modules for the schemes. The *Child Information Sharing Guidelines* includes a chapter on the interaction of the schemes, which is cross-referenced in the *Family Violence Information Sharing Guidelines*. Further communications on this topic will be considered as part of any future development of training products focused on the information sharing schemes.

Recommendation 12

In the prescription of Phase Two organisations, Family Safety Victoria and other relevant departments should communicate the training strategy, plan, content and timing clearly and well in advance of the scheduled training.

RESPONSE:
SUPPORT IN FULL

The Victorian Government is working closely with relevant stakeholders including peak bodies on Phase Two implementation. This involves an approach to change management support and training, with Family Safety Victoria providing centralised products and guidance which can then be tailored to sectors by departments and other relevant stakeholders.

Recommendation 13

Consideration should be given to extending the operating hours of the telephone aspect of the Enquiry Line to business hours. Where there is the need for expert legal advice, an appropriate referral to obtain such advice should be provided to the enquiring organisation, where that organisation does not otherwise have ready access to such advice. The Enquiry Line should be fully resourced for at least two years after the prescription of Phase Two organisations.

RESPONSE:
SUPPORT IN PRINCIPLE

The Victorian Government agrees that Phase Two services and organisations need to be supported appropriately to implement the MARAM and information sharing reforms. We are considering how to appropriately support these services, including the potential continuation of an Enquiry Line and its operating hours, by May 2021.

While the Victorian Government is not able to provide commercial advice to prescribed services and organisations about the legal services they should engage, the Victorian Government will continue to support Information Sharing Entities to use their professional judgement to make practice-based decisions about risk relevance and consent requirements through an understanding of the Ministerial Guidelines and the MARAM Framework's training, support and resources.

Recommendation 14

The on-line list of ISEs should be completed and made available to all ISEs prior to the prescription of Phase Two.

RESPONSE:
ACQUITTED

The Victorian Government launched a new database of Information Sharing Entities and Risk Assessment Entities prescribed under the Family Violence Information Sharing Scheme and Child Information Sharing Scheme in May 2020. The database is accessible online for all information sharing entities and contains a list of organisations prescribed. This database makes it quicker and easier for frontline practitioners to obtain up-to-date, relevant information to assess and manage family violence risk, and support the safety and wellbeing of Victorian children and young people.

Recommendation 15

The sector grants need to be continued for the Initial Tranche and Phase One organisations until at least June 2023 to continue the process of embedding the Scheme. These grants will be critical for Phase Two. The level of these grants should recognise the scale of the organisational work and cultural change required, particularly for organisations that have not previously been directly engaged in family violence work.

RESPONSE:
SUPPORT IN PRINCIPLE

The Sector Grants program is currently funded to June 2021 and this will be extended to June 2023. The continuation of this funding beyond that point will be considered as part of the legislated Five-Year Review of FVISS planned for the second half of 2022.

Additional funding for Phase 2 implementation support will be considered as part of the Victorian State Budget process.

Recommendation 16

Timing and sequencing for Phase Two needs to ensure the training of a sufficient number of Phase Two workers prior to prescription.

RESPONSE:
SUPPORT IN PRINCIPLE

The Victorian Government is committed to providing early access to training materials and implementation support to workforces proposed for prescription under Phase Two of the information sharing Schemes. This includes current programs of training already available to workforces as well as training programs planned for delivery closer to the time of prescription.

In response to the coronavirus (COVID-19) pandemic, the commencement of Phase Two has been delayed from 2020 to 2021. This delay will continue to support the critical role educators and universal health services play in Victoria. This will allow additional time for workers to receive training and access support prior to prescription.

Recommendation 17

Consideration should be given to how the perpetrator aspect of risk assessment will be incorporated into Phase Two training. The sequencing and timing of the implementation of Phase Two, particularly in relation to the perpetrator aspects of MARAM, and the rationale for this, should be communicated clearly to key stakeholders.

RESPONSE:
SUPPORT IN FULL

The Victorian Government aims to provide content from the perpetrator-focussed MARAM practice guides, currently in development, for release in late 2020. This will allow the content to be incorporated into training and other implementation support for Phase Two workforces.

Communication on release of the new perpetrator-focused guides and assessment tools will clarify how these fit within the broader MARAM and existing victim survivor focussed guides and the rationale for their development and timing.

Recommendation 18

Prior to the implementation of Phase Two, resources and policies should be in place in all prescribed and all soon to be prescribed organisations to support workers who disclose family violence.

RESPONSE:
SUPPORT IN FULL

The Victorian Government will support organisations to meet their MARAM obligation to support employees who disclose family violence by developing specific guidance by December 2020 (prior to commencement of phase 2) to make this obligation clearer. This will include guidance on how MARAM obligations apply to supporting employees who disclose family violence, encompassing information and principles on providing a safe environment to support disclosure.

Recommendation 19

In the lead up to Phase Two, a thorough audit of existing schemes promoting family violence literacy in Phase Two organisations should be undertaken. Careful consideration should be given to extending existing government initiatives such as the Strengthening Hospitals Response to Family Violence Initiative so they remain in place as Phase Two organisations are prescribed and in the process of embedding the Scheme.

RESPONSE:
SUPPORT IN PRINCIPLE

The Victorian Government will support the provision of family violence literacy to the diverse range of Phase Two organisations and services. A range of training products and guidance to support cross-sectoral family violence literacy are now available, with more in development.

FSV is working with the Strengthening Hospital Responses to Family Violence team to align their products to MARAM.

The Victorian Government is committed to implementing the Royal Commission recommendation that all Victorian Government schools sign on to a whole school approach to Respectful Relationships by March 2021. The initiative supports leaders, educators and school communities to promote and model respect and equality and teaches children how to build healthy relationships, resilience and confidence.

Recommendation 20

Case studies which demonstrate positive outcomes of the Scheme should be used to illustrate the value of family violence information sharing in meeting its aims of enhancing women and children's safety and keeping perpetrators in view. These case studies will be useful for enhancing practitioner understanding of the responsibilities of information sharing and the benefits of risk relevant sharing.

RESPONSE:
SUPPORT IN FULL

The Victorian Government is continually refining its approach to supporting implementation, including using case studies to reflect emerging practice, highlight successes and drawing lessons with broader applicability.

INTERSECTIONS

Recommendation 21

Prior to Phase Two specific practice guidance on and templates for family violence data security standards should be developed by FSV. These should reinforce existing legislative privacy obligations and create clear expectations on data security standards for family violence information and information sharing. These standards and associated processes should form part of the induction of Phase Two organisations into the FVISS. Measures should be put in place to ensure these standards are transparent to victim/survivors.

RESPONSE:

SUPPORT IN PRINCIPLE

The *Family Violence Information Sharing Guidelines* make clear that the reforms do not replace or override existing laws and standards in relation to data security and that organisations must continue to comply with any requirements that already apply to their organisation. Family Safety Victoria does not have the power to establish new standards. However, to assist information sharing entities with understanding their existing data security requirements, Victorian Government agencies are discussing the development of tailored advice to information sharing entities about these standards. Victoria Police abides by the *Privacy and Data Protection Act 2014* (PDP Act) and the Victorian Protective Data Security Standards (VPDSS) that are authorised by this legislation. Victoria Police has developed a *Guide for Handling and Securing Victoria Police Information received under the CIS and the FVIS* for ISEs. Victoria Police provides this two-page document with every FVISS and CISS response.

Recommendation 22

The Victorian Government should work with the Mental Health Tribunal to ensure that victim/survivor safety is prioritised as part of its processes and to avoid the risk of any adverse consequences arising from the Scheme. In particular it should communicate with the Mental Health Tribunal about the family violence risks associated with disclosing to perpetrator/applicants any part of their file which indicates that family violence risk information has been shared without their knowledge under the Scheme.

RESPONSE:

SUPPORT IN FULL

The Victorian Government aims to commence working with the Mental Health Tribunal to determine how to prioritise victim survivor safety in the context of the work of the Tribunal by December 2020.