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Consultation on the family violence draft information sharing ministerial guidelines, regulations and the regulatory impact statement

13 October 2017

The Victorian Healthcare Association (VHA) welcomes the opportunity to provide feedback on the Family Violence Protection (Information Sharing) Regulations 2017, Regulatory Impact Statement and Ministerial Guidelines. The VHA supports the development of these documents which will provide clear guidance for services as the new family violence information sharing reforms are implemented.

1. Family Violence Protection (Information Sharing) Regulations 2017

The VHA believes that the purpose of the regulations is well described and that the definition of prescribed entities for information sharing is clear, however, practitioners providing family violence response and prevention programs in public hospitals and registered community health services must also be designated as prescribed persons for information sharing. In addition, non-prescribed organisations require clear direction regarding their record keeping obligations for this scheme and the VHA recommends that training tailored to hospitals and registered community health services be made available regarding these reforms.

2. Regulatory Impact statement

The Regulatory Impact Statement (RIS) assesses the impact of the first part of the reform implementation. Two further tranches of reforms are expected to roll out in 2018 and 2020 and the VHA recommends that a RIS also be developed for each of these stages.

The various situations in which consent must be obtained before sharing information about clients is well described in the documentation, however, information sharing obligations for organisations that manage family violence risk, as opposed to those that assess risk, must be better defined. In many health and human services, assessment is ongoing and the relationship between assessment and management is blurred. For example, information sharing obligations need to be clarified in a situation where an organisation that does not assess for family violence risk believes that the threat of exposure to family violence for a victim survivor has increased and where additional risk assessments need to take place.

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The VHA is satisfied with the process through which organisations have been selected to become Information Sharing Entities (ISEs) in the initial stages of this reform and supports the choice of option 2, which prescribes entities based on their criticality, family violence literacy and ability to operate in a regulatory environment. The VHA agrees that widening of the criteria at this early stage to include organisations that do not provide family violence prevention and response services may have reduced the effectiveness of the reforms by imposing significant training requirements on a large workforce. Conversely, narrowing the criteria to only Risk Assessment Management Panels (RAMPs) and Safety and Support Hubs would potentially result in little change at all.

The VHA is, however, concerned that public hospitals and registered community health providers with units that offer important family violence services and in some cases are the only providers of family violence services in their geographical area were not selected to become prescribed entities in the first stage of this reform.

The VHA agrees with the decision to limit risk assessment to organisations that are qualified and have to capacity to do so. This function could be broadened to other services over time. The VHA supports ISEs not being required to record or report on aggregated data as this will significantly reduce regulatory burden for participating organisations.

The VHA believes that greater detail relating to costings incurred by ISEs for updating policies, procedures and systems and training is required and that government needs to work closely with agencies to ensure that they are fully funded to implement these reforms. The RIS states that there will be an overall cost saving resulting from reduction of family violence incidents and injury. The VHA recommends that some of these savings be reinvested into training and support for organisations that will operationalise these reforms.

3. Family violence information sharing guidelines – guidance for information sharing entities

The documentation provides practical examples that will guide providers in how to apply the new information sharing principles. It is, however, a dense document and a range of alternate platforms for sharing its content is recommended. It is also recommended that consideration be given to a range of channels for education and training (e.g. face to face, written and online) for time poor practitioners to ensure they have a full understanding of its implications.

There is clear guidance in how these reforms will be applied to sharing data about children, adults and third parties exposed to family violence as well as perpetrators, however, it is unclear as to how they interact with other, complementary legislation (e.g. the *Health Records Act, 2001,* the *Privacy and Data Protection Act 2014* and the *Commonwealth Privacy Act 1988*) and clearer guidance is required in this regard.

The basis under which information can be shared with entities that are not prescribed as ISEs under Part 5A of *the Family Violence Protection Act 2008* needs to be clarified. The guidelines state that existing laws must be applied when ISEs share information with non-prescribed entities and that 5A cannot be applied in these situations unless there is a serious threat to a victim survivor. The VHA recommends that the definition of 'serious

threat' be clarified and consideration given to providing education for non ISEs (e.g. medical practitioners) as to their information sharing obligations when dealing with ISEs.

The VHA believes that the thresholds for sharing information about perpetrators, adult victim survivors and relevant third parties are clear and the examples provided are instructive. The VHA recommends that consideration be given to further education in relation to what is a 'reasonable belief' that a person may commit family violence. This is particularly important for practitioners or organisations that do not deal with family violence on a regular basis or when it does not form part of their core business. The VHA recommends that such organisations are made aware of the Family Violence Risk assessment and Management Framework and its assessment guides through structured communication.

The guidelines provide advice on information sharing in Aboriginal communities and in diverse communities. The VHA recommends that culturally specific training to improve skills of practitioners and ensure that information sharing is culturally safe and appropriate be considered.

Overall, the paper provides clear guidance and examples on the practical implications of these reforms and how information should be shared between agencies. It is recommended there be greater clarity on the implications for non-prescribed agencies. Further, the VHA recommends that non-prescribed organisations impacted by this reform be provided with training to understand their role in family violence information sharing.

About the VHA

The VHA is the not-for-profit peak body supporting Victoria's public health and community services to deliver high quality care. We represent public sector health services, hospitals, registered community health services, multi-purpose services, and bush nursing services.

Health services play a critical role maintaining the health and safety of family violence victim survivors. Twenty-five out of 31 registered community health services in Victoria provide direct family violence services across more than 70 sites. In some rural areas, registered community health services are the only providers of family violence response services and some of these are specialist providers. Public hospitals care for and provide ongoing support to many victim survivors presenting to their services as well as providing referral to specialist providers.

Further information

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