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NIFVS Forum: 'Family Violence Information Sharing Scheme (FVISS): From Concept to Practice'

Participant Questions and Answers

The following questions were posed by participants at the NIFVS Forum 'Family Violence Information Sharing Scheme (FVISS): From Concept to Practice' on 24 July 2018. FSV and DHHS subsequently provided answers to these questions.

At the forum Dr Anita Morris (Family Violence Principal Practitioner, DHHS) and speakers from Family Safety Victoria (FSV) and DHHS explained the scheme. A panel of regional specialists shared learnings about the initial phase of the FVISS and through a case study, participants considered implications for their practice.

These Q&As are not intended to be a stand-alone resource. In order to understand the guidelines fully, workers need to attend the FVISS training and read the guidelines.

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Terminology

- Child Information Sharing Scheme (CIS)
- Family Safety Victoria (FSV)
- Family Violence Information Sharing Scheme (FVISS)
- Multi Agency Risk Assessment and Risk Management Framework (MARAM)

The majority of the following information has been lifted from the [Family Violence Information Sharing Scheme Ministerial Guidelines \(2017\)](#) (Guidelines) or reference has been made as to where information can be located.

Practical implications

Where do I find an overview of the key information?

The most up-to-date information on the Family Violence Information Sharing Scheme and the Multi-Agency Risk Assessment and Management Framework can be found on the [Risk Management and Information Sharing Website](#).

Find further information regarding the [Child Information Sharing Scheme](#).

Where do I find out about the details of the scheme and how to implement the FVISS?

Refer to Executive Summary, Introduction and Chapter 1 of the [Guidelines](#).

Are there standard policies and procedures to ensure Info sharing is standardised across the industry?

Refer to Chapter 1 of the [Guidelines](#).

When will the next tranche begin?

Following the 'initial tranche' which commenced on 26 February 2018, Phase 1 will commence on 27 September 2018.

Will the practice guidelines give guidance about working with LGBTIQ clients and families impacted by family violence?

Yes. Please also refer to the [Family Violence Information Sharing Ministerial Guidelines](#), pages 91-92 on sharing information about people from LGTBI communities.

How will the scheme work in practice for the victim survivor? How will it support them?

Refer to Chapter 4 of the [Guidelines](#) (Adult Victims).

Are there current models that could provide a 'living lab' example of how this could work?

Please refer to the [Family Violence Information Sharing Scheme Ministerial Guidelines](#) for relevant case examples, specifically, Chapter 4 of the [Guidelines](#), which focusses on adult victim survivors.

If one part of the service is tranced in does that mean all parts are?

No, it does not. Refer to Table 1 on p.36 of the [Guidelines](#) for the list of ISEs in tranche 1.

Legal implications

Is there a legal obligation to share information?

The Family Violence Information Sharing Scheme (the Scheme) is created through the new Part 5A of the *Family Violence Protection Act 2008* (FVPA). The Scheme will authorise the sharing of information to assess or manage risk of family violence (see p.7 of the [Guidelines](#)). ISEs are prescribed through Regulations and will be authorised to share information with other ISEs. (see p.7 of the [Guidelines](#)).

These Guidelines have been issued under Part 5A of the FVPA. All entities prescribed as ISEs in the Family Violence Protection (Information Sharing) Regulations 2018 (the Regulations) must comply with these Guidelines when requesting or sharing information.

How does the FVISS intersect with other legislation?

Sharing information about family violence is already permitted in certain circumstances under other laws, such as the *Commonwealth Privacy Act*, *Privacy and Data Protection Act* (PDP) Act and *Health*

Records Act 2001 (Vic) HR Act. This list is not exhaustive and ISEs continue to be subject to their existing obligations under applicable laws.

Part 5A of the FVPA provides Information Sharing Entities (ISEs) with exceptions to existing privacy requirements to assist them to assess or manage family violence risk, including

- authority to refuse a perpetrator access to information if it could increase risk to a victim survivor
- the ability to collect personal or health information about a perpetrator from sources other than the perpetrator without having to notify them or get their consent.

Provisions in a number of other Acts that could otherwise prevent an ISE from being able to share some information under Part 5A of the FVPA have been overridden. For further details, see Chapter 11 of the [Family Violence Information Sharing Scheme Ministerial Guidelines](#), at Table 3, which outlines legislation that is overridden by Part 5A of the FVPA.

Information that is restricted from being shared under other laws must be shared only in accordance with those laws, unless Part 5A of the FVPA overrides them. Important provisions that are likely to restrict the sharing of certain information under Part 5A of the FVPA are in Chapter 11 of the [Family Violence Information Sharing Scheme Ministerial Guidelines](#), at Table 4, which outlines key legislative provisions that continue to apply.

ISEs should update their privacy policies and other organisational materials to reflect these changes (p.115 of the [Guidelines](#)).

Are there any legal frameworks that supersede this legislation?

Secrecy and confidentiality provisions in other laws will continue to apply unless expressly overridden for the purposes of the Scheme, or allowed under those provisions. Where information is restricted from being shared under another law, that information should only be shared in compliance with that law.

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What is the intersection between the Family Violence & Child Information Sharing Scheme (CIS) in terms of child's needs/ wishes being respected?

See pages 66 and 72 of the [Guidelines](#).

How will the FVISS work in with federal law, particularly with Family Law and its courts?

See p.39 of the [Guidelines](#) on Sharing with Commonwealth or interstate organisations.

Will all services that are working with victim survivors and their children have access to Child Protection information in the same way Child FIRST does?

Services working with victim survivors and their children will not have the same access to Child Protection information as Child FIRST services do under the *Children, Youth and Families Act*. However, ISEs working with victim survivors and their children will be able to request information from Child Protection using either the CIS or FVISS. Child Protection will then be obliged to consider if the request meets the appropriate purposes and thresholds for the scheme under which the information is requested.

When sharing information in a family violence context, all ISEs, including Child Protection, are required to act in accordance with the Multi Agency Risk Assessment and Risk Management Framework (MARAM) and any relevant safety plan.

Consent

What is the interface with privacy and sharing information without consent? What are the protections and risk assessment/ skills of workers?

See Chapter 9 of the [Guidelines](#) on consent. See also Protection for workers on p.31 and also Chapter 4, p.58 Reasonable Belief of the [Guidelines](#).

How do we update consent forms to ensure they are in accordance with the scheme/privacy legislation? Will this change when the CIS comes into place?

See Chapter 9 of the [Guidelines](#). Example information sharing consent forms are available under Resources on the [Family Safety Victoria](#) website.

The CIS will also have Ministerial Guidelines and accompanying practice guidance.

How can we reasonably expect Aboriginal women, in particular the Stolen Generation, to trust authorities with this much control over their information? Given their histories of abuse at the hands of these very same authorities?

Chapter 7 of the [Guidelines](#) includes considerations for sharing information about Aboriginal people.

Can a woman withdraw consent?

Yes, consent can be withdrawn at any time. Refer to Chapter 4 of the [Guidelines](#) on adult victim survivors and Chapter 9 of the [Guidelines](#) on consent.

Is consent needed for under 18 year olds? At what age is a child's voice heard?

Refer to Chapter 5 of the [Guidelines](#) for information on child victim survivors and Chapter 9 on consent.

How are the rights of the individual (eg perpetrator) balanced with reporting requirements?

Relevant information about a person (adult or child) who is a victim survivor, alleged perpetrator or perpetrator, or a third party can be shared. There is no requirement to obtain consent from an alleged perpetrator and perpetrator, allowing ISEs access to vital, risk-relevant information. This shifts the focus from victim survivors being responsible for their own safety to the accountability of the service system in managing victim safety and holding perpetrators to account (see p.7 of the [Guidelines](#)).

Is the Service Coordination Tool confidentiality & consent form undergoing changes?

Organisations prescribed under the Scheme are required to update their internal policies and procedures to reflect their responsibilities under the Scheme. This includes any confidentiality and consent forms. The Department of Health and Human Services periodically reviews the Service Coordination Tools and Templates to ensure they align with legislative requirements. The confidentiality and consent forms will likely be updated to reflect the new information sharing schemes as part of the next review.

What information can be shared?

Where do I find information about what and how much information can be requested and shared, and what information organisations are obliged to share?

See Chapter 1 of the [Guidelines](#).

What defines ‘risk relevant’ information? Does this differ from organisation to organisation?

Refer to p.20 of the [Guidelines](#) ‘What type of information can be shared under Part 5A’ for a discussion about this.

What is the common ‘risk’ definition that is relevant e.g. low/medium/serious?

Refer to the CRAF at this time and then to the MARAM when this is introduced later in 2018.

How do we build a common understanding about what information should be considered relevant?

Refer to the CRAF at this time and then to the MARAM when this is introduced later in 2018.

In depth training in the MARAM Framework will be available later this year and will continue throughout 2019. In the interim, professionals are encouraged to continue developing their family violence risk assessment capabilities through existing CRAF training. Visit the [Lookout](#) for more information.

What is an oversharing of information? e.g. diagnosis, mental health, partner information

ISEs can only share information that is relevant to assessing and/or managing family violence risk.

Can a woman access historical information relevant to risk about her partner/ex/perpetrator? Can criminal/relevant previous charges/IOs be made known prior to any Intervention Order or Family Court hearings?

See p.20 of the [Guidelines](#) for a discussion on information collected prior to the commencement of the Scheme provided any relevant consent thresholds have been met. Refer also to Sharing Information with a victim survivor on p.28 (in Chapter 1) of the [Guidelines](#).

Should a perpetrator’s mental health diagnosis be shared as part of establishing risk and assessing risk?

If it is relevant to assessing and managing family violence risk then it can be shared.

How do we ensure information is not shared if it may cause greater risk e.g. LGBTI person who is not ‘out’?

Refer to Chapter 8 of the [Guidelines](#), Additional considerations for particular communities.

How does this reform address the issue that the real perpetrator may suggest he is the victim and the police may believe this and therefore he will be given information regarding the child at risk?

The CIS Scheme does allow sharing information with a child or family member to manage a risk to a child’s safety. However, sharing information with parents and children in a family violence context presents particular and complex risks. ISEs are required to share information in accordance with the MARAM Framework and with reference to any relevant safety plan. ISEs should refer to Chapter 1 of the *Family Violence Information Sharing Ministerial Guidelines* for further guidance on sharing information safely in these circumstances.

Who can share information?

Which agencies and professionals are involved in the scheme?

See p.36 of the [Guidelines](#), Table 1: List of prescribed ISEs.

From 27 September 2018, more organisations and services will be prescribed under the FVISS as well as the MARAM and CIS. Please see ‘implementation’ on the [Risk Management and Information Sharing Website](#).

Who will information be shared with?

See Chapter 1 of the [Guidelines](#).

What is the process of information sharing?

What is the process of information sharing?

Refer to Chapter 1 of the [Guidelines](#).

Can the requested information be given informally (if immediate risk) or will there always be a formal information sharing process?

The law does not impose any requirements on how information should be shared but certain services may require you to make a formal request in accordance with their own processes.

Can previous methods of information sharing continue for prescribed agencies?

All ISEs can continue to share under existing laws.

What format does information need to be shared in? (e.g. phone/email/form)

The law does not impose any requirements on how information should be shared.

What are the best practice mechanisms for recording information?

Please refer to Chapter 10 of the [Guidelines](#) for guidance on Information Sharing and Record Keeping.

What is the recommended process for information sharing between two or more organisations?

It is up to individual services to work out their processes for information sharing.

Can services offer info to other services, which is related to risk?

Yes, you can voluntarily share provided it meets the requirements of the scheme.

Training

See <https://www.vic.gov.au/familyviolence/family-safety-victoria/information-sharing-and-risk-management.html> for information on upcoming training.

Will there be targeted training that is sector specific? Who will facilitate the training?

Box Hill TAFE in partnership with Wodonga TAFE and Go TAFE will deliver face-to-face training in the information sharing integrated training. The sessions will be a two-day program and will be delivered in symposium style across the state in multiple metropolitan and regional locations. The modular design of the training package will enable professionals to schedule attendance to support workforce needs. E-learning options will also be available.

There will be a specific module of the information sharing integrated training package tailored to different workforces, covering the operational impacts of the information sharing reforms (including the Framework) for their professional context.

Has there been any feedback from agencies regarding information/training and whether that has been helpful or whether agencies need more training?

Evaluations from FVISS initial tranche have been consolidated and analysed and they have informed the development of the integrated information sharing training modules.

Will there be further training?

A training schedule will be available in the coming weeks. Please visit the [Family Safety Victoria website](#) for more information on training.

How will the FVISS work for those within an organisation that are already trained and part of the scheme, but other professionals are not - e.g. health service or hospital?

Only those professionals that are prescribed as ISEs should currently be sharing information.

As the FVISS transitions to prescribing organisations, where organisations are partially prescribed, they should only be sharing information from that part of the organisation which is prescribed. For example, if an organisation provides health services and family violence services, then they should not be sharing information from the health service.

Are police being trained?

Victoria Police were prescribed in the initial Family Violence Information Sharing tranche. A number of key personnel within Victoria Police have been trained. Training will continue to be rolled out to Victoria Police.

Who can I contact for more information?

Is there a central body that requests for information go through?

An ISE should request access to the secure online ISE list via [Family Safety Victoria's website](#). See under the section headed 'ISE contact Information'.

The online ISE list has a list of all ISEs and their contact details (i.e. email or phone numbers) in order to request information under the scheme.

Will there be key contacts within organisations?

Organisations have been requested to set up a generic email address and provide this to Family Safety Victoria for the ISE list. Some government departments have established email addresses to request information, for example, Department of Justice and Regulation and Victoria Police. These email addresses are on the ISE list.

What is the Central Information Point? Is it an appointed organisation?

Please find further information about the [Central Information Point](#).

Other

What happens to the Scheme and other reforms if the government changes?

The FVISS and MARAM exist respectively under Part 5A and Part 11 of the *Family Violence Protection Act 2008*. These reforms will continue to operate under the authorising Act.

The Child Information Sharing (CIS) Scheme exists under the *Children Legislation Amendment (Information Sharing) Act 2018*. This reform will continue to operate under the authorising Act.

Training will be provided to organisational leaders to support them to prepare their workforces to work under the scheme. Implementation and change management support will also be provided by departments and peak bodies to help embed practice change.

Is there a plan for FVISS to be evaluated?

The *Family Violence Protection Act 2008* requires that the FVISS be reviewed within two and five years of its commencement.

Monash University is currently conducting the two-year review, which is focusing on implementation of the Scheme. An independent legislative review of the Scheme is also required to be undertaken five years after commencement of the legislation. This review will consider the appropriateness of the Scheme model and make recommendations for reform.

As workforce turnover is a major concern, what are the best practice internal opportunities for organisations to support front-line service delivery?

High workforce turnover is an ongoing issue for many organisations in the service system. Organisations have systems, policies and processes in place already to manage staff turnover and minimise loss of corporate and practice knowledge. Organisations prescribed under the scheme are required to update their internal policies and procedures to reflect their responsibilities under the Scheme. This includes any relevant policies and procedures on induction of new staff, staff supervision, practice approaches and learning and development.

With The Orange Door, are there more resources for Family Services to support families?

Demand for Family Services has increased considerably in recent years and remains high. The 2018-19 budget - intervening earlier to strengthen responses to families - has provided \$91.9 million over two years (\$44.9 million in 2018-19 and \$47.1million in 2019-20) to enable the continuation of services and to test new evidence based programs.

Effective prioritisation of referrals received by Child FIRST/Orange Door and Family Services enables demand to be managed at a catchment level and for referrals to be acted on based on priority of need.

Key principles of demand management include

- Referrals will be acted on based on priority of need. This reflects the emphasis on responding to more complex, vulnerable and at risk, children, young people and families.
- In order to determine priority of response, each child or young person will undergo an initial safety and needs assessment.
- Actively engaging children, young people and families at the point of referral and, if appropriate, providing initial brief interventions that address immediate needs (preventing the need to refer on to a family service).
- Case allocation will occur in partnership across the catchment area through the Child and Family Services Alliance service coordination functions. This will ensure that the organisation, in the best position from both a case load and service delivery perspective, will be allocated the case, allowing casework to commence at the earliest possible time following referral.
- The most appropriate service within the catchment will be identified for the active holding response.
- In the context of demand management, Family Services will participate in collaborative planning, working together within the Child and Family Services Alliance to manage current demand better and build an understanding of changing demand. Child FIRST will have a coordinating role in this process.